


**TYOLOGY OF VIOLENCE AND ITS CHARACTERISTICS IN BRAZIL:
ETHICAL-LEGAL ASPECTS** <https://doi.org/10.56238/sevened2024.037-197>**Jhuliano Silva Ramos de Souza¹, Zélia Marilda Rodrigues Resck² and Sueli de Carvalho Vilela³.****ABSTRACT**

The epidemiological profile of violence analyzes data and statistics to understand the distribution and factors that influence violence in a population, considering aspects such as age, gender, location, and socioeconomic status. The most affected groups include young people, especially men, and women, who often face domestic and sexual violence. Violence is more prevalent in densely populated urban areas and in contexts of poverty (self-inflicted, interpersonal, and collective). The typologies of violence include (physical, psychological/moral, sexual, obstetric, financial/economic, resulting from legal intervention, torture, human trafficking, negligence/abandonment and child labor). Understanding this profile is essential to develop effective public policies for prevention and support for victims.

Keywords: Violence. Epidemiological Profile. Brazil. Features. Legislation.

¹ Highest education degree: Doctor of Nursing.
Academic institution: Federal University of Alfenas
E-mail: jhuliano.souza@sou.unifal-mg.edu.br
ORCID: <https://orcid.org/0000-0002-4338-4433>

² Highest degree of education: Post-Doctorate in Nursing.
Academic institution: Federal University of Alfenas
E-mail: zelia.resk@unifal-mg.edu.br
ORCID: <https://orcid.org/0000-0002-3752-8381>

³ Highest degree: Doctor of Science.
Academic institution: Federal University of Alfenas
E-mail: sueli.vilela@unifal-mg.edu.br
ORCID: <http://orcid.org/0000-0003-3034-3904>

INTRODUCTION

Violence occurs all over the world and affects people of all ages, gender, race, religion, nationality, education, sexual orientation or social status. However, violence tends to occur among vulnerable groups due to poor living conditions. It exists in everyone's life, whether as a victim or as an aggressor. It is repeated in the structure and subjectivity of different spaces, such as home, school, community, work and institution. Therefore, it is a socially constructed phenomenon that must be deconstructed based on intersectoral and multidimensional actions (BRASIL, 2009).

Thus, the situation of violence is understood as a multifaceted problem, with a high incidence of violent deaths throughout the federative regions of Brazil, affecting several groups, among them are the population of lesbians, gays, bisexuals, trans and transvestites, queers, intersex, asexuals and other existing genders and sexualities, people with disabilities, indigenous people, youth, women and blacks (Cerqueira *et al.*, 2021; BRAZIL, 2016).

Next, it will be discussed about the different types of groups that violence fits according to the World Health Organization, as well as conceptualizing their typologies and their main characteristics. In addition, epidemiological data on violence will be presented and the criminological issue will be conceptualized for a greater understanding of this phenomenon that affects the whole world, especially Brazil, through compulsory notification being an important instrument for use in the spheres of health and justice, especially for Primary Health Care professionals who will face people in their different situations of violence.

CONCEPT OF CRIME AND VIOLENCE

The concept of crime can be studied from a formal, material, or analytical perspective (Rostirolla *et al.*, 2021):

- The **formal norm** treats any infraction of the criminal law as a crime, taking into account every human action prohibited by the criminal law.
- The **material aspect** refers to any action or omission to the detriment of a legitimate interest protected by criminal law. The rule takes into account all damages caused to victims, holders of rights and constitutional guarantees protected by criminal law.
- Analytical **criteria**, as the name suggests, analyze the main elements of a crime without distraction, studying it as a whole. Its constituent elements are typical facts, illegality, guilt and punishment.

According to the conception of the Penal Code regarding crime in Brazil (BRASIL, 1941):

(...) a criminal offence is considered to be a crime punishable by law with imprisonment or detention, alone or alternately or in a cumulative fine; In misdemeanours, the law punishes criminal offences with simple imprisonment or both, alternately or cumulatively.

The World Health Organization (WHO) defines violence as:

"The actual or threatened use of physical force or force against oneself, another person or a group or community that causes or may result in suffering, death, psychological harm, developmental disability or deprivation" (WHO, 1996).

The WHO itself distinguishes between different forms of violence, including (COFEN, 2017; Krug *et al.*, 2002): physics; psychological/moral; sexual; torture; human trafficking; Economic; negligence; child labour; legal and obstetric intervention.

According to data released by the Institute of Applied Economics (IPEA) in 2019, the epidemiological profile of homicides in Brazil exceeds 45,503 per 100 thousand inhabitants, with 30,825 homicides by firearms, 23,327 juvenile homicides and 3,737 female homicides; 92.2% of deaths were caused by men and 7.8% by women. Regarding race, 67.2% were brown men and 58.9% were brown women. The age is between 20 years, and the level of education of men and women is 80.5% of single men and 71.4% of women. Regarding education, 46.6% of boys (4 to 7 years old) and 41.1% of girls completed elementary school. And the day the crime happened was on weekends, especially on Sundays (IPEA, 2019).

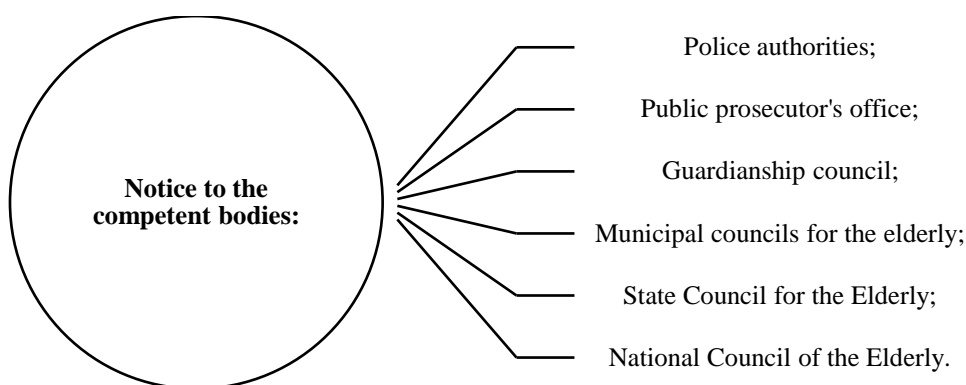
According to the Atlas of Violence in 2021, there was an increase in violent deaths from undetermined causes in Brazil per 100 thousand inhabitants in different federative regions against the population of lesbians, gays, bisexuals, trans and transvestites, queers, intersex, asexuals and other existing genders and sexualities, people with disabilities, indigenous people, youth, women and blacks (Cerqueira *et al.*, 2021; BRAZIL, 2016).

In Brazil, external causes occupy the third place in the set of registered deaths. In 2013, due to violence (attack and self-harm), resulting in a total of 67,337 deaths (44.4% of external factor deaths), a year-on-year increase of 2.9% from 2012. According to the composition of mortality from external causes, aggressions (homicides) were responsible for 37.4% of deaths in the same period, listed as the main cause of death from external causes. Suicide (self-mutilation) totaled 10,533 deaths in 2012, 6.9% of all deaths from external causes (BRASIL, 2016).

Until recently, descriptions of the characteristics of cases of violence and accidents in Brazil were limited to information provided by the Mortality Information System (SIM), the SUS Hospital Information System (SIH/SUS) and, occasionally, by the analysis of police reports (BO) and specific studies (BRASIL, 2016).

The referral and counter-referral process should be configured as a network involving health, social assistance, education, guardianship councils, rights, protection and justice councils, as well as governmental and non-governmental organizations and the private sector. It is recommended that this notification be an important tool for the organization of administrative and assistance services and for the full protection of people in situations of violence (BRASIL, 2016).

Brazilian law also determines that notified cases must be reported to the following institutions (BRASIL, 2016; 2006; 1990):



Suspected or confirmed cases of violence are considered to be: domestic/domestic, sexual violence, self-inflicted violence, human trafficking, slave labor, child labor, torture, judicial intervention and homophobic violence against men and women of all ages (BRASIL, 2016).

In cases of extra-family or community violence, only incidents of violence involving children, adolescents, women, the elderly, people with disabilities, indigenous people, and LGBTQIA+ individuals will be reported (BRASIL, 2016).

Therefore, notifications of violence are mandatory for (BRASIL, 2016; 2009; 2006; 2003; 1990):

- **Violence against children:** Men and women, aged 0 to 9 years, regardless of the type or nature of the violence.
- **Violence against youth:** Includes boys and girls aged 10 to 19, regardless of the type or nature of the violence. In cases of violence against children and young people, the case must be reported to the Guardianship Council and/or the competent

authority as determined by article 13 of the Statute of the Child and Adolescent (ECA).

- **Violence against women:** According to Law 10.778/2003 - Women of all ages, regardless of the type or nature of violence.
- **Violence against the elderly:** Men and women aged 60 years or older, regardless of the type or nature of the violence. The law also provides that notified cases must be reported to the following bodies: Police Authority, Ministry of Public Administration, Municipal Council for the Elderly, Council for the Elderly of the State Council and National Council for the Elderly.

In addition, there are other groups that are also mandatory to report violence (BRASIL, 2011; 2013; 2010; 2002):

- **Violence against Indigenous Peoples:** Regardless of gender and age, regardless of the type or nature of the violence. Indigenous populations are vulnerable due to changes in culture and relationships resulting from contact with neighboring societies and asymmetries in power relations between indigenous and non-indigenous peoples.
- **Violence against the LGBTQIA+ population:** Includes gender and all age groups, as this social group is vulnerable to violence and is in line with the National Integrative Health Policy for Lesbians, Gays, Bisexuals, Transvestites, Transgenders, among others.
- **Violence against people with disabilities:** Regardless of gender and all ages, regardless of the type or nature of violence – it is due to the marked asymmetry of power relations between people with and without disabilities.

Thus, crime and violence combine two of the most powerful systems that affect the daily lives of citizens around the world: health and justice. Violent crime and related trauma are of concern to doctors, nurses, lawyers, judges, sociologists, psychologists, social workers and policymakers, lawyers and activists, and criminal justice agencies. Reducing and preventing human violence requires a multidisciplinary and intersectoral approach (Hammer; Moynihan; Pagliar, 2013).

DIFFERENT GROUPS OF VIOLENCE ACCORDING TO THE WHO

The three groups that define the type of violence can be defined as self-inflicted (suicide attempts), interpersonal violence (family and community) and collective violence

(political groups, terrorist organizations, militias), as described below (BRASIL, 2016; Krug *et al.*, 2002; WHO, 1996).

SELF-INFLICTED/SELF-INFLICTED VIOLENCE

According to the World Health Organization (WHO, 2019), suicide is a serious global public health problem. Every year, 703,000 people in the world die by suicide. Suicide is one of the leading causes of death in the world, killing more people than malaria, HIV/AIDS, breast cancer, or war and murder. More than one in every hundred deaths (1.3%) in 2019 was due to suicide. Suicide is the fourth leading cause of death among young people aged 15 to 29. Brazil is the seventh country in the Americas with a high incidence among men.

The Ministry of Health (BRASIL, 2017) classifies this type of violence as self-mutilation without suicidal intent (ASIS), while other literature classifies other types, such as suicidal ideation, self-harm (suicide attempt) and suicide (Bahia *et al.*, 2017; Moreira; Bastos, 2015; Braga, Dell'Agilio, 2013) as shown below.

- **Self-injury without suicidal intent (ASIS):** It is characterized by self-injurious behavior, including mild and severe self-injury, which can take the form of cuts, scrapes, bites, or even amputation, demonstrating self-injurious behavior. Dealing with mental pain, but without the desire to interrupt life.
- **Automutilation:** It is defined as a suicide attempt (TS), which can result in disabling injuries, in addition to basic family illnesses.
- **Suicide:** It arises from a conscious desire to die and a clear and premeditated intention to provoke behaviors when life becomes unbearable. Suicidal ideation, suicide attempt, and suicide are three categories of suicidal behavior.

The notification of interpersonal violence and self-injury is part of a health surveillance operation that has an epidemiological purpose and does not constitute an instrument of condemnation. Notifications of interpersonal and self-injurious violence (suicide attempts and self-injury) must be registered by filling out an interpersonal and self-injurious personal notification form, which is forwarded by the professionals of the notifying unit to the local reference epidemiological surveillance service (Paraná, 2022).

In addition, it is relevant that the professional has knowledge about the risk factors of this type of violence, as well as knowing the characteristics, the way to act and how to refer them to the appropriate services, which is seen soon after (BRASIL, 2001).

Manejo de situações que envolvam intenção suicida:

Risco	Características	Ação	Encaminhamentos
Baixo	Pensamentos como “eu não consigo continuar”, “eu gostaria de estar morto”, mas não fez planos do ato.	Apoio emocional; trabalhar sentimentos suicidas; identificar situações resolvidas pela pessoa sem recorrer ao suicídio.	Encaminhar p/ profissional de saúde mental ou outro que saiba manejar.
Médio	Pensamentos e planos, mas não para execução imediata.	Idem anterior; trabalhe a ambivalência (entre o viver e o morrer); explore alternativas ao suicídio; faça um contrato de não cometer o ato sem que se comunique com a equipe.	Agende imediatamente consulta com psiquiatra e psicólogo.
Alto	Plano definido, meios para fazê-lo e imediatamente.	Nunca deixar a pessoa sozinha; gentilmente tente remover as pílulas, faca, arma, enfim, os meios que possam contribuir para o intento.	Contate com profissional de saúde mental ou médico e providencie ambulância e hospitalização. Informar a família sobre o risco e reafirmar apoio.

Fonte: https://bvsms.saude.gov.br/bvs/publicacoes/manual_atendimento_vitimas_violencia_saude_publica_D_F.pdf

This shows that the rate of self-inflicted/self-inflicted violence has increased depending on the factors that lead people to self-harm. It is important to review how public policies use prevention strategies, such as access to mental health services, to obtain appropriate referrals by health professionals, especially those who work in PHC for proper referrals to specialized services (Brito *et al.*, 2021).

INTERPERSONAL/FAMILY VIOLENCE

It is any act or omission that compromises the well-being, physical or mental integrity, as well as the freedom and right to full development of another member of the family. This violence can be perpetrated by family members, both inside and outside the family nucleus, including those who assume a parental role, even if they do not have blood ties, as long as there are power relations over other people (BRASIL, 2016; 2002). It manifests itself between intimate partners and family members, especially in the domestic environment. It is any action or omission that negatively affects the well-being, physical and mental integrity, or freedom and right to full development of another family member.

According to the Ministry of Health (BRASIL, 2016; 2002), domestic violence is a social problem that constantly affects women, children, young people, the elderly, people with disabilities, indigenous people, and the LGBTQIA+ population. One of the difficulties faced by health professionals when dealing with situations of violence is the lack of language and concepts that connect medical knowledge with other fields, such as social and legal.

Health professionals are strategically positioned to detect risks and identify potential victims of domestic violence, through compulsory notification through the differences in the types of violence, which is seen below (BRASIL, 2016; 2002).

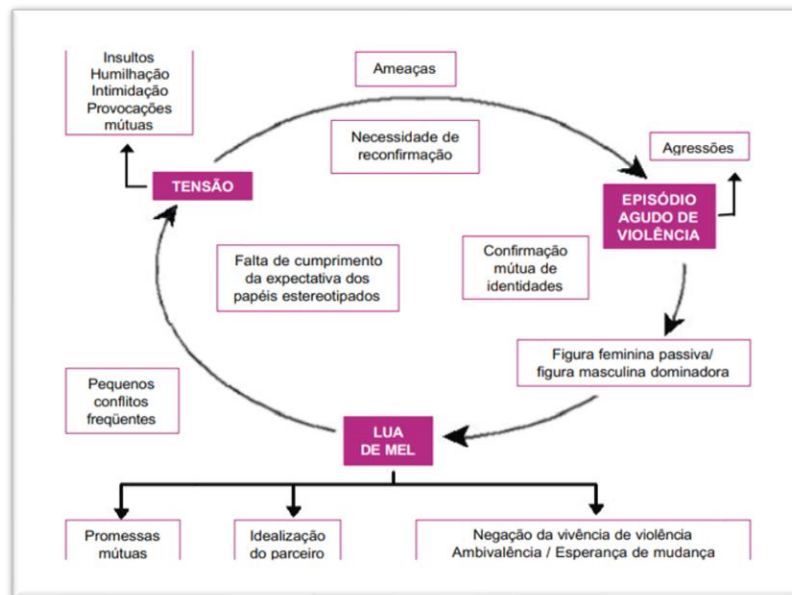


Source: https://bvsms.saude.gov.br/bvs/publicacoes/viva_instrutivo_violencia_interpessoal_autoprovocada_2ed.pdf

The concept of interpersonal/family violence refers not only to the physical space in which violence occurs, but also to the relationships in which violence occurs and is perpetrated. Domestic violence differs from intrafamily violence in that it includes other members of the group who live in the domestic space, but do not perform parental functions. This includes employees, people who live with you occasionally, and family members (BRASIL, 2016; 2002).

Such violence occurs in a situation in which bonds are formed between husband and wife, parents and children, children and parents, siblings, that is, aggressors and victims are people who know each other and maintain affective relationships, even if they are ambivalent. Domestic violence is constructed in a scenario of asymmetrical power relations between generations and genders (Moreira; Sousa, 2012).

Violence in family relationships often reveals the continuation of cycles of violence, that is, adults repeat the violence they experienced in childhood, while children are socialized to use violence in the future as a strategy to deal with their conflicts and difficulties. In this sense, attentive listening to these families in the context of psychosocial treatment allows us to observe the repetition of patterns of interaction between generations (Moreira; Sousa, 2012).



Source: https://bvsmms.saude.gov.br/bvs/publicacoes/cd05_19.pdf

The cycle of violence has three distinct phases that vary in intensity and time for the same couple and from couple to couple, and do not necessarily appear in all relationships (BRASIL, 2002).

- **Phase I:** (increased tension): Small but frequent incidents of violence occurred. Women are more likely to deny their anger, blaming each incident on external circumstances. Try to believe that he has some control over the behavior of the abuser.
- **Phase II:** (acute incident of violence): It is characterized by the uncontrollable discharge of the accumulated voltage of the first phase, which lacks predictability and controllability. The difference between the two phases is the seriousness of the couple with the events of the second phase.
- **Phase III:** (appeasement/honeymoon): The abuser knows that he is behaving inappropriately and being overly aggressive and tries to make amends by asking for forgiveness and promising no more violence. He trusts that he will not attack again, that he will control himself and that he thinks the woman has learned her "lesson".

COLLECTIVE VIOLENCE

It is violence that occurs between known and unknown people in a social context. This form of violence manifests itself through aggressions against individuals, compromising their integrity, their life and/or their property, and is the target of prevention and repression actions by public security forces and the judicial system.

This type of violence is understood as violence that occurs in the macrosocial, political, and economic spheres and is characterized by the domination of groups and the State. This category, from a social point of view, includes crime by organized groups, terrorism and mass crime. In the political field, there are wars, processes of annihilation of certain nations and countries by other nations and countries. The classification of collective violence also includes economic attacks between groups and states, often with the intention and interest of domination (BRASIL, 2005).

The World Health Organization (Krug, *et al.*, 2002; WHO, 1996) brings the ecological conceptual model of violence, being divided into four factors. The first is a biological and personal factor, the second relational, the third community and the fourth related to social aspects, seen below (BRASIL, 2005).

1. **Physiological and Personal Factors:** Each individual has a certain behavior that focuses on characteristics that increase the likelihood that an individual will become a victim or perpetrator of violence.
2. **Relational factors:** Social interactions, in the context of close peers, colleagues, intimate partners, family members, and their influence on victimization or offense to violence stand out. For young people, it reiterates the importance of friends as facilitators of illegal and criminal activities.
3. **Community factors:** In these community settings, workplaces are named, schools, and communities and as a problem, high unemployment, drug trafficking, weapons, and related factors such as isolation from certain families living in society.
4. **Social factors:** Cultural norms that justify violence as a means of conflict resolution; attitudes that consider an alternative (suicide) as a right of individual choice; machismo and adult culture; patterns that reinforce police misconduct and norms that support political conflict.

Thus, understanding violence as a social phenomenon in its various manifestations requires an in-depth analysis of the specificities of the society that produced them, with regard to social formations. Brazil has been registering alarming indicators of injuries and homicides due to accidents as a result of violence, whose impact has had repercussions on urgent/urgent services, becoming a public health issue (Escorsim, 2014).

In this context, the increase in violence makes it necessary to mobilize public policies to articulate networks and services for prevention, care, protection and rehabilitation of its victims, which currently constitute a vast network of challenges to overcome (Escorsim, 2014).

DISTINGUISHING THE DIFFERENCES IN THE TYPOLOGIES OF VIOLENCE

Physical violence

It is the deliberate and unintentional use of force to injure, inflict pain, and suffering, with or without visible marks on the body. It can manifest as slapping, pinching, kicking, twisting, pushing, throwing objects, strangulation, burning, piercing, dismemberment, etc. It can occur with a gunshot wound or a stab wound (ABEFORENSE, 2017; BRAZIL, 2016; 2008; 2006).

This type of violence can occur in different groups, whether children and adolescents, or adults and the elderly. It is essential to pay attention to the indicators, behavioral changes and characteristics of those who are long-standing, such as those who end up being victims. This means that health facilities at all levels need to be aware of the situation and implement prevention and care plans, especially for families living in environments of social and personal risk (BRASIL, 2008; 2002).

The nurse is an integral part of the multidisciplinary team that works with these victims of violence, the professional who spends the most time with the clients and, most of the time, is the first person to assist these individuals. Professionals should suspect abuse when they cannot explain injuries, bruises, frequent falls and other signs of physical violence (ABEFORENSE, 2017).

The indicators of physical violence, against children and adolescents, women and the elderly will be presented below (ABEFORENSE, 2017; BRAZIL, 2008; BRAISL, 2002).

1. Indicadores de Violência contra Criança e Adolescente		
INDICADORES	COMPORTAMENTO DA CRIANÇA E DO ADOLESCENTE	CARACTERÍSTICAS DA FAMÍLIA
VIOLÊNCIA FÍSICA		
Presença de lesões físicas, como queimaduras, hematomas, feridas e fraturas, que não se adequam à causa alegada. Ocultação de lesões antigas e não explicadas.	Muito agressivo ou apático; hiperativo ou depressivo; temeroso; tendências autodestrutivas e ao isolamento; baixa auto-estima; tristeza; medo dos pais; alega agressão dos pais; relato de causas pouco viáveis às lesões; fugas de casa; problema de aprendizado; faltas frequentes à escola.	Muitas vezes oculta as lesões da criança, justificando-as de forma não convincente ou contraditória; descreve a criança como má e desobediente; abusa de álcool ou drogas; possui expectativas irreais acerca da criança; defende uma disciplina severa; tem antecedentes de maus-tratos na família.

Source: https://bvsmms.saude.gov.br/bvs/publicacoes/manual_atendimento_vitimas_violencia_saude_publica_DF.pdf

Indicadores de violência contra mulher

Violência Física

Indicador	Comportamento da vítima	Comportamento do agressor
Presença de lesões físicas, como queimaduras, hematomas, feridas e fraturas, que não se adequam à causa alegada. Ocultação de lesões antigas e não explicadas.	Usa roupas excessivamente compostas; Evita sair de casa, e/ou, quando sai, evita falar com vizinhos e familiares; Não faz contato visual; Se explica em demasia.	Agressivo com os profissionais de saúde; Impõe sua presença a força; Postura intimidadora; Ciúmes/raiva por parte do agressor.

Source: <http://www.abeforense.org.br/wp-content/uploads/2017/11/Cartilha-de-Orienta%C3%A7%C3%B5es-da-Enfermagem-Forense-ABEFORENSE.pdf>

Indicadores de violência contra idosos

Sinais de Violência

Indicador	Comportamento da vítima	Comportamento do agressor
Hematomas na pele; Olhos roxos; Olheiras; Ferimentos inexplicados; Quedas frequentes; Procura de serviços de emergência com frequência; Perda de peso e sinais de desnutrição; Sinais de desidratação; Óculos quebrados	Mostrar sinais de depressão ou de ansiedade; Demonstrarem medo diante certas pessoas (cuidador); Tornarem-se passivos e muito submissos;	Comportamento agressivo; Dificuldade para prestar os cuidados diários; Preocupação excessiva; Queixa em relação à carga que ele representa; Hostilidade aos profissionais quando questionados das lesões; Atraso na assistência médica; Sinais de estresse e sobrecarga;

Source: <http://www.abeforense.org.br/wp-content/uploads/2017/11/Cartilha-de-Orienta%C3%A7%C3%B5es-da-Enfermagem-Forense-ABEFORENSE.pdf>

In cases of physical violence, it is important to pay attention to what is being observed if there are discrepancies between the report of the event and the injuries that are observed. In addition, attention should be paid to physiological changes such as chronic pain, neurological, gastrointestinal, cardiovascular, urinary tract and respiratory changes (ABEFORESEN, 2017)

Physical Injuries

- oases fraturas;
- signs on the skin, such as abrasions, ecchymosis (black, red, bluish, yellowish);
- burns (first, second or third degree);
- head trauma and;
- intra-abdominal organ injuries.

Psychological/Moral Violence

There are several manifestations of rejection, devaluation, discrimination, disrespect, excessive demands and humiliating punishments. These actions compromise or harm the self-esteem, identity, and integral development of the individual. In terms of psychological violence against children and adolescents, it refers to the depreciation, threat and rejection of children by adults, with the development of destructive or self-destructive behaviors in children as a result of the devaluation suffered by children, exhibiting its main characteristics (BRASIL, 2008).

1. Indicadores de Violência contra Criança e Adolescente

INDICADORES	COMPORTAMENTO DA CRIANÇA E DO ADOLESCENTE	CARACTERÍSTICAS DA FAMÍLIA
VIOLÊNCIA PSICOLÓGICA		
Problemas de saúde, como obesidade, afecção da pele, distúrbios do sono e dificuldades na fala; comportamentos infantis; enurese noturna.	Comportamentos extremos de timidez ou agressividade, destrutividade e autodestrutividade; problemas do sono; isolamento; baixo conceito de si próprio; abatimento profundo; tristeza; idéia e tentativa de suicídio; insegurança.	Tem expectativas irreais sobre a criança; rejeita; aterroriza; ignora; desqualifica; exige em demasia; corrompe; isola; descreve a criança como má, diferente das demais.

Source: https://bvsmis.saude.gov.br/bvs/publicacoes/manual_atendimento_vitimas_violencia_saude_publica_DF.pdf

With regard to psychological violence against women, the Maria da Penha Law - Law No. 11,340, of August 7, 2006, emphasizes that psychological violence is understood as any conduct that causes emotional damage and decreased self-esteem or that harms and threatens them; Embarrassment; disturbs their full development or that aims to degrade or control their actions, behaviors, beliefs and decisions, through (BRASIL, 2006):

- Humiliation;
- Handling;

- Isolation;
- Constant vigilance;
- Persecution;
- Insult;
- Blackmail;
- Ridicule;
- Exploitation and limitation of the right to come and go.

In relation to psychological violence against the elderly, the Law of the Elderly (Law 10.741, of 2003) defines in its article 19, paragraph 1, that violence against the elderly is:

"any action or omission, in a public or private place, that causes death, physical or psychological injury or suffering".

The experience of coping with psychological violence against the elderly, by itself, shows that the violence that exists in the relationships with family members is attributable to (Wanderbroocke *et al.*, 2020):

- Lack of understanding/patience in the face of their limitations;
- Curtailment of autonomy;
- Failure to recognize their potential;
- Capacity for new learning;
- Repetition of abusive family patterns.

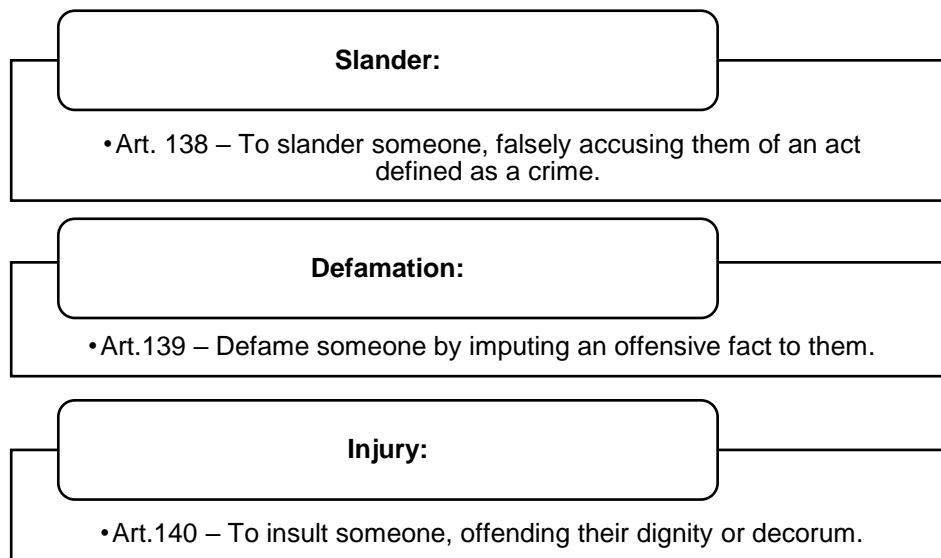
Thus, psychological violence perpetrated by family members against elderly people exposes the subtleties of the problem, both because it is a form of violence capable of causing harm even when it is recognized that the aggressor's family member has a thin line between what is considered care and what is considered aggression (Wanderbroocke *et al.*, 2020).

In moral harassment, violence occurs in a work environment based on power relations between employers and employees or vice versa. Thus, moral violence refers to all acts designed to defame, slander, or damage an individual's honor or reputation.

According to the Brazilian Penal Code, moral violence is dealt with in Article 146 (BRASIL, 2017):

"Repeatedly offending the dignity of someone causing physical or mental damage or suffering, in the exercise of employment, position or function."

The Maria da Penha Law punishes crimes of moral violence against women committed in the domestic or family environment. The Brazilian Penal Code (Law No. 11,340/2006), which is regulated in articles 138, 139 and 140 on the following crimes:



Bullying is another example of physical/psychological violence, which manifests itself in the school environment or not, such as cyberbullying that will be mentioned below (ABEFORENSE, 2017; BRAZIL, 2016; 2006; 2008; 2002).

Law No. 13,185, of November 6, 2015, considers bullying as (BRASIL, 2015):

"Any act of physical or psychological violence, intentional and repetitive that occurs without evident motivation, practiced by an individual or group, against one or more people, with the aim of intimidating or assaulting them, causing pain and anguish to the victim, in a relationship of power imbalance between the parties involved."

According to Article 2 of the aforementioned law on the Program to Combat Systematic Intimidation (Bullying), the characteristics of this type of violence will be described below (BRASIL, 2015):

- Physical attacks;
- Personal insults;
- Systematic comments and pejorative nicknames;
- Threats by any means;
- Derogatory graffiti;
- Prejudiced expressions;
- Conscious and premeditated social isolation;
- Jokes.

In addition, bullying can be classified through actions of various types of violence such as physical, verbal, moral, sexual, social, psychological and material, seen in the diagram below (BRASIL, 2015):

- Verbal: insulting, cursing and pejoratively nicknamed;
- Moral: defaming, slandering, spreading rumors;
- Sexual: harassing, inducing and/or abusing;
- Social: ignoring, isolating and excluding;
- Psychological: to stalk, frighten, terrorize, intimidate, dominate, manipulate, blackmail and make hell;
- Physical: punching, kicking, hitting;
- Material: stealing, robbing, destroying other people's belongings;

There is another type of bullying called cyberbullying, carried out through digital technologies, using the internet to degrade, incite violence, tamper with photos and personal data as a way to generate psychosocial embarrassment (ALMEIDA, 2019; BRAZIL, 2015).

Cyberbullying is an act of moral harassment committed through electronic communication. It would be an aggressive and deliberate act, by a group or individual, repeated over time against a victim who cannot easily defend himself (ALMEIDA, 2019).

The classification of this type of violence is all forms of (BRASIL, 2015):

"disparaging, sending intrusive messages of intimacy, sending or tampering with photos and personal data that result in suffering or with the intention of creating means of psychological and social embarrassment."

Sexual violence

It is any act by which a person takes advantage of a position of power and uses force, coercion, intimidation, or psychological influence, whether through weapons or drugs, to compel another person regardless of gender and age to have, witness, or participate in any form of sexual violence. Interact with or exploit sexual activity in any way for gain, revenge or other purposes (ABEFORENSE, 2017; BRAZIL, 2016; 2008; 2006).

This type of violence includes rape, abuse, sexual harassment, forced marital sex, non-consensual sexual play, forced pornography, child pornography, pedophilia, voyeurism, manipulation, oral, anal or genital penetration, with a penis or object in a forced way (ABEFORENSE, 2017; BRAZIL, 2016; 2008; 2006).

In addition, it includes coercive/embarrassing exposure to sexual acts, exhibitionism, masturbation, sexually explicit language, sexual interactions of any kind, and pornographic

material. They also describe the prevention of the use of any contraceptive method or forced marriage, pregnancy, abortion, prostitution, through coercion, blackmail, bribery or complicity; or restriction or removal of the autonomy of any person and the exercise of their sexual and reproductive rights (ABEFORENSE, 2017; BRAZIL, 2016; 2008; 2006).

The following are presented about sexual harassment, rape, child pornography and sexual exploitation (BRASIL, 2016):

- **Sexual harassment:** It is the insistence, questioning, proposals, demands or any other form of coercive methods of a sexual nature, improper, regardless of gender or sexual orientation. It is the act of embarrassing someone, through gestures, language or the use of violence, taking advantage of relationships of trust, lineage, hierarchy, authority or employment or service relationships with the aim of obtaining sexual advantage.
- **Rape:** Forcing a person, by force or serious threat, to have sexual relations or to perform or permit other sexual acts with him. This concept includes carnal intercourse (insertion of a penis or other object into the anus, vagina or mouth), regardless of the sexual orientation or gender of the person/victim.
- **Child pornography:** Refers to the exhibition, production, sale, supply, dissemination and/or publication of photographs or images of explicit or sexually explicit sex involving a child or adolescent through any means of communication (image exposure).
- **Child sexual exploitation:** Commercial and commercial exploitation of people, regardless of age, sex or gender identity, whether characterized by the practice of sexual acts (prostitution); nudity and live relations (striptease, pornographic performances) or through (magazines, films, photographs, videos or websites).
- **Adult sexual exploitation:** In the case of adults, sexual exploitation is considered if the victim's consent is not obtained in these circumstances, or is obtained through force, deception, intimidation or any other form of coercion. Therefore, anyone who obtains sexual services directly or through an intermediary (direct agency, inducement, facilitation) is considered a sexual exploiter through payment or reward of any kind.

In view of sexual violence against children and adolescents, attention should be paid to the indicators, the victim's behavior and family characteristics, as shown in the table below (BRAISL, 2008):

1. Indicadores de Violência contra Criança e Adolescente

INDICADORES	COMPORTAMENTO DA CRIANÇA E DO ADOLESCENTE	CARACTERÍSTICAS DA FAMÍLIA
VIOLÊNCIA SEXUAL		
Infecções urinárias; dor ou inchaço nas áreas genitais ou anais; lesões e sangramento; secreções vaginais ou penianas; doenças sexualmente transmissíveis; dificuldade de caminhar; baixo controle dos esfíncteres; enfermidades psicossomáticas.	Comportamento sexual inadequado para a idade; não confia em adultos; fugas de casa; regressão a estado de desenvolvimento anterior; brincadeiras sexuais agressivas; comportamento promíscuo; vergonha excessiva e alegações de abusos; idéias e tentativa de suicídio; autoflagelação.	Oculto freqüentemente o abuso; é muito possessiva, negando à criança contatos sociais normais; acusa a criança de promiscuidade, sedução sexual e de ter atividade sexual fora de casa; crê que o contato sexual é forma de amor familiar; alega outro agressor para proteger membro da família.

Source: https://bvsmms.saude.gov.br/bvs/publicacoes/manual_atendimento_vitimas_violencia_saude_publica_DF.pdf

According to the Pan American Health Organization and the World Health Organization (PAHO/WHO, 2023), children who grow up in violent homes can develop a series of behavioral and emotional disorders. These disorders may also be related to violence or exposure to violent behaviors later in life. Partner violence is also associated with higher mortality and morbidity (such as diarrheal diseases and malnutrition) among children under five.

With regard to the characteristics of sexual violence against women, the focus is on the information recorded in the mandatory notification form to feed the data collected on violence by health professionals, which shows that this type of violence occurs at all ages and has serious consequences, including death (Delziovo *et al.*, 2017).

Most victims of sexual violence are women, who are adolescents, young people and adults. Adolescents experience violence committed by a single aggressor at home, at night, with vaginal penetration, recurrence of major aggressions, and consequently pregnancy. For adolescents aged 10 to 14 and 15 to 19 years, the proportion of offenders was unknown (32.9% and 33.1%, respectively). Adults were assaulted by a single aggressor during the night and early morning at home, on a public road, with vaginal penetration in more than half of the reported violence, plus bodily injuries and suicide attempts (Delziovo *et al.*, 2017).

The risk factors associated with the increased risk of perpetrating violence are (PAHO/WHO, 2023):

- Low education;
- Child maltreatment or exposure to violence in the family;
- Harmful use of alcohol;

- Violent attitudes;
- Gender inequality.

The factors associated with an increased risk of becoming a victim of sexual violence are as follows (PAHO/WHO, 2023):

- Low level of education;
- Exposure to violence between parents;
- Child abuse;
- An attitude that allows violence;
- Gender inequality.

In addition, factors associated with sexual and partner violence occur at the individual, family, community, and social levels. Some of them are related to "being a perpetrator of violence", others to the suffering caused by violence or both

Risk factors for partner violence and sexual violence include (PAHO/WHO, 2023):

- Low education (perpetrators and victims of sexual violence);
- Exposure to child abuse (perpetrator and victim);
- Experiences of domestic violence (perpetrator and victim);
- Antisocial Personality Disorder (Author);
- Harmful use of alcohol (perpetrators and victims);
- Have multiple partners;
- Acceptance of attitudes of violence (perpetrator and victim).

In relation to sexual violence against the elderly, this is a veiled phenomenon, which deteriorates their integrity, generating inconveniences for life, causing poor health and distancing from family and social life, subjecting the victim to silence in exchange for the permanence of coexistence and individual guarantees (Gomes *et al.*, 2020).

In Brazil, sexual violence against the elderly occurs predominantly in the white female population, with up to 4 years of schooling, especially at home, with unknown people as the most present aggressors (Vieira; Toledo, 2022).

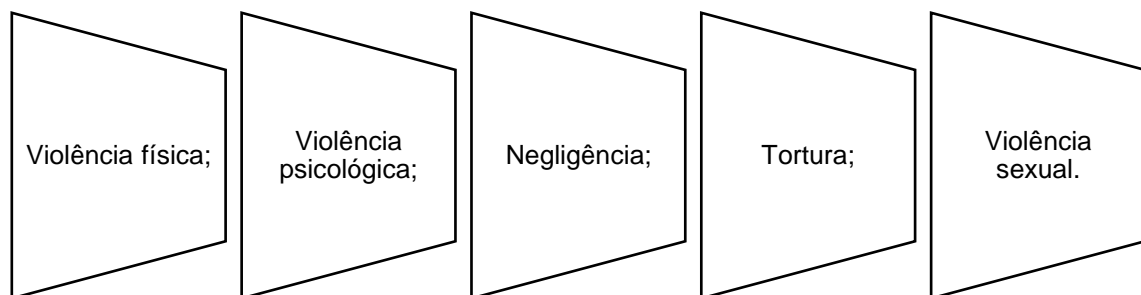
The characterization of the profile of elderly people who suffered violence based on the records made by the compulsory notification form emphasizes that the main types of violence they suffer are physical and sexual violence. The victims of physical violence were male (use of body force and beatings) and sexual violence were female, in which these

types of violence occurred in the homes of these elderly people and were perpetrated by family members (Hohendorff *et al.*, 2018; Rodrigues; Armond; Gorios, 2015).

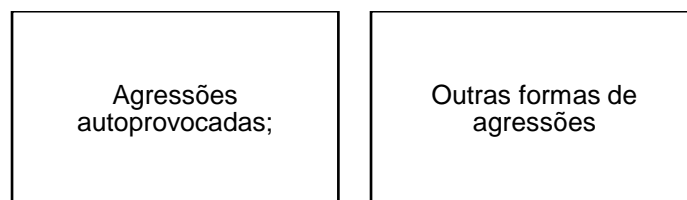
The Statute of the Elderly states in Article 4 that no elderly person should be the object of any type of (BRASIL, 2003):

“(...) negligence, discrimination, violence, cruelty or oppression, and any attack on their rights, by action or omission, will be punished in accordance with the law.”

Females have the highest risk of being victims of violence (Hohendorff *et al.*, 2018):



Males, on the other hand, are more likely to be victims of violence (Hohendorff *et al.*, 2018):



Obstetric violence

It is characterized as gender violence because it occurs to women at all stages of pregnancy and puerperium, including abortion, and can be divided into moral, physical, psychological, and patrimonial violence (Marques, 2020).

According to the booklet on obstetric violence of the Anna Nery School of Nursing of the Federal University of Rio de Janeiro (EE-UFRJ, 2021), which states that such violence affects pregnant women, postpartum women and postpartum women, the actions carried out can be characterized by two different environments, relationships (inside and outside the family) and institutions, as described below (Batista; Gates; Giotto, 2019).

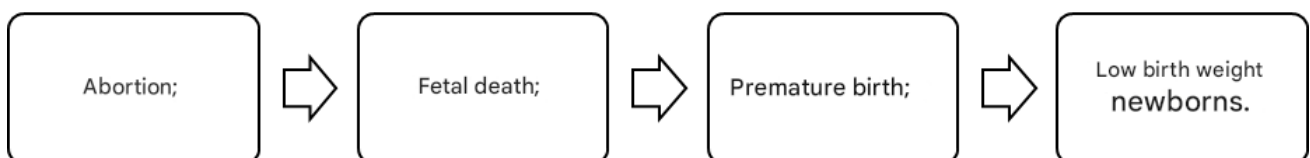
Interpersonal obstetric violence:

- **Intrafamilial:** perpetrated by close partners, family members and family members with different biopsychosocial damages.
- **Extra-familial:** perpetrated by people, known and unknown, whose actions aim to compromise their integrity and that of the baby.
- **Institutional:** appropriation of women's bodies, being perpetrated by health professionals, where there is substance abuse, exclusion of rights, inhumane treatment of their bodies and sexuality;

Disrespect and abuse during childbirth in health facilities include (EE-UFRJ, 2021; Bowser; Hill, 2010):

- Lack of confidentiality, failure to obtain informed consent before performing procedures;
- Refuse to take painkillers;
- Neglected care during childbirth that leads to preventable complications;
- Prevent a woman from being accompanied by a person of her choice;
- Using jokes, mean and rude comments to belittle, demean and offend women in any way;
- Performing unnecessary medical procedures without instructions, such as: Kristeller's maneuver, episiotomy, husband's stitch, intestinal lavage.

According to the Pan American Health Organization and the World Health Organization (PAHO/WHO, 2023), violence committed by the partner during pregnancy increases the likelihood of:



These forms of violence can lead to (PAHO/WHO, 2023):

- Depression;
- Post-traumatic stress;
- Other anxiety disorders;
- Sleep difficulties;

- Eating disorders;
- Suicide attempts.

In Brazil, there are laws that favor women's reproductive rights and sexuality during the pregnancy-puerperal cycle (BRASIL, 2007; 2005).

- Law No. 11,108, of April 7, 2005 - permission of a companion during labor and immediate postpartum;
- Law No. 11,634, of December 27, 2007 - the right of the pregnant woman to know and be linked to the maternity hospital where she will receive care.

Thus, obstetric violence occurs in diverse and complex forms through institutional, physical, sexual and psychological violence, which consists of the appropriation of the woman's body and reproductive processes by health professionals, is externalized through violent treatment, medical abuse and the pathologization of the natural process that leads to the loss of autonomy of women in childbirth and the ability to freely self-determine (Oliveira; Albuquerque, 2018).

Financial/economic violence

It means acts that imply damage, loss, reduction, destruction or retention of belongings, personal documents, work tools, objects and valuables of the recipient/victim. It includes the improper or illegal exploitation, or unauthorized use of their financial and patrimonial resources (ABEFORENSE, 2017; BRAZIL, 2008; 2006).

This type of violence occurs mainly in the family environment, especially among the elderly, women and the disabled, and is also called patrimonial violence (ABEFORENSE, 2017; BRAZIL, 2008; 2006).

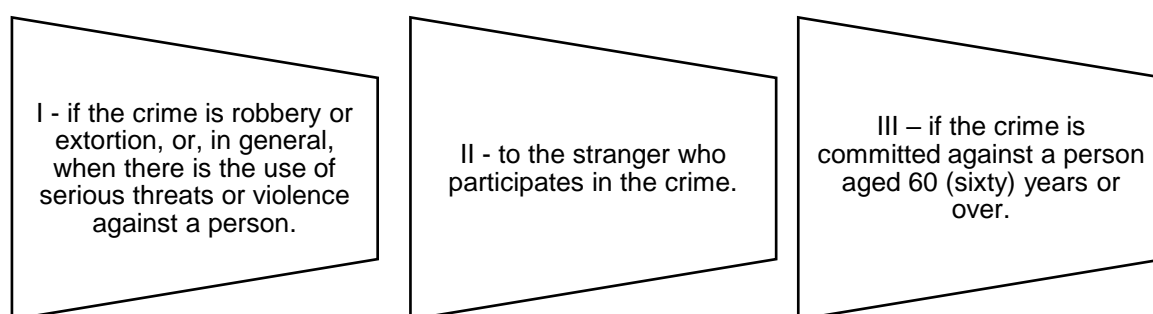
With regard to women who are related to financial/economic and patrimonial violence, the Maria da Penha Law (Law No. 11,340, of August 7, 2006) defines this type of violence seen in Article 7 in item IV of the types of domestic and family violence against women (BRASIL, 2006):

“(...) understood as any conduct that constitutes retention, subtraction, partial or total destruction of their objects, work instruments, personal documents, goods, values and rights or economic resources, including those intended to satisfy their needs.”

The victims and perpetrators of this type of violence are mostly married women, whose average age is 36 years old, white and brown skin color, incomplete elementary school and domestic work. The aggression comes mainly from the husband and son and is

motivated by jealousy, alcoholism and vulnerability. Domestic violence, both individual and combined, occurs mainly in the lives of women, especially the elderly, associated with the loss of material and emotional goods (Pereira *et al.*, 2013).

In addition, the Maria da Penha Law (BRASIL, 2006) corresponds to other crimes against property provided for in the Brazilian penal code and must be treated accordingly (Delgado, 2015). If the woman is the target of violence during a separation, divorce, distribution of goods or food or by theft, destruction, kidnapping or imprisonment of the spouse, former spouse, the crime provided for in Article 183 (BRASIL, 1940) is provided for by law:



In relation to the elderly, the Law of the Elderly (Law 10.71/2003) establishes that crimes against economic, financial and patrimonial violence are related according to Art. 102 (BRASIL, 2003):

“[...] Appropriating or diverting assets, earnings, pension or any other income of the elderly, giving them an application different from that of their purpose.”

For the elderly who suffer economic/financial and patrimonial violence, it is highlighted that this type of violence occurs more in single elderly men, compared to other forms of violence. This typology occurs in public places and in the homes themselves, and the main aggressors are women who are not part of the family cycle (Santos *et al.*, 2019).

Violence resulting from legal intervention

It refers to the intervention of public officials, whether they are representatives of the state, the police or other law enforcement officials in the exercise of their duties. This type of violence can occur with the use of firearms, explosives, gas, blunt objects, pushes, punches, and can result in injuries, aggression, embarrassment and death (BRASIL, 2016).

According to the International Classification of Diseases (ICD-11) published by the World Health Organization (WHO) on external causes of morbidity and mortality. The ICD-11 defines injuries as those resulting from acute exposure to physical agents, such as

mechanical energy, heat, electricity, chemicals, and ionizing radiation that interact with the body in quantities or speeds exceeding the limit of human tolerance (WHO, 2023).

In some cases (such as drowning and frostbite), injuries are caused by a sudden lack of vital substances, such as oxygen or heat. In addition, the ICD-11 classifies injuries according to intentional causes and by who caused them (WHO, 2023):

As for legal intervention, the ICD-10 states that it includes firearms, explosives, gas, sharp and piercing objects, legal coercion and other specified and unspecified means (WHO, 2000).

The commonly used categories on external causes will be described below (WHO, 2023):

- Unintentional (i.e., accidental);
- Intentional (i.e., deliberate);
- Interpersonal (e.g., assault and homicide);
- Self-harm (e.g., drug and alcohol abuse, self-harm, suicide);
- Legal intervention (e.g., action by police or other law enforcement personnel);
- War, civil insurrection and riots (e.g. demonstrations and riots);
- Undetermined intent.

Brazil has legislation (Law No. 13,869 of 2019) that provides for crimes of abuse of power committed by public persons, public servants or not, who, in the exercise of their functions or under the pretext of exercising them, abuse the power assigned to them according to Articles 1 and 2 (BRASIL, 2019), described below:

I - public servants and military personnel or persons equivalent to them;	II - members of the Legislative Branch;	III - members of the Executive Branch;
IV- members of the Judiciary;	V - members of the Public Prosecutor's Office;	VI - members of the courts or audit boards.

The Penal Code itself raises issues related to urban violence in different situations of legal intervention, such as situations of vandalism according to Art.163 (BRASIL, 1940):

(...) Vandalism is a crime and the perpetrator of the offense is subject to arrest and a fine, for damage to public property (Union, State, Municipality, companies and services). The penalty ranges from six months to three years of detention, in addition to the aggravating factors.

The Atlas of Violence introduces the category "Violent Deaths of Undetermined Cause", which is used for violent deaths from external causes in which it was not possible to determine the underlying cause or reason for death. whether resulting from self-inflicted injury (suicide), accident (including in traffic) or attack by third parties or legal intervention (murders) (Cerqueira *et al.*, 2021).

Police violence against individuals and groups is a constant in contemporary society. But its form varies according to the degree of tolerance, whether state or popular, so police activity is more monitored in some places than in others. Thus, if in some cities the addition of a person belonging to a discriminated ethnicity or social group is enough to generate a public debate, in others these categories or more serious facts do not arouse interest in the media or the population (Machado; Noronha, 2002).

Thus, violence is a way to solve the problems of crime, the population does not seem to deny this method. For residents of urban areas where crime is common and effective policing is absent, violent actions by the police or death squads are planned to combat insecurity and disseminate this type of violence by the same wave is perpetuated (Machado; Noronha, 2002).

Torture

It is the act of restraining a person by force or serious threat in order to obtain information, statement or confession from the victim or third parties, causing him or her physical or psychological suffering, resulting in a criminal act or omission, due to racial or religious discrimination, among others (BRASIL, 2016).

According to Law 9.455/97, it defines the crime of torture (BRASIL, 1997):

- I. Embarrassing someone with the use of violence or serious threat, causing them physical or mental suffering:
 - a. for the purpose of obtaining information, statement or confession from the victim or a third person;
 - b. to provoke action or omission of a criminal nature;
 - c. due to racial or religious discrimination;
- II. Subjecting someone, under their custody, power or authority, with the use of violence or serious threat, to intense physical or mental suffering, as a way of applying personal punishment or a preventive measure.

The problem of torture in Brazil is multifaceted, with institutional violence leading to the accountability of agents involved in this perpetration, poor social perceptions of public security, and significant underreporting of these acts. These factors disproportionately affect some social classes, especially young, black, poor people who live in peripheral areas (BRASIL, 2020).

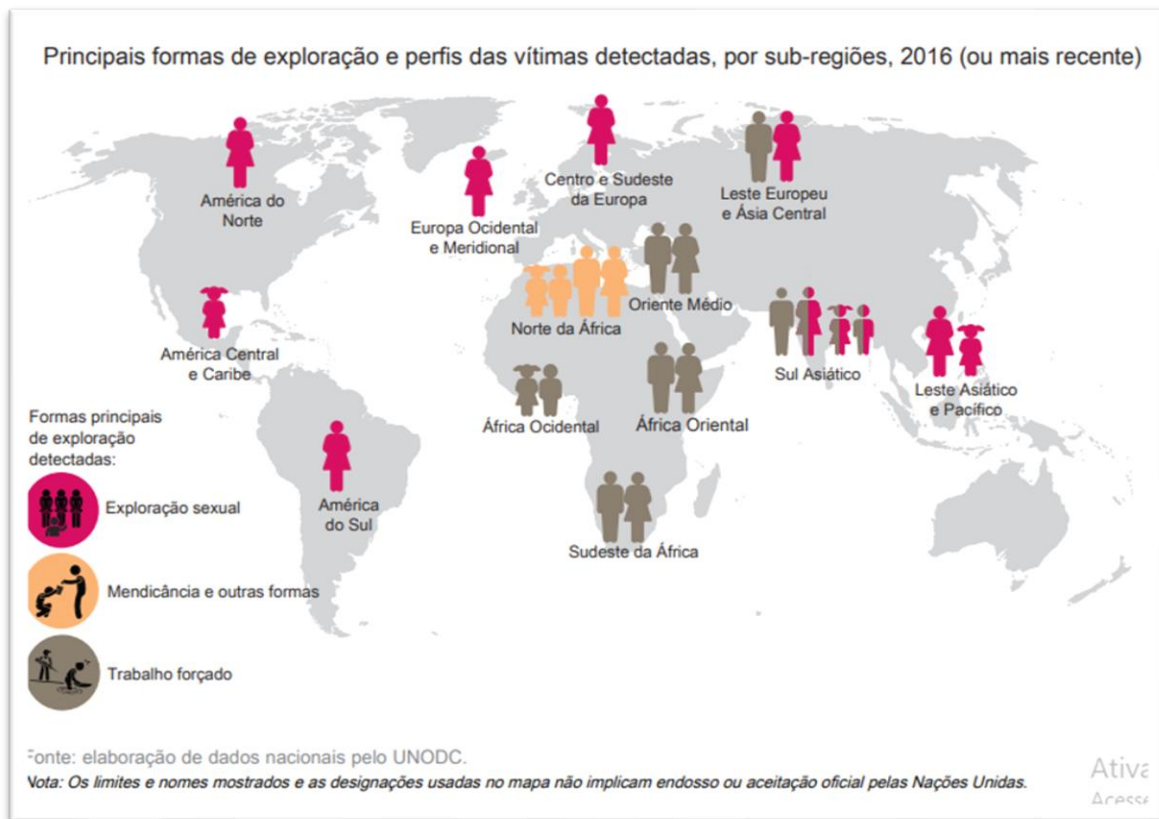
According to the Final Report of the Permanent National Campaign to Combat Torture and Impunity, there are four types of Torture, which are described below (BRASIL, 2000):

- **Torture-Evidence:** as a purpose to obtain a confession from the victim;
- **Incarceral torture:** cases of contempt of the victim before the police authority, causing barbaric aggressions;
- **Collective torture:** practiced by a group of at least 10 people (rebellions and escape attempts);
- **Discriminatory torture:** in cases of social exclusion, linked to the practice of torture in various situations of violence.

Despite the typification in the legal system, many judges still reduce torture to physical harm, abuse of power, illegal humiliation, etc. This disrespect for the law allowed the practice of torture to continue, especially by police officers who see impunity as authorizing the regular practice. The crime of torture is a cultural heritage of Brazilian society, and effective respect for the dignity of the human person depends primarily on law enforcement agents (Dias, 2013).

Trafficking in persons

It includes recruitment, transportation, transfer, placement of persons, use of threats, abduction, fraud, deception, abuse of authority, use of force or other forms of coercion, or prostitution in a situation of vulnerability, or unpaid work, including domestic work, slave labor or servitude, servile marriage, or for the removal and sale of their organs, with or without the use of physical force. It can take place within the same country, or between different continents (UNODC, 2023; BRAZIL, 2016).



Source: https://www.unodc.org/documents/lpo-brazil/Topics_TIP/Publicacoes/TiP_PT.pdf

Brazil is among the countries with the highest rates of human trafficking, with 92.36% of the processes in which all Brazilian victims were taken abroad or at least tried to be sent, mainly to the European continent for the purpose of prostitution. Spain is the country with the highest number of Brazilian victims, being the target of 82 cases (56.9%). The victims of international trafficking in persons for the purpose of sexual exploitation are women (96.36%) over 18 years of age (BRASIL, 2022; UNODC, 2018).

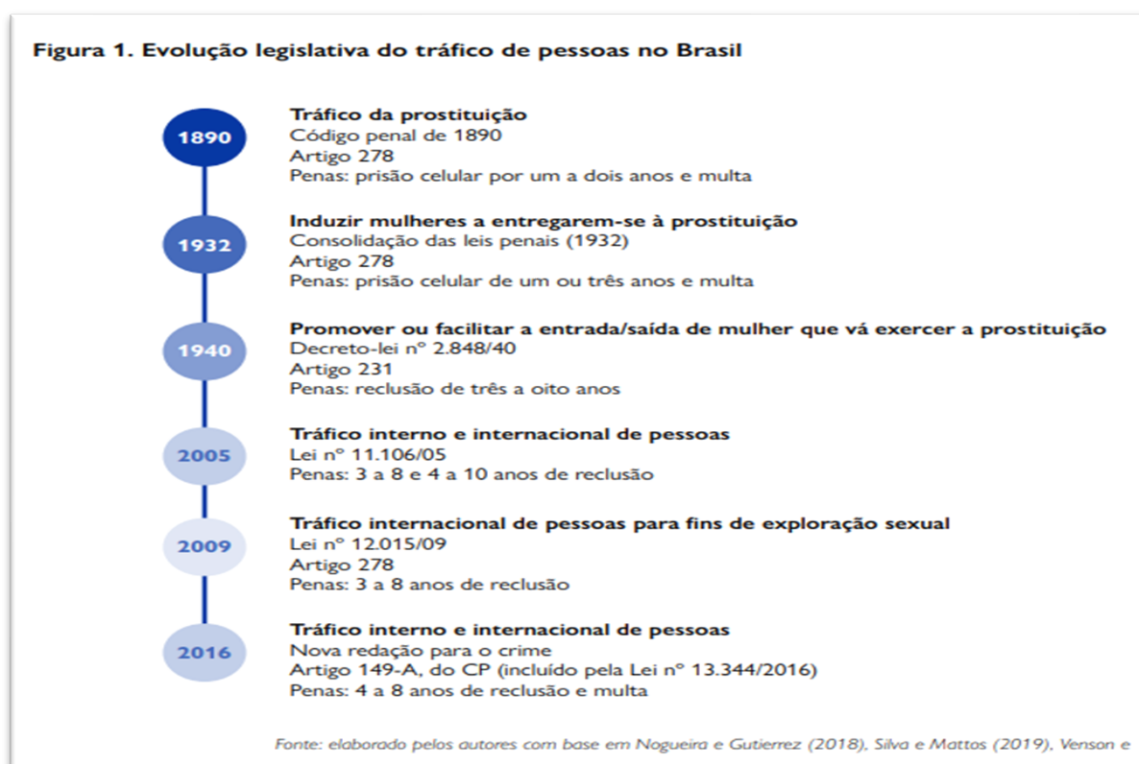
The majority of victims detected worldwide are trafficked for sexual exploitation, although this pattern is not uniform across regions. Trafficking of women – both women and girls – for these purposes is common in the regions where victims are most often found in the Americas, Europe, Asia and the Pacific, as shown in the following figure (UNODC, 2018).

According to the United Nations Office on Drugs and Crime (UNODC) in Brazil, there are three elements that make up trafficking in persons, which are described below (UNODC, 2023):

- **The act (what is done):** recruitment, transportation, transfer, housing or reception of people

- **The means (how it is done):** threat or use of force, coercion, kidnapping, fraud, deception, abuse of power or vulnerability, or payment or benefit in exchange for control of the victim's life.
- **Purpose (why it is done):** For the purpose of exploitation, including prostitution, sexual exploitation, forced labor, slavery, organ removal, and similar practices. To ascertain whether a particular situation constitutes human trafficking, consider the definition of trafficking in the Protocol on Trafficking in Persons and the elements of the crime as defined by relevant national laws.

There are laws that aim to punish this type of crimes related to trafficking in persons and smuggling of migrants, as seen in the figure below on the legal evolution regarding human trafficking (BRASIL, 2022; 2016; 2004a; 2004b).



Source: <https://brazil.iom.int/sites/g/files/tmzbd11496/files/documents/tr%C3%A1fico-pessoas-web.pdf>

In addition, UNODC states that in trafficking consent occurs first, exploitation second, and transnational character third, as mentioned below (UNODC, 2023):

- **Consent:** it is irrelevant for the action to be characterized as trafficking or exploitation of human beings.
- **Exploitation:** exploitation of the victim by traffickers, to obtain some benefit or profit.
- **Transnational character:** occur both internationally and within the country itself.

After the description seen above, there is the typification of human trafficking, being for the purposes of labor and sexual exploitation, begging and organ harvesting according to the Brazilian penal code and the prevention and repression of internal and international trafficking in persons (BRASIL, 2016; 2009; 1997; 1940):

Labor exploitation:	• Art. 149. 171. Forced labor or services, slavery.
Sexual exploitation:	• Art. 149. 228. Inducing or attracting someone to prostitution or another form of sexual exploitation or illegal addiction.
Organ extraction:	• Art. 15, 149 and 171. Practices similar to slavery, servitude or the removal and purchase of organs.

According to Veras, Souza and Souza (2021), the profile of the victims is more often associated with young, single, unemployed women living in distant cities or in the countryside. Recognizing the profile of victims of human trafficking is very complex because almost no one highlights the characteristics of the victims due to the existing underreporting rates.

In this context, it is important to emphasize that the issue is quite complex due to the fact that the victims may present psychological problems due to the act perpetrated, making it still a very difficult investigation for the identification of the criminals through the public prosecutor's office and federal public security (Veras; Souza; Souza, 2021).

Neglect/abandonment

It means any omission in which the physical, emotional and social development needs of the recipient/victim and basic care are not met, for example, deprivation of medications, lack of necessary medical care, among others (ABEFORENSE, 2017; BRAZIL, 2016; 2008).

Abandonment is an extreme form of neglect and the most common type of violence against children and the elderly (ABEFORENSE, 2017; BRAZIL, 2016; 2008).

With regard to the neglect/abandonment of children and adolescents, it can be considered in several situations, for example (BRASIL, 2008):

- Leave vaccines in arrears;
- Do not take it to the doctor;

- The child is not enrolled or does not go to school;
- Unkempt and dirty appearance;
- Young children alone at home;
- Foreseeable domestic accidents (falls from bed, crib, etc.)

Among the most common types of violence and triggers of aggression, negligence is the result of the lack of preparation of mothers and fathers and the lack of basic care in childhood. Abuse by them or by their guardians is extremely common (BRASIL, 2008).

The Statute of the Child and Adolescent (ECA) (Federal Law No. 8,069/1990), safeguards the citizenship of the child by the principle of full protection. The law makes it mandatory to report suspected or confirmed cases of abuse of children or adolescents (BRASIL, 1990).

Therefore, it is important to know about the indicators of this type of violence, as well as the behavioral and family characteristics of child neglect, as seen below (BRASIL, 2008):

1. Indicadores de Violência contra Criança e Adolescente		
INDICADORES	COMPORTAMENTO DA CRIANÇA E DO ADOLESCENTE	CARACTERÍSTICAS DA FAMÍLIA
NEGLIGÊNCIA		
Padrão de crescimento deficiente; fadiga constante e pouca atenção; problemas físicos e necessidades não atendidas; vestimenta inadequada ao clima.	Comportamentos extremos de hiper ou hipoatividade; contínuas faltas ou atrasos à escola ou ao médico; comportamentos infantis ou depressivos. Dificuldade na aprendizagem.	É apática e passiva, não se importando muito com a situação da criança; tem baixa auto-estima e severo desleixo com higiene; é despreocupada em resolver as necessidades de atenção da criança.
Fonte: Assis, S. G. <i>Crescer sem violência: um desafio para educadores</i> . Rio de Janeiro: Fiocruz/ENSP/CLAVES, 1994, p. 24.		

Source: https://bvsmis.saude.gov.br/bvs/publicacoes/manual_atendimento_vitimas_violencia_saude_publica_DF.pdf

Therefore, negligence can manifest itself by a variety of factors that are not necessarily related to poverty and the voluntary abandonment of those responsible, but to their psychological, material and emotional impotence. In many cases, this culture of violence is passed on from generation to generation, as the victims have emotional consequences that will be reflected in the way they raise their children (Rodrigues; Mendes, 2018).

Regarding neglect/abandonment against the elderly, it can be considered in several situations, such as (BRASIL, 2008):

- Denying adequate care and supervision (especially in cases of people with physical or mental disabilities);
- Let the elderly go hungry;
- Not giving the medications you need;
- Do not take the scheduled appointments;
- Do not provide other physical care;
- Behaviours of an older person that threaten their own health or safety.

Violence due to negligence/abandonment is more common in the elderly aged 80 years or older than in the younger ones (60 to 69 years), 45% in the black elderly than brown, 42.% more common in those with a partner and the prevalence (3.24 times higher) among the elderly with some type of disability/incapacity (Pampolim; Leite, 2020).

The elderly who apparently suffer the most violence are mainly women, single/widowed, aged 75 years or older, with low education, with any neurological, rheumatic or psychiatric disease (BRASIL, 2008).

Violence against the elderly is complex due to several aspects that interfere in its emergence, such as cultural, social, historical, family and demographic aspects, where population aging brings the abuse of the elderly, due to its naturally biopsychosocial character, a situation of investigation and urgent solutions (Sousa *et al.*, 2010).

Therefore, it is essential to be aware of the signs of violence, especially its indicators, the victim's behavior and that of those who perpetuate such crime, as seen below (ABEFORENSE, 2017):

Indicador	Comportamento da vítima	Comportamento do agressor
Descuido nas vestimentas; Falta de higiene; Úlceras por pressão em muitos lugares do corpo; Sinais de sonolência excessiva por uso de sedativos; Alterações de comportamento repentinas pelo idoso, principalmente perante estranhos; Doenças facilmente controláveis, mas que não melhoram por falta de tratamento adequado;	Baixa autoestima; Se culpa da violência sofrida; Antes de falar, olha para o cuidador; Muda de comportamento na frente do cuidador;	Contesta perguntas dirigidas ao idoso; Obstaculiza o cuidado; Apresenta descontrole emocional; Não demonstra sentir-se satisfeito com a vida; Demonstra ser controlador;

Uso incorreto de medicações; Quedas frequentes; Procura por cuidados médicos constantes; Repetidas ausências às consultas agendadas; Explicações improváveis sua ou de seus familiares para determinadas lesões e traumas.	Baixa autoestima; Se culpa da violência sofrida; Antes de falar, olha para o cuidador; Muda de comportamento na frente do cuidador; História controversas entre o idoso e o cuidador; Solidão; Exagerado respeito pelo cuidador	Tenta convencer o profissional que o idoso é “louco” ou que está “caducando”; Culpabiliza o idoso; Apresenta “gênio forte” Sente-se cansado.
--	---	---

Source: <http://www.abeforense.org.br/wp-content/uploads/2017/11/Cartilha-de-Orienta%C3%A7%C3%B5es-da-Enfermagem-Forense-ABEFORENSE.pdf>

Child labor

It is the set of behaviors and activities performed by children that prevent them from fully enjoying childhood and adolescence. It refers to any type of activity, paid or unpaid, of a mandatory, regular, routine nature, which puts their physical, mental, social and moral

well-being at risk, restricting their growth conditions for a healthy life and safe development (BRASIL, 2016; 2008).

The exploitation of child labor is not restricted to Brazil. The International Labour Organization estimates that there are approximately 250 million child labourers worldwide. At least 120 million children aged 5 to 14 work full-time. The rest combine work with study and other non-economic activities (ILO, 2001).

According to the International Labor Organization (ILO, 2000), the worst forms of child labor include:

- A.** All forms of slavery or practices analogous to slavery, such as the sale and trafficking of children, debt bondage, servitude, forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- B.** Use, demand, and provide children for the purposes of prostitution, pornography, or sexual performance;
- C.** The use, recruitment and supply of children for illicit activities, in particular the production and trafficking of narcotic drugs as defined in relevant international treaties;
- D.** Work which, by its nature or the circumstances in which it is carried out, is likely to adversely affect the health, safety and morals of children.

In view of the above picture, the ILO states that this type of work represents a threat and danger to these children, not least the consequences that it can have on their lives, as (ILO, 2001):

- A.** Exposure to physical, emotional or sexual abuse;
- B.** Acting underground and underwater, at dangerous heights or in confined environments;
- C.** Using dangerous machinery, equipment, tools or transporting heavy objects;
- D.** working in an unhealthy environment or being exposed to dangerous substances, agents or processes, or exposure to temperatures or levels of noise and vibration that are harmful to health;
- E.** Acting in difficult conditions, such as long hours, at night or that prevent the daily return to your home.

Thus, all these types of exposures and conditions that end up violating children's human rights of the Statute of the Child and Adolescent (ECA) are exposed to various degrees of violence situations (BRASIL, 1990).

ASYNCHRONOUS ACTIVITY

In this chapter, he contextualized the various typologies of violence, their definitions and essential characteristics. As healthcare professionals, it is crucial that you consider not only the clinical aspects, but also the social and emotional contexts. The analysis of the case study by Amar and Sekula (2015) leads to reflect on the impact of violence on the experience of people in situations of violence. This reflection is essential to improve communication and welcoming skills, allowing for more conscious and responsible action in scenarios where violence influences the health and well-being of individuals.

CASE STUDY REFLECTION: ELDER ABUSE

"Patient, female, 82 years old, presenting with shoulder pain after a fall. She walks with the help of supervision and is accompanied by her daughter. The patient said she lived alone, but her daughter helped her with some daily activities. From her appearance, she looked fragile. His clothes are not clean and dirt can be seen under his nails, making it understood that it was due to a fall at home. During the physical evaluation, the patient remained relatively still, without making eye contact or speaking. On clinical/physical evaluation, she had some areas of redness and bruising on her upper extremities and trunk. When asked about the bruises, the daughter repeated that her mother was a little unstable and prone to falls. The daughter also said that her mother is well taken care of and has never fallen before. She also takes care of her family, including three children, and works as a full-time teacher."

"This scenario describes a possible case of abuse. Although after a fall at home, the patient's appearance is expected. In this case, the daughter seemed to be taking care of her mother and the Nursing did not find anything unusual. The elderly patient's poor health may have been the cause of her fall, but it may also be related to chronic neglect, leading to malnutrition and dehydration."

REFERENCES

1. ALMEIDA, F. A. de. O cenário atual do cyberbullying e as possibilidades de intervenção frente aos adolescentes. *Psicologia em Foco: temas contemporâneos*. v. 12. p: 146-152, 2019. Disponível em: <https://downloads.editoracientifica.org/articles/200700716.pdf> Acesso em: 15 jun. 2023.
2. ASSOCIAÇÃO BRASILEIRA DE ENFERMAGEM FORENSE (ABEFORENSE). Cartilha de orientações da enfermagem forense e campanha direcionada para a identificação, notificação e denúncia da violência. Aracaju, 2017. 58 p. Disponível em: <https://www.abeforense.org.br/wp-content/uploads/2017/11/Cartilha-de-Orienta%C3%A7%C3%B5es-da-Enfermagem-Forense-ABEFORENSE.pdf> Acesso em: 07 mar. 2023.
3. BATISTA, S. da S.; GONÇALVES, M. F. R.; GIOTTO, A. C. Violência Obstétrica Institucional no Brasil. *Revista Brasileira de Educação e Saúde*, [S. l.], v. 9, n. 3, p. 115–121, 2019.
4. BAHIA, C.A; et al. Lesão autoprovocada em todos os ciclos da vida: perfil das vítimas em serviços de urgência e emergência de capitais do Brasil. *Ciênc Saúde Colet*. v.22, n.9, p:2841-50, 2017.
5. BERBEL, N. N.: “Problematization” and Problem-Based Learning: different words or different ways? *Interface – Comunic, Saúde, Educ* v.2, n.2, 1998.
6. BERBEL, N. A. N. A metodologia da problematização com o Arco de Maguerez: uma reflexão teórico-epistemológica. Londrina: EDUEL, 2012.
7. BERBEL, N. A. N. A problematização e a aprendizagem baseada em problemas: diferentes termos ou diferentes caminhos? Disponível em: <https://www.scielo.br/j/icse/a/BBqnRMcdxXyvNSY3YfztH9J/?format=pdf&lang=pt> Acesso em: 11 mar. 2023.
8. BRAGA, L. L; DELL’AGLIO, D. D. Suicídio na adolescência: fatores de risco, depressão e gênero. *Contextos Clínic*. v. 6, n. 1, p:2-14, 2013.
9. BRASIL. Campanha Nacional Permanente de Combate à Tortura e à Impunidade. Relatório Final da Campanha Nacional Permanente de Combate à Tortura e à Impunidade. Brasília, DF, 2000. Disponível em: http://www.dhnet.org.br/denunciar/tortura/campanha/relatorio_final_mndh_campanha_tortura.pdf Acesso em: 18 jun. 2023.
10. _____. Conselho Nacional do Ministério Público. Resolução nº 243, de 18 de outubro de 2021. Dispõe sobre a política institucional de proteção integral e de promoção de direitos e apoio às vítimas. Brasília, DF, 2021. Disponível em: <https://www.cnmp.mp.br/portal/images/Resolucoes/2021/Resoluo-n-243-2021.pdf> Acesso em: 26 abril. 2023.
11. _____. Decreto-lei no 2.848, de 7 de dezembro de 1940. Código penal. Brasília, DF, 1940. Disponível em: https://www.planalto.gov.br/ccivil_03/decreto-lei/del2848.htm Acesso em: 18 jun. 2023.

12. _____. Decreto nº 6.481, de 12 de junho de 2008. Regulamenta os artigos 3o, alínea “d”, e 4o da Convenção 182 da Organização Internacional do Trabalho (OIT) que trata da proibição das piores formas de trabalho infantil e ação imediata para sua eliminação, aprovada pelo Decreto Legislativo no 178, de 14 de dezembro de 1999, e promulgada pelo Decreto no 3.597, de 12 de setembro de 2000, e dá outras providências. BRASÍLIA, DF, 2008. Disponível em: http://www.planalto.gov.br/ccivil_03/_Ato2007-2010/2008/Decreto/D6481.htm Acesso em: 07 mar. 2023.

13. _____. Decreto nº 5.017, de 12 de março de 2004a. Promulga o protocolo adicional à convenção das nações unidas contra o crime organizado transnacional relativo à prevenção, repressão e punição do tráfico de pessoas, em especial mulheres e crianças. Brasília, DF, 2004. Disponível em: https://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2004/Decreto/D5017.htm Acesso em: 18 jun. 2023.

14. _____. Decreto nº 5.015, de 12 de março de 2004b. Promulga a convenção das nações unidas contra o crime organizado transnacional. Brasília, DF, 2004. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2004/decreto/d5015.htm Acesso em: 18 jun. 2023.

15. _____. Fundação Nacional de Saúde. Política Nacional de Atenção à Saúde dos Povos Indígenas. - 2ª edição - Brasília: Ministério da Saúde. Fundação Nacional de Saúde, 2002. 40 p.

16. _____. Lei nº 9.455, de 7 de abril de 1997. Define os crimes de tortura e dá outras providências. Brasília, DF, 1997. Disponível em: https://www.planalto.gov.br/ccivil_03/leis/l9455.htm Acesso em: 18 jun. 2023.

17. _____. Lei nº 11.340 de 7 de agosto de 2006. Lei Maria da Penha. Brasília, DF. Disponível em: http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2006/Lei/L11340.htm Acesso em: 07 de mar. 2023.

18. _____. Lei nº 13.185, de 6 de novembro de 2015. Institui o Programa de Combate à Intimidação Sistemática (Bullying). Brasília, DF, 2015. Disponível em: https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/lei/l13185.htm Acesso em: 15 jun. 2023.

19. _____. Lei nº 11.108, de 7 de abril de 2005. Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde - SUS. Brasília, DF, 2005.

20. _____. Lei nº 12.015, de 7 de agosto de 2009. Altera o Título VI da Parte Especial do Decreto-Lei no 2.848, de 7 de dezembro de 1940 - Código Penal, e o art. 1o da Lei no 8.072, de 25 de julho de 1990, que dispõe sobre os crimes hediondos, nos termos do inciso XLIII do art. 5o da Constituição Federal e revoga a Lei no 2.252, de 1o de julho de 1954, que trata de corrupção de menores. Brasília, DF, 2009.

21. _____. Lei nº 9.434, de 4 de fevereiro de 1997. Dispõe sobre a remoção de órgãos, tecidos e partes do corpo humano para fins de transplante e tratamento e dá outras providências. Brasília, DF, 1997.

22. _____. Lei nº 11.634, de 27 de dezembro de 2007. Dispõe sobre o direito da gestante ao conhecimento e a vinculação à maternidade onde receberá assistência no âmbito do Sistema Único de Saúde. Brasília, DF, 2007.
23. _____.
24. _____. Lei nº 13.344, de 6 de outubro de 2016. Dispõe sobre prevenção e repressão ao tráfico interno e internacional de pessoas e sobre medidas de atenção às vítimas; altera a Lei nº 6.815, de 19 de agosto de 1980, o Decreto-Lei nº 3.689, de 3 de outubro de 1941 (Código de Processo Penal), e o Decreto-Lei nº 2.848, de 7 de dezembro de 1940 (Código Penal); e revoga dispositivos do Decreto-Lei nº 2.848, de 7 de dezembro de 1940 (Código Penal). Brasília, DF, 2016.
25. _____. Lei nº 13.869, de 5 de setembro de 2019. Dispõe sobre os crimes de abuso de autoridade; altera a Lei nº 7.960, de 21 de dezembro de 1989, a Lei nº 9.296, de 24 de julho de 1996, a Lei nº 8.069, de 13 de julho de 1990, e a Lei nº 8.906, de 4 de julho de 1994; e revoga a Lei nº 4.898, de 9 de dezembro de 1965, e dispositivos do Decreto-Lei nº 2.848, de 7 de dezembro de 1940 (Código Penal). Brasília, DF, 2019.
26. _____. Manual para atendimento às vítimas de violência na rede de saúde pública do distrito federal/ Laurez Ferreira Vilela (coordenadora) – Brasília: Secretaria de Estado de Saúde do Distrito Federal, 2009. 68 p.
27. _____. Manual de prevenção e combate à tortura e maus-tratos para audiência de custódia / Conselho Nacional de Justiça, Programa das Nações Unidas para o Desenvolvimento, Escritório das Nações Unidas sobre Drogas e Crime; coordenação de Luís Geraldo Sant’Ana Lanfredi [et al.]. Brasília: Conselho Nacional de Justiça, 2020.
28. _____. Ministério da Justiça. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o estatuto da criança e do adolescente e dá outras providências. Brasília, DF, 1990.
29. _____. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de vigilância de doenças e agravos não transmissíveis e promoção da saúde. Viva: instrutiva notificação de violência interpessoal e autoprovocada [recurso eletrônico]. 2. ed. Brasília, DF, 2016. 92 p. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/viva_instrutivo_violencia_interpessoal_autoprovocada_2ed.pdf Acesso em: 03 mar. 2023
30. _____. Ministério da Saúde. Secretaria de Vigilância em Saúde. Impacto da violência na saúde dos brasileiros. Brasília, DF, 2005. 340 p. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/impacto_violencia.pdf Acesso em: 09 jun. 2023.
31. _____. Ministério da Saúde. Lei nº 10.741, de 1º de outubro de 2003. Dispõe sobre o estatuto do idoso e dá outras providências. Brasília, DF. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/2003/l10.741.htm. Acesso em: 08 jun. 2023.
32. _____. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília: 1. ed., DF, 2013. 32 p.

33. _____. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Saúde da Pessoa com Deficiência. Brasília: Editora do Ministério da Saúde, 2010. 24 p.
34. _____. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de vigilância de doenças e agravos não transmissíveis e promoção da saúde. Viva: instrutiva notificação de violência interpessoal e autoprovocada [recurso eletrônico]. 2. ed. Brasília, DF, 2016. 92 p. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/viva_instrutivo_violencia_interpessoal_autoprovocada_2ed.pdf Acesso em: 03 mar. 2023.
35. _____. Ministério da Saúde. Violência intrafamiliar: orientações para prática em serviço. Brasília: Ministério da Saúde, 2002.
36. _____. Sena Federal. Projeto de lei nº 1521, de 2019. Altera o Decreto-Lei nº 2.848, de 7 de dezembro de 1940 (Código Penal), para tipificar o assédio moral. Brasília, DF, 2019. Disponível em: <https://legis.senado.leg.br/sdleg-getter/documento?dm=7928042&ts=1552946414325&disposition=inline#:~:text=%E2%80%9CAss%C3%A9dio%20moral,da%20pena%20correspondente%20%C3%A0%20viol%C3%Aancia> Acesso em: 14 jun. 2023.
37. _____. Senado Federal. CPI dos maus-tratos contra crianças e adolescentes: vamos conversar sobre a prevenção da automutilação? Brasília, DF, 2017 Disponível em: <http://www.crianca.df.gov.br/wp-content/uploads/2018/04/Vamos-Conversar-sobre-prevencao-da-automutilacao2.pdf> Acesso em: 08 jun. 2023.
38. _____. Tráfico internacional de pessoas no Brasil: crimes em movimento, justiça em espera [livro eletrônico]: relatório de avaliação de necessidades sobre o tráfico internacional de pessoas e crimes correlatos / Lívia Miraglia [et al.]. 1. ed. Brasília, DF: OIM, 2022. Disponível em: <https://brazil.iom.int/sites/g/files/tmzbd1496/files/documents/tr%C3%A1fico-pessoas-web.pdf> Acesso em: 18 jun. 2023.
39. BRITO, F. A. M. de; et al. Violência autoprovocada em adolescentes no Brasil, segundo os meios utilizados. Cogit. Enferm. [Internet]. v. 26, p. e762612021, 2021. Disponível em: <http://dx.doi.org/10.5380/ce.v26i0.76261>. Acesso em: 09 jun. 2023.
40. BOWSER, D.; HILL, K. Exploring evidence for disrespect and abuse in facility-based childbirth: report of a landscape analysis. USAID / TRAction Project; 2010. Disponível em: https://www.hsph.harvard.edu/wp-content/uploads/sites/2413/2014/05/Exploring-Evidence-RMC_Bowser_rep_2010.pdf Acesso em: 17 jun. 2023.
41. CONSELHO FEDERAL DE ENFERMAGEM (COFEN). Anexo da Resolução nº 581/2018: especialidades do enfermeiro por área de abrangência. Brasília, DF, 2018.
42. CONSELHO FEDERAL DE ENFERMAGEM (COFEN). Resolução no 556, 14 de agosto de 2017. Conselho Federal de Enfermagem: das áreas de atuação do enfermeiro forense (ANEXO). Diário Oficial da União, Brasília, DF, 2017 p. 10. Disponível em: <http://www.cofen.gov.br/wp-content/uploads/2017/08/ANEXORESOLU%C3%87%C3%83O-556-2017.pdf>. Acesso em: 07 mar. 2023.

43. CERQUEIRA, D. et al. Atlas da violência. Rio de Janeiro: Ipea, 2021. Disponível: <https://www.ipea.gov.br/atlasviolencia/arquivos/artigos/5141-atlasdaviolencia2021completo.pdf>. Acesso em: 07 mar. 2021.
44. DELZIOVO, C. R.; et al. Características dos casos de violência sexual contra mulheres adolescentes e adultas notificados pelos serviços públicos de saúde em Santa Catarina, Brasil. Cad. Saúde Pública. v. 33, n. 6, p:e00002716, 2017.
45. DIAS, R. F. Crime de tortura no Brasil. BIC, Belo Horizonte, v.1, n. 1, p. 79-92, 2013.
46. DELGADO, M. L. A violência patrimonial contra a mulher nos litígios de família. Revista Nacional de Direito de Família e Sucessões, Porto Alegre, v. 2, n. 9, p. 5-23, nov./dez. 2015. Disponível em: <https://ibdfam.org.br/assets/upload/anais/237.pdf> Acesso em: 18 jun. 2023.
47. ESCORSIM, S. M. Violência de gênero e saúde coletiva: um debate necessário. R. Katál., Florianópolis, v. 17, n. 2, p. 235-241, jul./dez. 2014.
48. GOMES, J. M. A.; et al. Abuso sexual sofrido por mulheres idosas: relatos de vivências. Revista Kairós-Gerontologia, v. 23, n. 1, p: 323-339, 2020.
49. INSTITUTO DE PESQUISA ECONÔMICA APLICADA (IPEA). Série histórica de homicídios no Brasil. Rio de Janeiro, 2019. Disponível em: <https://www.ipea.gov.br/atlasviolencia/> Acesso em: 02 mar. 2022
50. HAMMER, R.M. MOYNIHAN, B. PAGLIARO, E.M. Forensic nursing: a handbook for practice. 2.ed. Burlington, Mass: Jones e Bartlett Learning, 2013. Disponível em: <https://books.google.com.br/books?id=APgVX1WcuYcC&printsec=frontcover&dq=forensic+nursing&hl=ptBR&sa=X&ved=0ahUKEwjguciyezAhVHH7kGHTN0BhQQ6AEIRTAD#v=onepage&q=forensic%20nursing&f=false>. Acesso em: 06 abr. 2023.
51. HOHENDORFF, J. V.; et al. Caracterização da violência contra idosos a partir de casos notificados por profissionais da saúde. Rev. SPAGESP, Ribeirão Preto, v. 19, n. 2, p. 64-80, 2018.
52. KRUG, E. G. et al. Lozano R. Relatório mundial sobre violência e saúde. Geneva: World Health Organization, 2002. p. 380.
53. MOREIRA, L. C; BASTOS, P. R. Prevalência e fatores associados à ideação suicida na adolescência: revisão de literatura. Psicol Esc Educ. 2015; v. 19, n. 3, p:445-53, 2015.
54. MACHADO, E. P.; NORONHA, C. V. A polícia dos pobres: violência policial em classes populares urbanas. Sociologias, Porto Alegre, v. 4, nº 7, p. 188-221, 2002.
55. MOREIRA, M. I. C.; SOUSA, S. M. G. Violência intrafamiliar contra crianças e adolescentes: do espaço privado à cena pública. O Social em Questão. Ano XV, nº 28, p: 13-26. 2012. Disponível em: <http://osocialemquestao.ser.puc-rio.br/media/2artigo.pdf> Acesso em: 09 jun. 2023.
56. MELO, C. A. de; S.; et al. Perfil do agressor e fatores associados à violência contra mulheres no Município de Marabá – PA. Research, Society and Development, v. 10, n. 11, e334101119572, 2021

57. MARQUES, S. B. Violência obstétrica no Brasil: um conceito em construção para a garantia do direito integral à saúde das mulheres. Cad. Ibero-amer. Dir. Sanit., Brasília, v. 9, n. 1, p: 97-119, jan./mar., 2020. Disponível em: <https://doi.org/10.17566/ciads.v9i1.585> Acesso em: 06 mar. 2023.
58. ORGANIZAÇÃO INTERNACIONAL DO TRABALHO (OIT). Secretaria Internacional do Trabalho. Tráfico de pessoas para fins de exploração sexual. Brasília, 2005.
59. ORGANIZAÇÃO INTERNACIONAL DO TRABALHO (OIT). C182 - Convenção sobre proibição das piores formas de trabalho infantil e ação imediata para sua eliminação. Brasília, DF, 2000. Disponível em: https://www.ilo.org/brasil/convencoes/WCMS_236696/lang-pt/index.htm Acesso em: 17 jun. 2023.
60. ORGANIZAÇÃO INTERNACIONAL DO TRABALHO (OIT). Combatendo o trabalho infantil: Guia para educadores / IPEC. – Brasília: OIT, 2001, 131 Pp. Disponível em: https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---ilo-brasil/brasil/documents/publication/wcms_233633.pdf Acesso em: 17 jun. 2023.
- 61.
62. ORGANIZAÇÃO PAN-AMERICANA DA SAÚDE E ORGANIZAÇÃO MUNDIAL DA SAÚDE (OPAS/OMS). Violência contra as mulheres. Brasília, DF, 2023. Disponível em: <https://www.paho.org/pt/topics/violence-against-women#:~:text=As%20Na%C3%A7%C3%B5es%20Unidas%20definem%20a,em%20vida%20p%C3%BAblica%20ou%20privada%22>. Acesso em: 16 jun. 2023.
63. ORGANIZAÇÃO MUNDIAL DA SAÚDE (OMS). Classificação Estatística Internacional de Doenças e Problemas Relacionados à Saúde. CID-10. 8. São Paulo: EDUSP, 2000. 1191p.
64. OLIVEIRA, L. G. S. M. de; ALBUQUERQUE, A. Violência obstétrica e direitos humanos dos pacientes. Revista CEJ, Brasília, Ano XXII, n. 75, p. 36-50, maio/ago. 2018.
65. PARANÁ. Manual de orientação: implantação e implementação do núcleo de prevenção de violências e promoção da saúde e da cultura de paz (núcleo de paz) no Paraná. Curitiba, 2022. Disponível em: https://www.saude.pr.gov.br/sites/default/arquivos_restritos/files/documento/2022-04/1a_edicao_manual_de_implantacao_npvs.pdf Acesso em: 08 jul. 2022.
66. PAMPOLIM, G.; LEITE, F. M. C. Negligência e violência psicológica contra a pessoa idosa em um estado brasileiro: análise das notificações de 2011 a 2018. Rev. Bras. Geriatr. Gerontol. v. 23, n. 6, p:e190272, 2020.
67. PEREIRA, R. de. C. B.; et al. O fenômeno da violência patrimonial contra a mulher: percepções das vítimas. Revista Brasileira de Economia Doméstica, Viçosa, v. 24, n.1, p.207-236, 2013.
68. RODRIGUES, C. L.; ARMOND, J. D. E.; GORIOS, C. Agressões físicas e sexuais contra idosos notificadas na cidade de São Paulo. Rev. Bras. Geriatr. Gerontol., Rio de Janeiro. v.18, n.4, p:755-760, 2015.

69. RODRIGUES, C.; MENDES, N. D. Negligência infantil: a violência invisível e temerária que habita nos lares. Cad. iniciaç. cient. Fac. Direito São Bernardo Campo, v.15, n. esp., 2018.
70. SANTOS, J. D; CARMO, C. N. D. Características da violência por parceiro íntimo em Mato Grosso do Sul, 2009-2018. Epidemiol. serv. Saúde. v. 32. n. 1. p: e2022307, 2023.
71. SANTOS, A. M. R; et al. Economic-financial and patrimonial elder abuse: a documentary study. Rev Esc Enferm USP. v. 53, p:e03417, 2019.
72. SOUSA, D. J. de; et al. Maus-tratos contra idosos: atualização dos estudos brasileiros. Rev. Bras. Geriatr. Gerontol., Rio de Janeiro, v. 13, n. 2, p:321-328, 2010.
73. UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC). Tráfico de pessoas e contrabando de migrantes, Brasília, DF, 2023. Disponível em: <http://www.unodc.org/lpo-brazil/pt/trafico-de-pessoas/index.html> Acesso em: 07 MAR. 2023
74. UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC). Relatório global sobre o tráfico de pessoas 2018. Nações Unidas, Nova Iorque, 2018. Disponível em: https://www.unodc.org/documents/lpo-brazil/Topics_TIP/Publicacoes/TiP_PT.pdf Acesso em: 18 jun. 2023.
75. UNIVERSIDADE FEDERAL DO RIO DE JANEIRO – ESCOLA DE ENFERMAGEM ANNA NERY (EE-UFRJ). A violência obstétrica e sua repercussão à vida da mulher e família. Rio de Janeiro, 2021.
76. VERAS, G. M.; SOUZA, M. F. S.; SOUZA, L. C. S. D. O tráfico de pessoas no Brasil: do combate às consequências. JURIS - Revista da Faculdade de Direito, [S. l.], v. 30, n. 2, 2021.
77. VIEIRA, T. B.; TOLEDO, R. F. de. Violência sexual em idosos no brasil: por que precisamos falar nesse assunto? Revista Desafios, v. 09, n. 01, 2022.
78. WANDERBROOCKE, A. C. N. S.; et al. Sentidos da violência psicológica contra idosos: experiências familiares. Pensando fam., Porto Alegre, v. 24, n. 2, p. 132-146, dez. 2020. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-494X2020000200011&lng=pt&nrm=iso acessos em: 14 jun. 2023.
79. WORLD HEALTH ORGANIZATION (WHO). International Statistical Classification of Diseases and Related Health Problems (ICD-11). Geneva: World Health Association, 2023. Disponível em: <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fcd%2fentity%2f850137482> Acesso em: 18 jun. 2023.
80. WORLD HEALTH ORGANIZATION (WHO). Prevention of violence: a public health priority. Forty-ninth Assembly. Geneva: World Health Association, 20-25 may 1996.
81. WORLD HEALTH ORGANIZATION (WHO). Suicide worldwide in 2019: Global Health Estimates Geneva: World Health Association, 2019.