

SAFETY NET FOR CHILDREN AND ADOLESCENTS UNDER SITUATION OF VIOLENCE THROUGH THE VIEW OF PROFESSIONALS

REDE DE PROTEÇÃO A CRIANÇAS E ADOLESCENTES EM SITUAÇÃO DE VIOLÊNCIA NA VISÃO DOS PROFISSIONAIS

RED DE SEGURIDAD PARA NIÑOS Y ADOLESCENTES EN SITUACIÓN DE VIOLENCIA A JUICIO DE PROFESIONALES

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Objective: analyzing the knowledge of the professionals of the protection network about children and adolescents under situation of violence and the functionality, consequences and outcomes of this network. Method: a descriptive study with a qualitative approach carried out with 16 professionals from the services that make up the protection network. Data were collected by semi-structured interview, conducted from December 2018 to January 2019; data were analyzed based on the thematic concept of network. Results: professionals have knowledge about violence against children and adolescents and some aspects of the protection network about the services offered, concepts and outcomes; however, they are unaware of the protocols of flows of existing services within the protection network itself. Final considerations: it is observed the need for greater knowledge on the part of professionals about the functioning of the protection network, for a more effective action in combating violence.

Descriptors: Violence. Child Violence. Child and Adolescent Defense.

Objetivo: analisar o conhecimento dos profissionais da rede de proteção sobre crianças e adolescentes em situação de violência e a funcionalidade, desdobramentos e desfechos dessa rede. Método: estudo descritivo, de abordagem qualitativa, realizado com 16 profissionais dos serviços que compõem a rede de proteção. A coleta dos dados deu-se por entrevista semiestruturada, realizada no período de dezembro de 2018 a janeiro de 2019; os dados foram analisados com base no conceito temático de rede. Resultados: os profissionais têm conhecimento sobre a violência contra a criança e o adolescente e também a alguns aspectos da rede de proteção no que concerne aos serviços ofertados, conceitos e desfechos; entretanto, desconhecem os protocolos de fluxos dos serviços existentes dentro da própria rede de proteção. Considerações finais: observa-se a necessidade de maior conhecimento por parte dos profissionais sobre o funcionamento da rede de proteção, para uma atuação mais efetiva no combate à violência.

Descritores: Violência. Maus-tratos Infantis. Defesa da Criança e do Adolescente.

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Objetivo: analizar el conocimiento de los profesionales de la red de protección sobre niños y adolescentes en situaciones de violencia y la funcionalidad, consecuencias y resultados de esta red. Método: estudio descriptivo con un enfoque cualitativo realizado con 16 profesionales de los servicios que componen la red de protección. Los datos se recopilaban mediante entrevista semiestructurada, realizada de diciembre de 2018 a enero de 2019; datos fueron analizados sobre la base del concepto temático de red. Resultados: los profesionales tienen conocimientos sobre la violencia contra los niños y adolescentes y también algunos aspectos de la red de protección con respecto a los servicios ofrecidos, conceptos y resultados; sin embargo, desconocen los protocolos de flujos de servicios existentes dentro de la propia red de protección. Consideraciones finales: se observa la necesidad de un mayor conocimiento por parte de los profesionales sobre el funcionamiento de la red de protección, para una acción más eficaz en la lucha contra la violencia.

Descriptor: Violencia. Abuso de menores. Defensa de Niños y Adolescentes.

Introduction

Violence against children and adolescents (VACA) is configured as violence and neglect, involving physical, psychological and sexual aggressions, which cause damage to the health, development or dignity of these beings, endangering their survival, in the context of a relationship of responsibility, trust or power⁽¹⁾.

In recent decades, the recognition of violence as a public health problem and the need to protect children and adolescents has expanded policies and strategies aimed at the emerging issue of violence against these individuals. This sense, the Statute of the Child and Adolescent (SCA), which guarantees the rights of children and adolescents, establishes legal obligations to health professionals regarding notification, giving absolute priority to protection against negligence, discrimination, exploitation and other violence, and establishes the creation of support services, prevention and combating any type of violence, called the protection network⁽²⁾.

The protection network is a set of services and human resources in health, social and legal assistance, which focuses on the prevention and combating of cases of child and youth violence, with the establishment of relationships and articulations between services, aiming at synchronous work⁽³⁻⁴⁾. This network prioritizes the sharing of common values and objectives, and its composition involves health services: Primary and Specialized Care Services, Urgency and Emergency, Mental Health, Strategic Management Support Services, and other social and judicial assistance services, which include

the Unified Social Assistance System (USAS), such as the Specialized Reference Center for Social Assistance (SRCSA), the Social Assistance Reference Centers (SARC), the Justice and Human Law System (specialized police stations), the Guardianship Council and the Children and Youth Courts. In addition to these, there is the Education System, the Unified System of Public Security and Organized Civil Society⁽⁵⁻⁶⁾.

The exercise of the protection network should be configured in an associative method among all its contexts, requiring social leaders to reevaluate moral principles, actions and commitment. Thus, it is essential that professionals have a clear and solid view of the forms of violence, facilitating early identification, individualized care and practices of prevention and discouragement of violence⁽⁷⁻⁸⁾.

Cases of VACA are seen as a complex problem⁽⁹⁾, requiring a broad look at the identification and adequate follow-up of existing cases. This is often not due to the high demand for work of professionals and the lack of experience, knowledge and ability to conduct existing cases. Thus, professional training is important in any epidemiological context in the performance within the protection network, to make professionals more attentive to the signs of VACA^(6,10).

Thus, the accomplishment of this research was justified by the need to know the functioning and conduct of professionals who work in various points of the protection network in relation to cases of violence against children and

adolescents, with the perspective of promoting an exchange of knowledge between these professionals and society about the nuances that involve this phenomenon of violence, to propose improvement of care provided to victimized individuals.

In this context, this study asks the following question: What is the knowledge of professionals working in the protection network about violence against children and adolescents, and what is the functioning of the protection network? The aim of this study was to analyze the knowledge of the professionals of the protection network about children and adolescents in situations of violence and the functionality, consequences and outcomes of this network.

Method

This is a descriptive study, with a qualitative approach, which, because of its subjective characteristic, allowed working with the knowledge of the professionals of the protection network about the situations of violence experienced against children and adolescents, and the action of this network in this context of violence⁽¹¹⁾.

The research took place with 16 professionals, nurses, nursing technicians, physicians, social workers, psychologists, lawyers and guardianship counselors, who provide service in a University Hospital reference in traumatology and neurology, in a maternal and child emergency hospital, in Family Health Units, in the Tutelary Council and SRCSA – all located in a municipality in the wasteland of the State of Pernambuco.

The eligibility criterion involved the availability of the professional and the acceptance of the invitation to participate in the research, having at least six months of work in the services listed and acting directly with cases of child and youth violence. The exclusion criteria were professionals who were on vacation or leave during the data collection period. The number of participants was defined by the theoretical saturation of the data, in which the collection process is terminated when the information

obtained does not bring new elements that deepen or subsidize the intended theorization in view of the objectives of the study⁽¹¹⁾.

Data were collected between December 2018 and January 2019. The data collection instrument was a semi-structured interview script, containing objective questions of sociodemographic data (gender, age, time of academic training and professional performance in the service) and guide questions about the object of study: knowledge of violence against children and adolescents, nature of violence, places of occurrence, and who more violent these groups; understanding about the network of protection of violence, its effectiveness and the role of network professionals; children and adolescents with suspicion or confirmation of ill-treatment; and experience in the care of children and adolescents in situations of violence in the service.

The interviews lasted an average of twenty to thirty minutes, at a place and time previously established according to the availability of the professional. They were performed with the aid of a portable voice recorder, after authorization of the professional by signing the Free and Informed Consent Form (FICF), which allowed the information to be kept until the completion of the writing of the results and sending for publication. The data were transcribed at the end of each interview, in order not to miss any expression or gesture that was important to achieve the research objectives. To preserve the anonymity of the participants, identifier codes were assigned according to the sequence in which they were interviewed (E1, E2, E3... E16).

The data were analyzed based on the network concept. The thematic analysis technique was directed through the following steps⁽¹¹⁾:

- a) familiarization with the data – after transcription of the interviews and groups, exhaustive readings and rereading of the data set were performed;
- b) coding – we sought to reference and encode the relevant information according to the research questions, through codes that captured the semantic and conceptual

- reading of the data and were grouped with the relevant data extracted from the information set;
- c) search for themes – a theme is coherent and has a significant pattern in the data relevant to the answer to the research question (the codes of the previous phase were grouped in these themes);
- d) review of themes – it was verified whether the themes worked according to the data codes extracted and their relationship with the general data set;
- e) definition and naming of the themes – the detailed writing of the analysis of each theme was conducted, identifying the essence of each one;

- f) final writing – an integral element of thematic analysis, which involves the joint tessitura of the analytical narrative, as well as its contextualization with the relevant literature of the area, the legal devices and the articulation with the theoretical concepts.

To ensure greater validity and reliability of the data, the following strategies recommended by literature instruments were performed: member-checking – data return to participants to “check” content coherence; peer review – the construction of the reference tables and categories were made by two researchers of the study and validated by a third party when it was necessary (Chart 1); use of the field diary, ensuring greater transparency throughout the research process⁽¹¹⁾.

Chart 1 - Reference tables and final categories

Initial codes	Intermediate codes	Final themes
Physical and psychological violence	Violence vs. vulnerability Protection space Power ratio	Understanding about violence against children and adolescents and their nuances
Vulnerability		
Fragility		
Aggressors		
Help services	Multiprofessional team Cycle break Safety net Host	Safety net and its composition
Defense		
Targeting		
Preventing further violence		
Limits	Incomplete team x call break Absence of protocols	Limitations to the effectiveness of protection network services
Lack of knowledge		
Little resource		

Source: Created by the authors.

The present study followed all aspects of research with human beings and was approved by the Research Ethics Committee (REC) with human beings of the Universidade Federal do São Francisco, under Opinion NO 2,814,359 and Certificate of Presentation of Ethical Appreciation (CAAE) 93286518.8.0000.5196.

Results

A good study was 16 professionals, 10 males and 6 females. Regarding age, 7 were between 20 and 30 years old, 8 between 31 and 40 years old

and 1 between 41 and 50 years old. Regarding the time of training, 9 were between 3 and 5 years old, 5 between 6 and 8 years and 2 more than 8 years. Regarding the time of operation in the service, 5 worked between 6 months and 1 year, 8 between 1 year and 6 months and 4 years, and 3 more than 5 years.

Of the 16 participants, 3 were employees of SRCSA (a social worker, a lawyer and a psychologist); 4 worked in the mother-child hospital (two nurses, a doctor and a nursing technician); 4 were professionals from the University Hospital (a doctor, a nurse, a nursing

technician and a psychologist); 2 were tutelary counselors; and 3 were professionals from the family health team (two nurses and one physician).

Understanding about violence against children and adolescents and their nuances

VACA is a problem that involves several peculiarities and requires a broad and effective approach to combat. Thus, when asked about this type of violence, most professionals demonstrated to have some knowledge about what is configured as violence aimed at children and adolescents and their subtypes:

It's everything that hurts, that's going to hurt her integrity, whether it's physical, psychological or moral. (E1).

I think that since a bad care, ill-treatment, even if it is not only physical, but I also think the neglect of the affective care of the mother [...] I think that the beginning of maltreatment, violence against children and adolescents [...] sexual violence, physical aggression, verbal aggression neglects care [...]. (E2).

Violence is any manifestation against that person, or physical or emotional that they suffer, it doesn't have to be just hitting, cursing. A child, for example, if you don't have the vaccines up to you, it's a kind of violence! (E3).

On the other hand, one of the professionals interviewed, despite having demonstrated some understanding of this problem, brought only physical and psychological violence as capable of reaching children and adolescents:

In my opinion, violence against children is all kinds of psychological, physical violence, and I think it's just psychological and physical. (E4).

When asked about the possible places of greatest occurrence of VACA and potential aggressors, it was observed that it was almost unanimous to mention that this violence occurs in the domestic environment itself, even though there was a participant who referred to the school as the place of this occurrence, and parents or other family members as the main perpetrators of the violence:

In the house itself! Usually some close relative, even female child case by the father, and male as well. But most cases we attend here with children is more kind of violence indoors. (E5).

Where else happens is at home! [...] provoked by the family itself, by some individual of the family: stepfather, father, uncle, grandfather... [...] And sometimes even by a close neighbor, which the child gets used to calling uncle, right, consideration. (E6).

[...] in the school environment can also happen [...] most of the time parents. (E7).

Safety net and its composition

When asked about what they understood about the protection network and its functioning, some interviewees showed to visualize this network as a set of services to prevent, monitor and rescue violence with the help of a multidisciplinary team; however, some were unable to report its functionality more accurately:

Protection network would be a device [...] with a specialized multidisciplinary team, to ensure the protection of children and adolescents, or using some resources of social assistance, health care and some resources of justice itself. (E8).

All bodies that directly or indirectly contribute to the protection of this violation [...] of rights. (E9).

I believe it is assembled for prevention and care, lectures and something like that. (E10).

Also in this perspective, when asked which services make up this protection network, most interviewees view almost all the organs that are essential for the effectiveness of the network service, including even the family and the school:

We have SRCSA, which is the reference of SARC [...] we have a childcare home [...] Public Prosecutor's Office, Court of Childhood and Adolescence [...] police station [...] Guardianship Council, which is important. (E5).

You can start from BHU [...] school too, hospital. If it comes to the case of her going to the hospital, and even her own family indoors, other relatives who may notice this kind of aggression. (E11).

Not only the hospital, but I also think it encompasses several people right, encompasses the health unit, hospital, guardianship council, the family itself, school, all this, I believe it is part of this child protection network. (E12).

Moreover, it was observed that some of the interviewees see themselves as co-responsible for protection within the network, while others cite professional categories different from their own as responsible in the conduct of cases of violence, not feeling often as protagonists in the break of the cycle of violence, limiting their role only to the notification of cases:

Psychologist, psychiatrist, general practitioner [...] nurse, nursing technician [...] everything! (E13).

The medical part [...] the society itself, the neighbors [...] the social worker, everyone. (E14).

The partnership of social work and psychology [...] and tutelary council [...]. (E2).

Try to detect the signs of violence as early as possible, make the notification and from then on is the network that will support [...] notify the guardianship council and my intervention ended there. (E15).

Regarding the importance of the protection network and its functionality, the interviewees mentioned that the services of this network involve a work of bonding, humanization, welcoming and guidance to families, children and adolescents in situations of violence.

It [the network] is of paramount importance, and especially to enforce, to make the family, the population and the aggressor aware of it [...] Strengthening bonds [...] welcoming, psychological and care. (E5).

It makes a good care and identifies, treats the best way this child and family [...] realizing some signs that may be being raped [...] Secrecy is also important. (E7).

It makes reception, tries to understand that context [...] together with social service, activates the safety net [...] tries to assure minimally the continuity of this humanized care in the network (E8).

Limitations to the effectiveness of protection network services

There are several limitations and difficulties for the functioning and effectiveness of services in the protection of children and adolescents in situations of violence, among others: the lack of knowledge of the services that are part of the protection network, the lack of structure and human resources, the fear of professionals to act in such cases of violence.

In this perspective, when asked about the effectiveness of the network, it was noticed that most interviewees do not see it as effective, believing it to be a limiting factor for a positive outcome against cases of violence:

Let's say 50% / 50% depends a lot on the professional. It is not the network that does not work, it is the professionals who have knowledge deficiency. (E5).

No, it is not being effective, we see a lot of cases of violence against children and everything [...]. (E7).

As we receive cases of violence, then at some point in this network there is some flaw [...] in prevention. I think after what happened, she's a lot more effective than before. (E12).

Regarding the possible obstacles in the operation of the protection network, the following considerations were brought by professionals:

The guardianship council, as well as other devices of the network, alleges logistical difficulties [...] even lack of fuel, lack of car, lack of personnel [...]. (E8).

There are ten SARC [in the municipality] [...] but there is only one car for the ten SARC, then there is no way to work. (E9).

There should be one more Council, at least one more [...] Every hundred thousand should have one proportional to the population. [The city] is almost reaching four hundred thousand inhabitants, was to have almost four and has only two. That makes it difficult. (E16).

When asked about the notification of suspected and/or confirmed cases of violence, most professionals do not know how this notification is provided, showing, in many situations, not fully aware of the form destined for this procedure and its importance for the control and monitoring of cases of violence that enter the social assistance and health services:

Don't [notify]! Unless we talk to the child [...] but it is still a very obscure thing, you must live more with the child to be able to know. (E8).

You also have, I haven't seen [the notification form] [...] this violence hasn't been victim of violence yet! [Not yet notified]. Because it really was those days. (E10).

No, we don't have that role [of notifying] no [...] we don't have police power. (E16).

Discussion

According to the World Health Organization (WHO), violence against children and adolescents is every form of ill-treatment that occurs in a relationship of responsibility or power and that results in damage to their dignity, health and development⁽¹²⁾. The types of maltreatment are subdivided into some categories: extrafamily violence (which may be institutional), social, urban, intrafamily or domestic violence (identified in physical violence), sexual, psychological/moral, torture, abandonment/neglect, self-aggression and violation of rights⁽¹³⁾.

There is similarity with the results of a study conducted with health professionals working in a public general hospital who, when questioned about the types of violence possible to reach children and adolescents, brought physical violence as the one that occurs most against these individuals, recognizing that there is also sexual and psychological violence, although in a less expressive way⁽¹⁰⁾.

According to the 2015 epidemiological bulletin of external causes, the nature of VACA is neglect/abandonment, followed by physical violence⁽³⁾. However, a quantitative study conducted between 2013 and 2015 in 53 Brazilian municipalities, using as a database the notifications of the Notifiable Diseases Information System (NDIS), showed the prevalence of notifications of physical violence, followed by psychological violence, and only then did neglect/abandonment come from⁽¹⁴⁾.

It is emphasized that physical violence is easier to recognize by professionals, in most cases, precisely because it has greater potential to leave apparent marks⁽¹⁴⁾. In this perspective, although many professionals in this study do not mention negligence/abandonment as one of the most prevalent types of violence against children and adolescents, a literature review study, focusing on the difficulties of professionals in identifying and notifying violence with these individuals, showed that negligence is the most reported type of violence, and consequently, that of easier identification by network professionals⁽¹⁵⁾, diverging from the findings of this research.

VACA is a phenomenon very present in our reality, happening in the most diverse context of children and adolescents' experience, and the domestic environment is one of the places where violent acts most prevail, confronting the social conviction pertinent to the harmonious family experience, weighted in respect and love for family members⁽¹⁶⁾. What should be an environment of positive affective bonds and a place of protection becomes a place of violent behaviors, caused by various disturbances, directly reflecting on the emotional, physical and social development of these individuals^(6,14).

A study on the situational analysis of VACAs in the domestic environment, in the period 2009-2014, identified the mother/stepmother as the main aggressor of these individuals, followed by father/stepfathers and other family members⁽³⁾, corroborating the perception of the members of this study, that much violence is practiced by people from their own family. This result may be associated with the disproportion of size and strength between aggressors and victims, and in the relationship of power and command exercised since the beginnings against these historically most vulnerable beings.

Regarding the perception about the functioning of the protection network, it is observed that the findings of this research are consistent with the results of another research conducted with professionals of the protection network, which showed that the participants visualize the functioning of this network as a set of intersectoral and interdisciplinary demands, allowing a permanent communication between their various services, to protect individuals from new cases of violence⁽⁴⁾.

It is essential that all professionals who are part of this protection chain know what the protection network is and its functioning, considering that this knowledge will favor referrals in an organized and effective way, given the need for adequate conduct in the care of children and adolescents in situations of violence⁽¹⁷⁾.

It is observed that the participants cited the main services that make up the network of protection of children and adolescents in situations of violence, evidencing the importance and need of interconnected work of health services, social and legal assistance, with a view to bringing positive responses to society in the face of this problem of violence.

The protection network involves the articulation of human resources, organizations and institutions with the objective of sharing causes and projects, in an equal, democratic and supportive way, based on cooperation, connectivity and division of responsibilities and competencies, involving various segments of sectors and services. It is a form of collective

work, which indicates the need for joint, shared actions, in the form of a social, a mesh of multiple wires and connections⁽¹⁷⁻¹⁸⁾.

Authors already show that this problem of non-accountability is very recurrent, a fact shown by services in which network professionals act in a limited way, only in their core of action and without interaction between peers, and often reaffirm the need for the existence of a protocol of action in all network services, with a view to unifying the conducts of professionals and favoring the protection of victims⁽¹⁹⁾.

A study conducted with students from the last year of nursing graduation showed that they did not visualize nursing as a professional category responsible for conducting cases of violence, and the targeting of existing cases of strict responsibility of psychologists and social workers⁽²⁰⁾. Another study conducted with the managers of sectors of a reference hospital in the care of children and adolescents in situations of violence, located in Pernambuco, also showed the lack of knowledge of professionals about the objectives and functions of organs and services of the protection network⁽²¹⁾.

The fact that many professionals do not recognize their role within this protection network has the potential to limit their behavior in cases of children and adolescents in situations of violence that require the activities of the services of their performance, often making them omitted in the face of cases and disfavoring the break of this cycle.

Considering that the professionals interviewed demonstrated to know the basic principles of the network of protection for children and adolescents in situations of violence, this research corroborates the findings of a study conducted with professionals working in the defense axis in the System of Guarantee of Rights, who showed to recognize the importance of the services provided by the network, in the protection, prevention and resolution of cases of violence against children and adolescents, which may indicate a movement of change in the effectiveness of protection services, due to this broader perception⁽⁴⁾.

Other authors reaffirm that there are still many flaws in the protection network, from lack of infrastructure, limitation of financial and human resources, difficulty in communication, as well as lack of knowledge of professionals about the conduct of cases of violence, corroborating the findings of this study⁽¹⁹⁾. Thus, it is emphasized that all these difficulties are determinant for the non-effectiveness of the prevention and protection of violence, favoring the permanence of many existing and recurrent cases in the various contexts.

It is observed that the difficulty most cited by the interviewees is in the performance of the Guardianship Council, either due to lack of protocol of action or by the high existing demand. According to the SCA, the Guardianship Council is an autonomous body, that is, it is not part of the municipal public administration, and there should be at least one Council per municipality, composed of five members chosen by the local community. However, its functioning is provided by local legislation, observing the recommendation of a Guardianship Council for every 100,000 inhabitants^(2,22).

It is reiterated that there are numerous failures that limit the performance of the network of protection to violence aimed at all individuals, similar to those found in the results of this research, such as the lack of material and human resources in the organs that make up the network, especially in intersectoral services, resulting in the decrease in the quality of the service provided, and, consequently, the failure to care for children, adolescents and their families in situations of violence^(9,18).

About compulsory notification, it is an important and necessary device to measure cases of violence and allows estimating the need for investment in care services and the improvement of protection networks regarding their effectiveness in preventing and protecting violence, besides being an important link between health services and the legal system, becoming the most effective tool to ensure the assistance that must be provided by the protection network⁽²³⁾.

The lack of knowledge of the mandatory compulsory notification of suspected or confirmed cases of violence is still a reality seen not only in the scenario of this research, but also in other realities, also perceived in the results of a research conducted with professionals working in the Family Health Strategy⁽⁶⁾. Thus, it is important to train the professionals who make up the protection network regarding the knowledge of the existing flows and protocols for the effective of the services provided to individuals who suffer violence, and who are already so vulnerable in the face of situations of ill-treatment experienced.

It is known that it is still common to lack or lack of care and directions that are effective, due to fears, insecurity, beliefs and disbelief, as well as the lack of knowledge of professionals about the nuances that involve violence. Thus, authors⁽²⁴⁾ reiterate that it is essential to train network professionals about the management of cases of violence. This training should be developed based on the reality of professionals, because, although this network should be constituted in a similar way, each has its particularities, and the incorporation of knowledge must be done according to the reality in which each one is inserted.

As a limitation of the study, there is the non-inclusion of professionals from other services of the network, such as the Children and Youth Court, Police Stations, SARCs, support houses, and even civil society itself. In addition, there was a lot of resistance from professionals to conduct the interviews, especially in the emergency department, because the professionals did not see a connection between the sector, a gateway, and the possible demands of VACA cases.

Final considerations

The study allowed us to observe that the professionals of the protection network recognize some types of violence that are perpetuated against children and adolescents, having cited the most prevalent and the main aggressors. However, few mentioned negligence as the main violence aimed at these children and

adolescents, emphasizing that there may be an important underreporting of this type of disease.

Regarding the knowledge of the protection network and its functioning, it was identified that the concept of network and its functioning is the understanding of professionals. However, for some, there is still a more comprehensive ignorance of what constitutes this network of protection and its services and the importance of mandatory notification of cases. In addition, it was possible to notice that professionals identify inefficiency in the network service. It is observed the need for greater knowledge on the part of professionals about the functioning of the protection network, for a more effective action in combating violence.

Collaborations:

1 – conception, design, analysis and interpretation of data: Fernanda Maria Araújo Ribeiro, Flávia Emília Cavalcante Valença Fernandes and Rosana Alves de Melo;

2 – writing of the article and relevant critical review of the intellectual content: Fernanda Maria Araújo Ribeiro and Rosana Alves de Melo;

3 – final approval of the version to be published: Fernanda Maria Araújo Ribeiro, Flávia Emília Cavalcante Valença Fernandes and Rosana Alves de Melo.

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