ORIGINAL ARTICLE

The medical student in action: promoting factors to protect sexual violence in vulnerable children

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ABSTRACT

As National Curriculum Guidelines, two medical courses provide that one, since or in the beginning, will develop humanistic skills through their insertion in health care centers. Social inequities imply situations of vulnerability and are associated with violence against children. Preventive actions comprise two axes of the National Policy for Comprehensive Child Health Care. Objective, to analyze the repercussions of health education activities on the sexual violence of children in situations of social vulnerability, enabling a reflection on the exercise of child protection in medical training. A survey was carried out by six medical students from an institution linked to the Social Assistance Reference Center; 12 children aged six to ten participated. Through playful and literary actions, sexual violence in children in situations of social vulnerability was addressed. The interventions and data collection took place in three biweekly meetings entitled, respectively, diagnosis, intervention, and evaluation. The academic training process is consolidated into a focus group coordinated by the responsible teacher. The form of interactive communication has potential for the apprehension of protective knowledge about child violence by children, as well as for the educational and humanistic process of two academics. It was concluded that the medical course, when applying its health education activities on sexual violence in the field of PHC practices, meets the training of humanistic skills and covers the responsibility of the health-promoting agent, gathering elements for action and engagement at a universal demand, view or social, economic and individual impact, two complaints potentially associated with low literacy of populations as a study.

Keywords: Vulnerability, Health promotion , Medical education, Childhood,Violence.

INTRODUCTION

The 2014 National Curricular Guidelines (DCNs) for undergraduate medical courses describe the profile of the doctor in training, the skills to be developed, curricular contents, internships, and complementary activities and the organization of the course. The student, in this prerogative, should, since the initial years of his / her formation, develop technical skills about health care, communication, and management in primary, and secondary health services, aiming to attend in a humanized and integral way, including diagnosing deficiencies in areas of Health Promotion (PS) and disease prevention[1].

In this prerogative, the expansion of training, research, and extension scenarios beyond the scope of the higher education institution (HEI), aims to subsidize the comprehensive training of medical students so that they acquire skills to deal with the disease and with sick patients, identifying and managing vulnerabilities to which the population is exposed[2,3]. The development of values such as humanism and social responsibility is supported by on-the-spot interaction with communities, where academics are encouraged to understand the diverse cultural, environmental, and behavioral concepts of subjects who use health services[4].

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Progress in medical training and overcoming the biomedical paradigm based on hyperspecialization, care focused on the disease and a priority scenario for learning in the hospital, accompanied the expansion of the concept of health[5]. In Brazil, the expanded concept in health was enshrined in 1986 at the 8th National Health Conference (CNS), defining it as a result of the forms of social production organization encompassing conditions of housing, transportation, employment, food, leisure, and freedom, being able to be shaped by social predictors, and generating inequalities in health levels[6].

Understanding the concepts of health vulnerability, as well as of violence, from an interdisciplinary perspective, is essential for this student in his training proces[2,3]. The National Policy for Comprehensive Child Health Care (PNAISC) emerged aiming at comprehensive care for children (0 to 9 years old), which is included in the 1988 Constitution. In such policy it is structured in seven strategic axes, which aim to guide and qualify health actions, considering the social determinants and conditions of the same. Among them, the V axis (comprehensive care for children in situations of violence, accident prevention, and promotion of a culture of peace) aims to prevent violence, in addition, to organize methodologies to support specialized services and training processes for the qualification of child care[7].

Vulnerability is a combination of factors, overlapping in different ways and several dimensions, to make an individual or group more susceptible to risks and their contingencies[8]. In the social context, it suggests a broader apprehension of the aspects involving poverty and lack of resources, and its sociodemographic understanding applies both to the conditions of access to information and to the institutions that are structured in contemporary society, as well as to the basic infrastructures that generate quality of life [9,10]; resulting in cruel and harmful effects on human health[11].

The concept of violence refers to the use of physical force or situations of embarrassment towards others, in addition to referring to conflicts of authority and the will to dominate. Its acceptance varies according to the historical-cultural moment, with no right definition[12]. Sexual violence is also understood as an activity where the violated victim is used as an object of sexual gratification, including caresses, manipulation of the genitals, sexual exploitation, occurring or not penetration and/or physical violence, classifying it as a public health problem[13].

Data from the National Disease Information and Notification System (SINAN) estimate that violence against children prevails in the age group of two to five years old. Sexual and psychological violence is more frequent among girls, occurring predominantly at home, with physical violence and neglect being more prevalent in boys, primarily committed by parents[14]. The high rate of violence in childhood is even higher among children in situations of social vulnerability, corroborating the need for preventive and awareness actions around the theme, promoting protective factors[15].

Based on these data, the Health Ministry (MS) recommends educational activities that intervene on risk factors and protection through Ordinance No. 687 MS / GM, 2006, which approved the National Health Promotion Policy[16]. In this sense, medical schools as a training place for a professional capable of working in health promotion[1] have an important role[2]. Therefore, violence against children is a serious public health issue. It must be addressed in the most varied environments like schools, health units, and in the community itself, aiming at its prevention and combat. In living conditions where inequities are a determinant, there is an aggravation in helplessness and lack of protection - children become more vulnerable, and professionals, especially in the health area, need to understand and know how to act in these contexts.

In this sense, the present study aimed to analyze the repercussions of health education activities on sexual violence with children in situations of social vulnerability, enabling a reflection on the exercise of child protection in medical training.

MATERIALS AND METHODS

The qualitative method was chosen, which assumes that subjectivity is inherent to the production of knowledge. A small number of individuals are used, and the researched / researcher re-

lationship is extremely important. It is answered by very specific questions at a level of reality that cannot be quantified[17,18]. In this study, participatory research was chosen, a practice of research supported by the assumption that research and action are aspects that articulate dialectically. Experiences shared between researchers and participants in their daily contexts, cultural scenarios, and communities as socio-cultural entities, allow the researcher to collect information and become part of the group while modifying and being modified by it[17,19].

The scenario for intervention and data collection was in a non-governmental organization (NGO), referenced by the Social Assistance Reference Center (CRAS), in the northern region of a city in the countryside in the state of São Paulo, Brazil. This institution serves children and adolescents in situations of social vulnerability during school hours, its purpose is education, strengthening relationship bonds, ways of development, defense of rights, and social assistance[20].

The interventions were carried out by a group of researchers made up of six medical students from the fifth period enrolled in a theoretical-practical discipline and supervised by a teacher with a background in Psychology, who assisted in the student's contact with health care activities in the community, and intends from its integration with primary care, to offer elements and opportunities for the development of attitudes and perceptions that go beyond biological aspects, expanding the medical practice to the social and sustainable field of relationships.

This study was approved by the ethics research committee of the home institution (CAAE: 04053518.7.0000.5495); those responsible for the children who attended the institution in the afternoon term signed the Free and Informed Consent Form (ICF), afterward, the authorized children to participate also consented to the agreement with the Term of Assent; those missing from the action dates were excluded from the study. Thus, 12 participants were eligible for the study, aged between six and ten years1.

The field actions promoted by the researchers took place in three fortnightly meetings lasting two hours each, in March and April in 2019, and were called, respectively, diagnosis, intervention, and evaluation.

In the first meeting, called the diagnosis, through conversation and integrative activity, it was intended to apprehend the previous conceptions that the children had in relation to the theme of violence and, following the introduction of knowledge about it, specifically of sexual violence. In this action, a playful conversation circle was first held and everyone introduced themselves, researchers and participants saying their names, who they lived with and what they understood by violence. Then, the book entitled "Pipo e Fifi: prevention of sexual violence in childhood" was read on a digital screen[21], which contains basic concepts about the body, feelings and the differentiation of touches of love from abusive touches, pointing out ways for dialogue, protection and help. All information was recorded in a field diary.

In the second meeting, called the Intervention, the researchers aimed to consolidate the previously presented knowledge and promote information about the human body. First, based on a playful dynamic, they presented situations of emotional contact and other potentially violent ones and asked the participants to indicate the "touch of yes" and the "touch of no" 21. Then, a Kraft paper (0.66 x 0.96 cm) was distributed to each child, in which the outline of the body was sketched, with the help of a colleague from an institution. Each child was fully characterized, drawing hair, clothes and accessories, indicating the intimate parts of the body with arrows and on that same paper they were asked to write the name and social relationship of a trusted person, who they could turn to when they saw each other on dangerous situations.

The third moment, called the Evaluation, sought to analyze the repercussion of the project from the potential knowledge acquired by the participants. At the beginning, the children presented the drawings made at the previous meeting to the researchers and staff at the institution and named the person they trusted. Then, a form was applied, constructed from the available literature on an appropriate language for the age group, consisting of eight open questions that aimed to detect what they have learned, possible

situations experienced of sexual violence and the perception of self-image.

After the project's actions were concluded, at the end of May 2019, for the apprehension and construction of the senses and meanings of the experience lived by medical students, an hour-long focus group was coordinated by the responsible professor/researcher, at the origin university of the students, so that, based on their experiences, the dialogue expands searching to understand the meanings of training in contact with the community. Focus groups are particularly useful to reflect on social and cultural realities because through the interview, one can access experiences, meanings, understandings, as well as attitudes, opinions, knowledge, and beliefs[22].

The analysis of the generated material was inspired by the Method of Interpretation of Senses[18]. It was established on a path that began with understanding information from a thorough listening and identification of thematic clippings, going through a problematization and identification of meanings underlying their narratives and interpretation.

OUTCOMES AND DISCUSSION

The breadth of the method adopted in this research brought challenges to the researchers who used their creativity to present and interpret the results arranged in the sequence in which the interventions were carried out.

DIAGNOSIS

From the presentation of each child, composed by name, with whom he lived, and family formation, the information described in Table 1 was obtained.

Table 1. Information collected from participants in the first meeting

Name	Age (Years old)	Family members (Who do you live with?)	Notes
O.A.	9	Father, Mother and 3 siblings	-
N.	9	Grandparents	The siblings T. and A. attend to the Pastoral.
J.	7	Grandparents, uncle and 1 sibling	Father has been arrested 2 times (trafficking).
E.	9	Grandparents, uncle, aunt and 1 cousin	The siblings live with other family members. The father has been arrested. Mother and sister live together in another city. Lives with the grandparents.
K.	9	Father, mother and 4 siblings	-
A.	6	Mother, stepfather and 3 siblings	A divorced mother and 1 sibling (N.) Started to live with the grandparents later.
N.	9	Father, mother and 2 siblings	Each sibling has a different father and 1 sister is married
T.	6	Mother, stepfather e 2 siblings	Father has been arrested 8 times.
D.	8	Mother and sister (H.)	D. is H´s aunt. Older brother has been arrested.
B.	10	Mother, stepfather and sister (K.)	Used to live with the grandmother.
H.	9	Mother and sister(D.)	-
F.	9	Mother and grandmother	Older brother has been arrested for the second time.

In the contemporaneity of anthropological studies in its interface with multiple areas of knowledge, the concept of family transposed the concept of a natural unit, based on biological determinants, inbreeding and represented by male, female and offspring. In view of the diversity of domestic arrangements, "there is no family, but families, which are multiple in their arrangements; therefore, its dynamics very historically according to socioeconomic conditions, cultural repertoire, schooling, color/ethnicity of its members"[23].

The profile analysis of the participants' families presents a multiplicity of forms of presentation, incorporating, in the same house, individuals in a complex network of kinships. Thus, it can be suggested, that the emotional support is diluted in figures that are given maternal and paternal functions, not always exercised by the parents. Romanelli[23] also indicates that since the family is the first social space the child belongs, it influences the way of existing and perceiving the world, its history, and culture.

The institution in which the project was carried out belongs to a territory where part of the population lives with socioeconomic precariousness, expressed in the ambiguity between wanting and not being able to experience poor or socially vulnerable families[10]. In the family space, conflicts that reflect this social organization are reproduced and macrosocial problems pervade the daily lives of these families, including unemployment, violence, ineffective public policies, and other problems[24]. And so, stories of drug use and trafficking, emotional abandonment, crime and prison are not unfamiliar to these children.

With the etymological exercise, the connection of the Latin words "vulnerare" is recovered, which means to hurt, injure, harm, and "'bĭlis" - susceptible to - would have given rise to the word vulnerability[25]. The vulnerability that is revealed in the early exposure of participants to legal issues, sometimes of violence and illegality, to family breakdown as a trigger for emotional helplessness; potentially aggressive ingredients of the integral development of these subjects/victims.

In the family constitutions of the participants with their complex networks of cohabiting relatives and the mention of incarcerated parents and siblings, mostly due to trafficking and violence, elements that encourage the apprehension of vulnerability in its complexity are revealed. Marandola and Hogan[26] suggest that it is urgent to overcome simple analyzes referring to poverty, making it necessary to understand it through the intersection of its multi-causal factors. Understanding the social risks of these children, supplants the understanding of the scarcity of financial resources because they are associated with a wide range of situations that unprotect and attack them, in their rights of protection and security in the family core.

In collective health, persistent inequality conditions are called inequities and these are associated with the structural aspect of vulnerability, since their roots imply how capitalist society is organized[11,27]. Conditions such as the persistence of populations in social exclusion and poverty, in certain territories, increase the levels of social vulnerability, hindering the access to public services and equipment, goods and opportunities that allow a life with dignity[28].

Vulnerability situations, such as the participants in this study, proved to be subjects that allow us to understand the social stigma that falls on them and their repercussions. These children with their weaknesses and who are exposed to dangers and hostile events from the beginning of their lives experience elements potentially associated with violent outcomes[29].

During the conversation circle, the following questions were asked to children about violence: What is violence? Have you seen it? Give an example. They described violence as "punching the belly, kicking, slapping, setting fire, killing a lion, sweeping kicks, pulling hair, biting, cursing and screaming (sic)". All children reported having witnessed a scene of violence within the family environment or at school, and four of them reported having already "beaten (sic)" colleagues at school or siblings. Physical and verbal violence was prevalent in the reports, and there was no explicit mention of sexual violence. As most forms of physical and verbal violence were reported, other forms of violence were clarified at the time of the researchers' intervention: psychological, sexual, patrimonial and moral.

When asked about the feelings experienced when they occurred, they described anger, sadness and fear. It is known that early exposure to violence has physical and psychological consequences for the child; among the consequences are: health problems, obesity, infantilization, urination on clothes or bed, apathy or agitation, sleeping and learning problems[30].

The vulnerability being potentially associated with violence and daily early exposure to it is an aggravating factor since it can lead to its trivialization; protective measures that enable infants to recognize them from an early age and, thus, prevent themselves from becoming targets and agents of such practices, are crucial[12,33]. Health education activities, such as those developed in this project, carry the potential to provide knowledge that generates the necessary empowerment for these children to protect themselves from violence and acts that disturb their emotional and physical development.

INTERVENTION

Sexual violence itself expresses a culturally rooted historical context and, for reasons such as the lack of credibility of legal measures or fear, they end up being underreported. The victim's profile is mostly female and as for the child age group (less than 12 years old) they represent about 300 thousand cases / year according to international data, predominating among the lower income social classes [12,30].

Specific consequences of child sexual abuse are: difficulties in urinating and walking, pain or itching in the genitals, STIs, edema, constant masturbation, alternating moods, fatigue, suicidal tendencies, the habit of drawing genitals, and others. Difficulties in adaptation are very common, accompanied by feelings of inadequacy and guilt that the child will carry with him since he may have interpreted the abuse as caring attention and feeling pleasure and even because he let himself be abused for a long period[30,31].

In the meeting, the participants, when asked about the content of the book "Pipo e Fifi" [21], needed encouragement to rescue the previously discussed themes, thus being able to recall the key points such as the "yes and no touches", the private parts and figures of confidence to whom they could turn in dangerous situations; understanding, the concept of sexual violence and becoming aware of the theme.

Through educational measures and while children understand information about the human body, intimacy and self-esteem, the body self-knowledge is structured as an empowering and protective agent32. Recognizing the limits of what can or cannot be touched by other people can make them active agents in preventing possible situations of physical and sexual harassment and violence.

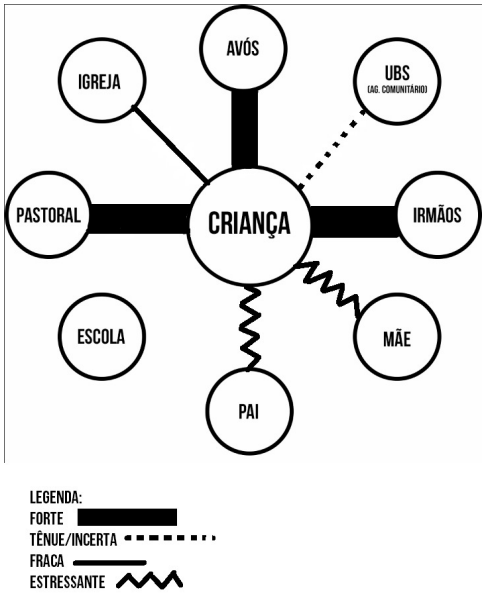
Actions such as those undertaken in this project are in line with the concept of health literacy, which is the process of developing cognitive and social skills of individuals who assist in the acquisition and understanding of information about care in a way that promotes and maintains good health, based on and aligned with the objectives of the Culture of Peace, the DCNs of Medicine courses, the PNAISC and the Statute of Children and Adolescents[33,34].

So, the reaffirmation of the children's knowledge and their feedbacks demonstrated that their participation and delivery, within the precepts of health literacy, will equate them to act in situations that may compromise their physical and moral integrity. The appropriation of knowledge, therefore, aims to be the center of child protection actions, since they can ensure protection and development[35].

EVALUATION

At this point, the participating children presented the drawings made at the previous meeting to the researchers and staff at the institution and named the person they trusted. Based on this material, a scheme was elaborated (Figure 1.) taking inspiration from the concept of ecomap, used to understand the bonds of subjects with social institutions[36].

Figure 1. Ecomap trust relationships



The most prevalent trust figures in the drawings were grandparents and siblings. In addition to these, it was possible to note the great confidence that the children had in the employees of the institution itself, showing that there was the construction of a supplementary support network for the family. The lack of recognition of the school as a place of trust and protection, the limited link with health services, the ambivalence in the parent-child bond, ingredients of their vulnerabilities, could lead these children and many others in similar situations, to avoid and feeling abandonment. However, the seemingly secure attachment to grandparents, siblings, and the institution seems to constitute a protective factor for these children.

The construction of the person's self-image, thoughts, perceptions and feelings for themselves, is important at an early age; the sooner a subject becomes acquainted, the chances of their future empowerment increase[37]. Acquiring knowledge of themselves - their wants, faces and habits - they can recognize what is good for them, what should be avoided and how to do it, and protect themselves from situations that expose them to risks. More than that, they know how to deal - and often, who to turn to - if these situations happen regardless of their wishes.

Psychology studies[37,38] point out that parents are usually the first heroic figures for establishing a relationship of safety and affection with the child, occurring the so-called positive influence. However, when in a relationship with the father figures permeated by experiences of conflicts, violence and abandonment, negative psyche images occur in the formation of the psyche, which can cause emotional instability, decreased social skills and learning difficulties.

Based on the form's responses, in relation to self-image, it could be noted that most children would like to change something in relation to their body, alerting them to a possible negative view of themselves that may be related to low self-esteem and little affective investment. In the screening of possible abuses, a case was positively reported by an 8-year-old child, referred to the institution's coordination and with the necessary measures taken by the institution's responsible staff with the assistance of CRAS.

In the outline the answers suggested the use and assimilation of knowledge by the research participants; eight children correctly indicated the three private parts (breasts, genitals and buttocks) and four named two of these. Likewise, they indicated that they were able to seek people of trust in situations of risk for sexual violence; positive points for the evaluation of the methodology used in this study.

In the current world, the expansion of the concept of health, driven by the PS movement, expanded the spaces of care. Understanding different facets that involve illness arose to counter the myth of a strictly biological health-disease process, enabling the dynamization of public health policies and partnerships with the sectors responsible for social protection[6].

FOCUS GROUP

From a thorough listening and interpretation18 of the researchers' speeches, medical students, in the focus group, a core of meaning "medical training in the community" and these two thematic areas "learning" and "empathy" stood out.

> *"We totally left our comfort zone, working on such a delicate and complex topic with children ... Everything we researched was shocking, the levels of violence, the forms ... Outside the social taboo."* (Collective Construction)

> *"We were raised in a world different from theirs and if we compare everything children are exposed to in their daily lives, no one here has been through anything like that"* (Coletiva Construction)

The premises of the educational model reformulation are based on the expansion of learning spaces beyond the hospital of specialties, including new practice scenarios that can favor humanistic training, so that students develop their actions in an interdisciplinary perspective[5,39]. It is suggested that the production of knowledge, professional training and the provision of services be taken as inseparable and that there is a redefinition of references and relations between the university and different segments of society in order to build a new social place, more relevant and committed to the overcoming inequalities and taking care consistent with their demands[39,40].

The students, researchers and apprentices, displaced from their comfort zones, interacting with children as different as they once were, were able, from the lived and shared experience, to signify their practices within the ethical and humanistic premises that guides medical education in contemporaneity.

> *"We realized that when the other is different, if we know how to get closer, the interaction is possible. We can promote health with the knowledge that we are gaining in undergraduate courses, while we have had great learning and good feedback; they made themselves available to listen and learn, introduced us to them without prejudice and we overcame our fears. There was mutual empathy"* (Collective Construction)

The literature articulates empathy with the ability to jointly deal with emotional and cognitive aspects, which would enable an understanding of the patient's intimate experiences and perspective of illness, adding to the ability to transfer this understanding to the patient[41]. Practical scenarios, such as the institution that is the stage of this project, where it is possible to interact horizontally with the other in care, are favorable to the development of empathy, essential to humanized care[39]. The academic sensitization, noted in his texts, seemed to favor the contextualization of complex theories such as those of violence in health and vulnerability; strengthening the university's partnership with different segments of society in the training process.

CONCLUSION

In Brazil, legal support exists to guarantee children and adolescents' rights, in order to allow them to achieve physical, neuropsychomotor and social development without harmful complications. However, the guarantee of its effectiveness is chained to scarce violence prevention programs and strategies (sexual, physical, psychological and verbal).

The present study showed a playful alternative, an interactive way of transmitting knowledge, which proved to promote knowledge that protects children's integrity. It is concluded that the medical school, when embracing responsibility as a health promoting agent, field of PHC practices, can act engaged to a universal demand, considering the social, economic and individual impact of the diseases potentially associated with the low literacy of populations as the one studied.

In addition to the walls of the medical school, theoretical and bureaucratic knowledge, there are real life scenarios. Through planned and guided interaction, the medical student on the spot does not only do science, but is willing to offer and receive wisdom. There will be some of the ingredients for training a professional able to identify and care beyond the biological dimension, able to see the subject in his individuality and collectivity and tuned to the protagonism as a key element for PS.

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Editor:
Prof. Dr. Paulo Henrique Manso

Received in: jul 07, 2020
Approved in: feb 10, 2021