

# Responsibility of health professionals in the notification of cases of violence

Bruno Gonçalves de Oliveira<sup>1</sup>, Ivna Vidal Freire<sup>2</sup>, Carla Santana Assis<sup>3</sup>, Edite Lago da Silva Sena<sup>4</sup>, Rita Narriman Silva de Oliveira Boery<sup>5</sup>, Sérgio Donha Yarid<sup>6</sup>

## Abstract

Violence, characterized by various forms and manifestations, cannot continue to be seen by health professionals as a matter unrelated to their work. This study aimed to analyze the responsibility of health professionals in reporting cases of violence. The search was performed through the Virtual Health Library, in the period 2008-2013. From the analysis, three thematic axes emerged: "Brazilian legislation"; "health professional's responsibility in the reporting process"; and "health professionals' code of ethics". It is concluded that the majority of articles regarding codes of ethics point to the need to report cases of violence to their respective councils, authorities and competent bodies. Though, it is noted that they do not make explicit the obligation to notify cases of violence. Thus, it is necessary to review each of the codes of ethics in the field of health, considering the importance of referring specifically to violence.

**Keywords:** Ethics. Notice. Violence.

## Resumo

### Responsabilidade dos profissionais de saúde na notificação dos casos de violência

A violência, em suas diversas formas e manifestações, não pode ser vista pelos profissionais de saúde como questão alheia a seu trabalho. Este estudo teve como objetivo analisar a responsabilidade desses profissionais na notificação dos casos de violência. A busca foi realizada na Biblioteca Virtual em Saúde, considerando o período entre 2008 e 2013. Da análise surgiram três eixos temáticos: "legislação brasileira"; "responsabilidade dos profissionais de saúde no processo de notificação" e "códigos de ética dos profissionais de saúde". Conclui-se que a maioria dos artigos relativos aos códigos de ética aponta a necessidade de denunciar os casos de violência aos respectivos conselhos, autoridades e órgãos competentes. Porém, nota-se que não explicitam a obrigatoriedade da notificação em casos de violência. Assim, torna-se necessário revisar cada um dos códigos deontológicos da área da saúde, considerando a importância de referirem-se especificamente à violência.

**Palavras-chave:** Ética. Notificação. Violência.

## Resumen

### Responsabilidad de los profesionales de salud en la notificación de casos de violencia

La violencia, en sus diversas formas y manifestaciones, no puede ser vista por los profesionales de salud como una cuestión ajena a su trabajo. Este estudio tuvo como objetivo analizar la responsabilidad de estos profesionales en la notificación de casos de violencia. La búsqueda se realizó en la Biblioteca Virtual en Salud, considerando el período 2008-2013. Del análisis surgieron tres ejes temáticos: "legislación brasileña"; "responsabilidad de los profesionales de salud en el proceso de notificación" y "códigos de ética de los profesionales de salud". Se concluye que la mayoría de los artículos relativos a los códigos de ética señalan la necesidad de denunciar los casos de violencia ante los respectivos consejos, autoridades y órganos competentes. Sin embargo, se percibe que no explicitan la obligatoriedad de la notificación en casos de violencia. Así, se torna necesario revisar cada uno de los códigos deontológicos del área de la salud, considerando la importancia de que se refieran específicamente a la violencia.

**Palabras clave:** Ética. Notificación. Violencia.

1. **Doutorando** brunoxrmf5@gmail.com – Universidade Estadual do Sudoeste da Bahia (Uesb) 2. **Mestranda** vidal.ivna@gmail.com – Uesb 3. **Mestranda** carlasantanafisi@hotmail.com – Uesb 4. **Doutora** editelago@gmail.com – Uesb 5. **Doutora** rboery5@gmail.com – Uesb 6. **Doutor** syaridi@hotmail.com – Uesb, Jequié/BA, Brasil.

## Correspondência

Bruno Gonçalves de Oliveira – Universidade Estadual do Sudoeste da Bahia. Grupo de Pesquisa Saúde e Qualidade de Vida/CNPq/Uesb. Av. José Moreira Sobrinho, s/n CEP 45206-190. Jequié/BA, Brasil.

Declararam não haver conflito de interesse.

The reflection on the approach of the health professionals of cases of violence is fundamental in the present time. However, because it is a discussion that involves ethical issues, it is essential to mention the “universal principle of responsibility”, which must permeate issues related to the ethics of individual responsibility assumed by each one of us and the ethics of public responsibility, regarding the role and duties of countries concerning the health and life of persons<sup>1</sup>.

The World Health Organisation (WHO) defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation<sup>2</sup>. It is worth noting that violence-related deaths are associated to external causes and rank fourth in causes of death in the world, preceded by cardiovascular diseases, infectious and parasitic diseases and neoplasias<sup>3</sup>. Each year more than 1.6 million people lose their lives victims of violent actions<sup>4</sup>.

For scholars working on this issue<sup>5</sup> and the Ministry of Health<sup>6</sup>, violence can be divided as follows: physical, psychological, sexual, and neglect-related. Physical violence is defined by conduct that intentionally causes moral harm or intimidation to another person or living being. Psychological violence refers to the typical behaviour of threats, discrimination and humiliation. Sexual violence is characterised as any form of sexual activity not consensual. It is worth noting the violence due to negligence, which is characterised by an act of omission against children, the elderly or another (person who is dependent on others)<sup>6</sup>.

In January 2011, the list of compulsory notification diseases was reformulated, and the Ministry of Health included domestic violence, sexual violence and / or other violence among harmful actions to be notified by health professionals. Thus, these professionals play an important role in denouncing the different forms of violence that occur in all age groups, especially in the so-called “vulnerable groups”: children, adolescents, the elderly and women<sup>8</sup>.

Legal mechanisms were instituted for the protection of these groups, such as the Federal Law 8.069/1990<sup>9</sup> which originated the Estatuto da Criança e do Adolescente – ECA (Statute of the Child and Adolescent), the Law 10,741/2003<sup>10</sup>, known as the Estatuto do Idoso (Elderly Statute), and the Law 10,778/2003<sup>11</sup>, which requires public

or private health services to report suspected or confirmed cases of violence against women and other vulnerable groups.

Following the legislation and ethical precepts, it can be inferred that the principle common to all these documents is the non-maleficence that, in the case of health care, implies the duty of professionals to avoid any harm to users, not to cause them damage or put them at risk of life. Thus, health professional commit themselves to evaluate and avoid any situation that poses risk, ensuring that their way of acting does not harm users or family members<sup>1</sup>.

It is the responsibility of the health services to use ethical and legislative resources to combat and reduce violence, whether it is the difficulty of dealing with cases or measuring the severity of the case in a person’s life<sup>12</sup>. In addition, there are several obstacles to the Brazilian notification system, such as shortage of regulations that establish technical procedures, lack of safety and protection for professionals responsible for notifying failures in the identification of violence in health services<sup>13,14</sup>.

It is worth remembering that the term “notification” is recognised by the health sector, while in other sectors the expression used is “communication of violence”<sup>15</sup>. Thus these cases are highly relevant when reported because they allow, among other aspects, to know the epidemiological profile of the event, which can subsidise the formulation of public policies to prevent and combat violence. Considering the definition of violence and its characterisation as an event related to public health, this study aimed to analyse the responsibility of health professionals in these cases of violence, based on ethical codes of the professional categories and current legislation.

## Method

It is an integrative review of the literature carried out in the first half of 2014. The elaboration of the study followed these steps: identification of the theme and definition of the study, establishment of criteria for inclusion and exclusion of studies, definition of the information to be extracted from the articles analysed, evaluation of the studies included in the review, interpretation of the results for the review.

To guide the research, the following question was asked: “*what does the literature on electronic media presents about the responsibility of health professionals in reporting cases of violence?*”

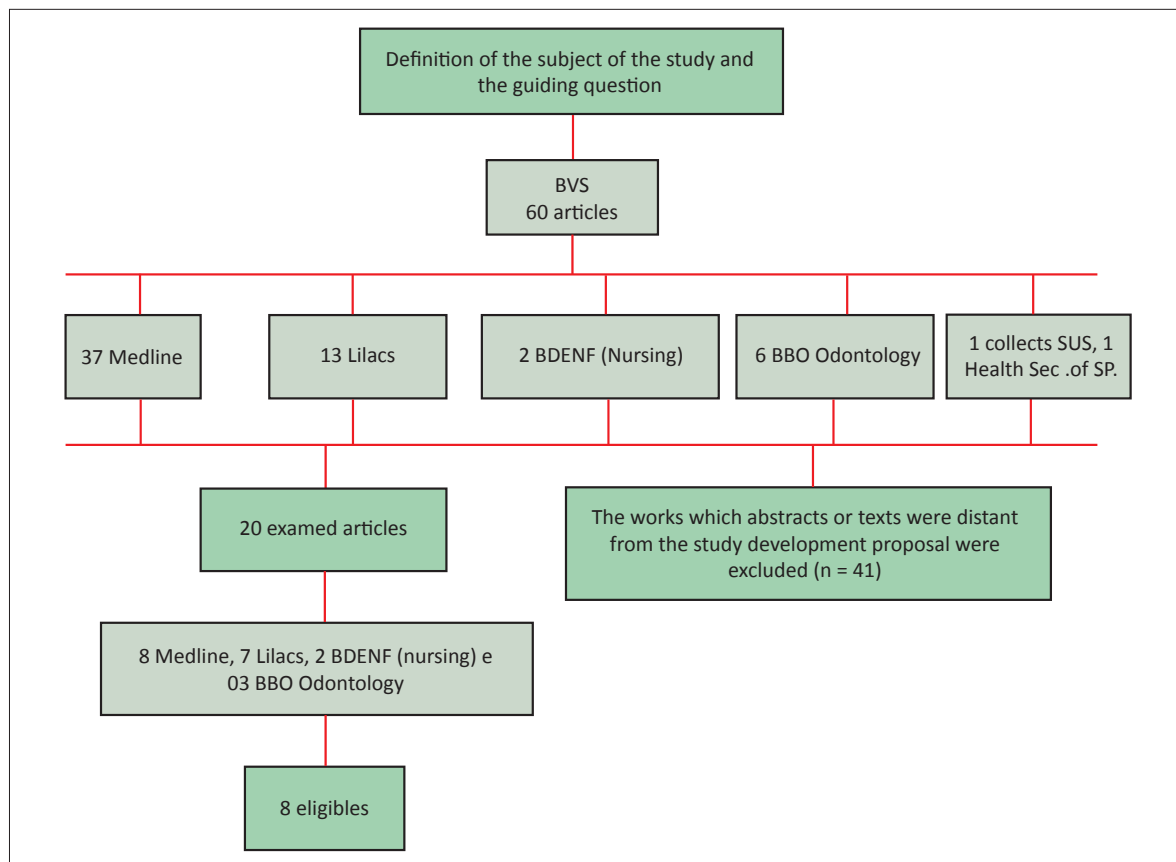
For this, the Biblioteca Virtual de Saúde – BVS (Virtual Health Library) was consulted, for the wide range of publications it indexes, as well as for the analysis of Brazilian legislation in order to better understand the theme. The descriptors “ethics”, “notification” and “violence” were used, as they are found on the basis of the Descritores em Ciências da Saúde - DeCS (Health Sciences Descriptors). The boolean operator “and” was used for associations between the terms searched. The Bireme (regional portal of BVS) was consulted in May 2014, obtaining a total of 61 articles on the first search. Of these, 37 were indexed in Medline, 13 in Lilacs, 2 in BDEF (nursing), 6 in BBO dentistry, 1 in the SUS and 1 in the Secretária de Saúde de São Paulo (Health Secretary of São Paulo).

To define the study, the following inclusion criteria were established: articles written in

Portuguese, English and Spanish and available in full. After the filters, we selected articles published in the previous five years (between 2008 and 2013) and which approached the objective proposed by the research. The articles which reading of abstracts or text, whether articles or book chapters, revealed that the treatment of the theme was distant from the proposal of this study were excluded.

There were 20 scientific articles after the application of the inclusion criteria: 8 texts in Medline, 7 in Lilacs, 2 in BDEF (nursing) and 3 in BBO dentistry. From then on, the material was read and the production was systematised by categories of health professionals, seeking to identify convergences and divergences. The final sample consisted of eight articles, as shown in Figure 1.

**Figure 1.** Flow diagram of articles selected for the integrative review



## Results

Eight articles were found for analysis and discussion after the application of the exclusion criterion - regarding complete papers in one of the three defined languages (Table 1).

The selected studies are original research articles. One of them was published in English, seven in Portuguese and none in Spanish. Regarding the year of publication, four articles are from 2008 and two from 2009 - the others are from 2010 and 2012. These numbers show that, although it is a current theme, studies that discuss in a multidisciplinary way

the professional's role regarding the notification of cases of violence are still incipient.

After reading the selected articles, it was possible to establish thematic axes that portray the

main discussions presented in the studies: "Brazilian legislation", "responsibility of health professionals in the notification of violence" and "ethics codes of health professionals".

**Table 1.** Studies that contemplate the approach of the codes of ethics of health professionals regarding the denunciation of violence, published between 2008 and 2012

Title	Participants	Results
<b>The responsibility of health professionals to report cases of violence against children and adolescents in accordance with their codes of ethics</b> <sup>14</sup>	Doctors, dentists, nurses, psychologists, physical education professionals, physiotherapists, pharmacists and nutritionists	The codes of ethics governing the health professions, for the most part, do not include mandatory notification in cases of violence. Professionals have a duty to do so and may be penalised for omission or negligence in accordance with the Estatuto da Criança e do Adolescente - ECA (Child and Adolescent Statute)
<b>The health professional and violence in childhood and adolescence</b> <sup>17</sup>	Doctors	It is necessary to communicate to the competent authorities whenever they are under 14 years old and, in some cases, older adolescents. Evidence of ill-treatment constitutes a just cause for breach of confidentiality. The patient should be informed of the possibility of an expert examination at the Medical Legal Institute, capable of performing a more thorough evaluation
<b>Attention by nurses in emergency care services to children and adolescents victims of intrafamily violence</b> <sup>18</sup>	Nurses	Nurses were able to identify or suspect intrafamily violence during the care of children / adolescents who were victims. However, few professionals made the notification, even though it was a legal and ethical assignment
<b>Residents of Paediatrics in the face of domestic violence against children and adolescents</b> <sup>19</sup>	Doctors	It addresses the perceptions of paediatric residents regarding <i>violência doméstica contra crianças e adolescentes</i> (domestic violence against children and adolescents - VDCA). The VDCA diagnosis was the attribution most recognised by the interviewees. However, half of them cited the notification and few would report it as a medical report
<b>Profile of reported cases of violence in a university hospital</b> <sup>20</sup>	Doctors, psychologists, nurses, social workers, dental surgeons	The largest number of cases reported were children (46.5%), while no cases were reported against the elderly. The notification form was used only in 41.8% of cases
<b>Maltreatment of children and adolescents: a study in São Bento Da Una, PE, Brazil</b> <sup>22</sup>	Dental Surgeons, Doctors, Nurses.	When verifying the occurrence of maltreatment in childhood, health professionals stated that they had knowledge of the subject (domestic violence). In the general group - comprised of 20 dental surgeons, 6 physicians and 22 nurses - 83.3% of professionals would report cases of child violence to the courts and to the Conselho Tutelar (Tutelary Council)
<b>Child maltreatment: perception and responsibility of the dental surgeon</b> <sup>23</sup>	Dental Surgeons	In general, professionals would report maltreatment (96%); to the Tutelary Council (63%) and to the Juizado da Infância e Adolescência (Juvenile Court) (22%). However, it is also necessary to clarify the ethical and legal responsibilities of the dental surgeon and his obligation to report these cases involving children and adolescents
<b>Dual loyalty of physicians in the military and in civilian life</b> <sup>24</sup>	Doctors	Evidence that physicians should use ethical principles of health care to deal with violence or abuse against the elderly

## Discussion

### Brazilian legislation

The phenomenon can happen in the forms of domestic violence, being characterised by physical aggression, sexual abuse, negligence, in addition to other forms of violence originated in communities, in conflicts with the police, especially when characterised by physical violence, such as homicides, as well as psychological violence, which is related to verbal assaults and threats such as a suicide attempt<sup>6</sup>.

The Brazilian Penal Code, through the Law 2,848/1940<sup>16</sup>, defines maltreatments that characterise violence: physical, psychological, sexual and neglect. The article 136 of this law specifies a penalty for exposing someone who is under his or her authority/responsibility to life or health hazard. Such obligation extends to custody or supervision for the purpose of education, treatment or custody, and may be defined by deprivation of food or indispensable care of the person, by subjecting the person to excessive or inadequate work, or by abusing the means of correction or discipline. The penalty consists of detention from two months to one year, or fine<sup>15,16</sup>.

Although criminal offences are involved in punitive measures against violence, there are other norms designed to ensure the fundamental rights of the person which imply the compulsory notification in case of occurrence of violence. These are: Estatuto da Criança e Adolescente - ECA (Statute of the Child and Adolescent), Statute of the Elderly and the Law on compulsory notification of violence against women<sup>8-11</sup>.

In order to protect the child and the adolescent, the ECA was created, supported by the Law 8,069/1990. According to article 245, the health professional should not omit from the authorities cases of involvement, suspicion or confirmation of children or adolescents victims of violence. Otherwise, he or she will be penalised with a fine<sup>8,9</sup>.

Law 10,778/2003<sup>11</sup> defines the obligation of public or private health services to report suspected or confirmed cases of violence against women. The law says that all persons and entities, both physical and private, must report such cases, and health professionals are included in a general way. The penalty for those who fail to comply with the norm is stated in article 5, which says that failure to observe the obligations contained in the law constitutes an

infraction of the *legislation related to public health, without prejudice to applicable criminal sanctions*<sup>11</sup>.

In this context, the elderly, who are also very affected, were included in the process of ensuring the rights of the victims of violence. In order to protect them, the rights of the elderly population were established through the Estatuto do Idoso (Statute of the Elderly), which entered into force with Law 10,741/2003<sup>10</sup>. Articles 19 and 57 of this statute clearly indicate the responsibility that health professionals and institutions have to communicate cases of abuse or violence against this population<sup>10</sup>.

In general, all persons have a duty to notify authorities when a case of violence occurs, but health professionals interacting with vulnerable populations have a greater share of responsibility, since they can trigger protection mechanisms<sup>17</sup>.

### Responsibility of health professionals in the notification process

Notification is an integral and fundamental part of the care provided to victims of violence. And, to be adequate, it is necessary that the health professional is able to identify a suspected or confirmed case of violence and notify it<sup>18,19</sup>.

The communication consists in informing the competent bodies of the occurrence or suspicion of the fact, making it possible to use the information in the planning of public actions and policies, with the goal of reducing the prevalence and incidence of violence based on reality<sup>19</sup>. The monitoring of notifications should be continuous, and actions evaluated periodically, through a methodology discussed a priori and established by the institution, aiming to guide new actions<sup>20</sup>. It is therefore evident the importance of this instrument to scale the magnitude of the cases of violence and, consequently, to estimate the need for investments in health surveillance centres and care services, as well as the development and improvement of safety nets<sup>15</sup>.

In this sense, it should be emphasised that the Política Nacional de Redução da Morbimortalidade por Acidentes e Violência (National Policy for the Reduction of Morbidity and Mortality by Accidents and Violence) advocates: *the promotion of continuous standardised and adequate recording of information, so as to enable studies and elaboration of intervention strategies on accidents and violence related to different population segments, according to the nature and type of injuries and causes, from which the feedback of the system will be possible, thus contributing to the improvement of the care*

provided to these segments<sup>21</sup>. Therefore, it is verified that there are mechanisms in the country to identify cases of violence and intervention strategies designed to reduce or eliminate the vulnerability of victims.

It is worth emphasising that the health professional has the duty to report cases of violence that he or she has knowledge of, and may give rise to liability if they omit to report those cases<sup>22,23</sup>. Although the ethics codes of health professionals do not mention the word “violence” in their articles, they are clear about the duty of professionals to care for the health and dignity of patients against any kind of negligence<sup>14</sup>. If we consider violence as a public health issue, then this reinforces the importance of the role of health professionals in the notification and production of useful information to combat the problem<sup>20</sup>.

The main difficulty pointed out by professionals is the non-recognition of situations of violence experienced by users, which would impede communication. This is very common, especially in cases where violence occurs in a veiled way, with no visible physical signs. In addition, one must consider the fear of the professional to suffer retaliation on the part of the aggressor, which also contributes to increase the under-reporting rate<sup>24,25</sup>.

### Codes of Ethics for health professionals

The Code of Ethics is understood as a set of norms and rules to be followed in the exercise of the profession<sup>14</sup>. In this research the codes of ethics for medicine, nursing, dentistry, social work, psychology, physiotherapy and nutrition were analysed in order to verify how these codes deal with the issue of violence. It should be noted that none of these codes explicitly states the term “violence”. However, some articles refer to the reporting of harm and to the duty of professionals to preserve human integrity.

Article 25 of the Código de Ética Médica – CEM (Medical Code of Ethics), published by the Conselho Federal de Medicina – CFM (Federal Council of Medicine), through Resolution 1931/2009<sup>25</sup>, prohibits the physician from refraining to denounce torture or other degrading, inhuman practices. It also prohibits physicians from performing those practices as well as conniving with those who perform them. In addition, the resolution prohibits physicians of providing the means, instruments or knowledge to facilitate those harmful practices. In this sense, the article establishes the responsibility of the physician to report cases of violence, through notification aimed at the protection of the patient<sup>25</sup>.

The Resolution of the Conselho Federal de Enfermagem - Cofen (Federal Nursing Council) 311/2007 establishes the Código de Ética da Enfermagem (Code of Ethics for Nurses), whose article 23 reiterates that it is the duty of the professional to *refer the person, family and community to the citizen's defense services*<sup>26</sup>, and in article 34 prohibits nurses from *provocation, cooperation, conniving or omission regarding any form of violence*. These practices are considered ethical infractions. The penalties for infractions range from a simple warning to losing the right to exercise the profession<sup>26</sup>.

The Código de Ética Odontológica (Code of Ethics for the Dental Profession), approved by the Conselho Federal de Odontologia - CFO (Federal Council of Dentistry) through Resolution CFO 118/2012, defines in article 9, items VII to IX, that it is a fundamental duty of professionals to *care for the health and dignity of the patient; safeguard professional secrecy; promote collective health in the performance of their functions, positions and citizenship, independently of exercising the profession in the public or private sector*<sup>27</sup> - are presuppositions that could be interpreted as being indirectly linked to the issue of violence. Although article 11 does not specify any measures related to the subject, it does warn that it is an ethical violation to disrespect or allow the patient to be disrespected, and the sole paragraph of art. 14, contained in Chapter VI - “Professional secrecy” - requires compulsory notification of illness, as well as collaboration with justice in cases provided for by law<sup>14</sup>.

According to article 13 of the Código de Ética do/a Assistente Social (Code of Ethics for Social Workers), defined by the Resolução do Conselho Federal de Serviço Social - CFESS (Resolution of the Federal Council of Social Work) 273/1993<sup>28</sup>, it is the duty of this professional to report cases of violation of human rights principles, regarding mistreatment, any form of aggression or lack of respect for the physical, social and mental integrity of the citizen, abuse of individual and institutional authority. It can be observed that the social worker has autonomy to identify and the duty to report cases of mistreatment, suspicion or confirmation of violence, corroborating the duties of citizens and respect for the code of ethics and the Brazilian legislation.

The Código de Ética Profissional do Psicólogo (Code of Ethics for Psychologists), in article 2, paragraph a, determines that the psychologist is prohibited from *practicing or being conniving with any acts that characterise negligence, discrimination,*

exploitation, violence, cruelty or oppression<sup>29</sup>. It is possible to note in this article that the obligation to communicate these cases is not explicit, but the code emphasises the obligation and duty of the professional not to be conniving with harmful practices.

The Resolução do Conselho Federal de Fisioterapia e de Terapia Ocupacional - Coffito (Resolution of the Federal Council of Physiotherapy and Occupational Therapy) 424/2013 establishes the *Código de Ética e Deontologia da Fisioterapia* (Code of Ethics and Deontology of Physiotherapy), which makes it clear in article 7 that *the physiotherapist must notify the immediate supervisor of the institution in which he or she works or the competent authority, which is known to be a crime, misdemeanour or ethical infraction*<sup>30</sup>. Therefore, the responsibility to report is in the text, which shows progress in terms of contemporing, concerning the interest in alerting the professional about his or her conduct. However, more precise guidelines are still needed in cases of notification of violence, so that professionals feel supported by their respective code of ethics.

The Conselho Federal de Nutricionistas - CFN (Federal Nutritionists Council), through Resolution CFN 334/2004, defines in Article 5, item VII of the *Código de Ética do Nutricionista* (Code of Ethics of Nutritionists), that is the duty of this professional *to report to the competent authorities, including the Conselho Regional de Nutricionistas (Regional Council of Nutritionists), acts of which the professional is aware and are harmful to health and life*<sup>31</sup>. It is noted in the code that the professional has the responsibility to report acts that endanger the life of the user, but the text does not explicitly quote the notification.

The Resolução do Conselho Federal de Farmácia – CFF (Resolution of the Federal Council of Pharmacy) 596/2014, which instituted the *Código de Ética da Profissão Farmacêutica* (Code of Ethics of the Pharmaceutical Profession), warns in article 12, item VII, that the pharmacist *must respect life, never cooperating with acts that intentionally endanger life and the integrity of the human being or of the community*<sup>32</sup>; Article 14, item IV, prohibits the professional from practicing an act (...) that

*causes material, physical, moral or psychological damage which may be characterised as malpractice, negligence or recklessness*<sup>32</sup>. In this case, it is noted that there is no information on responsibility to denounce and report cases of violence.

## Final considerations

With the analysis of the codes of ethics, it can be seen that none of the codes makes explicit the obligation of notification. They only mention the responsibility to promote and care for the life, health and integrity of the patients. Most of the codes lay out the need to report such cases to their respective councils, authorities and competent bodies, but there is no emphasis on the notification process. In addition, these codes of ethics do not address the issue in a clarifying way.

It is therefore necessary to review each of the codes of ethics for health professionals in order to specifically address the issue of violence, especially considering the legal provisions that define violence against women, children and the elderly. It is fundamental to reflect on the need for the codes of each area to require the notification of professionals so that they feel supported and willing to comply with the legal dictates in relation to this process, taking into account the standards of their own profession.

It is also concluded that there is a need for health professionals to know and use Brazilian legislation - Penal Code, ECA, the Elderly Statute, as well as the law on compulsory notification of violence against women - so that they can adequately communicate cases that have been identified.

In addition, they must be able to provide care for the victim and his / her family, to guide, monitor, diagnose early and record effectively. Thus, the victim can be referred to police stations and protection services, ensuring their physical integrity and their rights. The professional will not only fulfill their responsibilities but they will contribute to the awakening of the notions of citizenship and equal rights in our society.

## Referências

1. Koerich MS, Machado RR, Costa E. Ética e bioética: para dar início à reflexão. *Texto Contexto Enferm* [Internet]. 2005 [acesso 2 jun 2014];14(1):106-10. Disponível: <https://bit.ly/2w7r7PM>
2. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. *World report on violence and health* [Internet]. Geneva: WHO; 2002 [acesso 2 jun 2014]. Disponível: <https://bit.ly/2vMKIPB>
3. Sousa SPO, Nétto OBS. *Vigilância de violências e acidentes*. Observatório Epidemiológico [Internet]. 2010 [acesso 2 jun 2014];13(29):1-6. Disponível: <https://bit.ly/2gZiSja>

4. Dahlberg LL, Krug EG. Violência: um problema global de saúde pública. *Ciênc Saúde Coletiva* [Internet]. 2007 [acesso 2 jun 2014];11(Suppl):1163-78. Disponível: <https://bit.ly/2wz13Dc>
5. Silva LL, Coelho EBS, Caponi SNC. Violência silenciosa: violência psicológica como condição da violência física doméstica [Internet]. *Interface Comun Saúde Educ*. 2007 [acesso 2 jun 2014];11(21):93-103. Disponível: <https://bit.ly/2MkKeWr>
6. Brasil. Ministério da Saúde. Portaria MS/GM nº 737, de 16 de maio de 2001. Política nacional de redução de morbimortalidade por acidentes e violências [Internet]. *Diário Oficial da União*. Brasília; nº 96, 18 maio 2001 [acesso 2 jun 2014]. Seção 1e. Disponível: <https://bit.ly/2MjJQT3>
7. Brasil. Ministério da Saúde. Portaria MS/GM nº 104, de 25 de janeiro de 2011. Define as terminologias adotadas em legislação nacional, conforme o disposto no Regulamento Sanitário Internacional 2005 (RSI 2005), a relação de doenças, agravos e eventos em saúde pública de notificação compulsória em todo o território nacional e estabelece fluxo, critérios, responsabilidades e atribuições aos profissionais e serviços de saúde [Internet]. *Diário Oficial da União*. Brasília; p. 37, 26 jan 2011 [acesso 2 jun 2014]. Seção 1. Disponível: <https://bit.ly/2M9QhQV>
8. Ricas J, Donoso MTV, Gresta MLM. A violência na infância como uma questão cultural. *Texto Contexto Enferm* [Internet]. 2006 [acesso 2 jun 2014];15(1):151-4. Disponível: <https://bit.ly/2wfise2>
9. Brasil. Presidência da República. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências [Internet]. *Diário Oficial da União*. Brasília; 16 jul 1990 [acesso 2 jun 2014]. Disponível: <https://bit.ly/1B1xyOF>
10. Brasil. Presidência da República. Lei nº 10.741, de 1º de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências [Internet]. *Diário Oficial da União*. Brasília; 3 out 2003 [acesso 2 jun 2014]. Disponível: <https://bit.ly/1eNxxn3>
11. Brasil. Presidência da República. Lei nº 10.778, de 24 de novembro de 2003. Estabelece a notificação compulsória, no território nacional, do caso de violência contra a mulher que for atendida em serviços de saúde públicos ou privados [Internet]. *Diário Oficial da União*. Brasília; 25 nov 2003 [acesso 4 jun 2014]. Disponível: <https://bit.ly/2K15HK4>
12. Saliba O, Garbin CAS, Garbin AJI, Dossi AP. Responsabilidade do profissional de saúde sobre a notificação de casos de violência doméstica [Internet]. *Rev Saúde Pública*. 2007 [acesso 2 jun 2014];41(3):472-7. Disponível: <https://bit.ly/2vTOX2b>
13. Gonçalves HS, Ferreira AL. A notificação da violência intrafamiliar contra crianças e adolescentes por profissionais da saúde [Internet]. *Cad Saúde Pública*. 2002 [acesso 2 jun 2014];18(1):315-9. Disponível: <https://bit.ly/2vSpDJQ>
14. Almeida AHV, Silva MLCA, Musse JO, Marques JAM. A responsabilidade dos profissionais de saúde na notificação dos casos de violência contra crianças e adolescentes de acordo com seus códigos de ética [Internet]. *Arq Odontol*. 2012 [acesso 2 jun 2014];48(2):109-15. Disponível: <https://bit.ly/2Pi1pRe>
15. Deslandes S, Mendes CHF, Lima JS, Campos DD. Indicadores das ações municipais para a notificação e o registro de casos de violência intrafamiliar e exploração sexual de crianças e adolescentes [Internet]. *Cad Saúde Pública*. 2011 [acesso 2 jun 2014];27(8):1633-45. Disponível: <https://bit.ly/20OKLg7>
16. Brasil. Presidência da República. Decreto-Lei nº 2.848, de 7 de dezembro de 1940. Código Penal [Internet]. *Diário Oficial da União*. Rio de Janeiro; 31 dez 1940 [acesso 2 jun 2014]. Seção 1. Disponível: <https://bit.ly/1Hvh4Vo>
17. Magalhães MLC, Reis JTL, Furtado FM, Moreira AMP, Cardoso Filho FNF, Carneiro PSM *et al.* O profissional de saúde e a violência na infância e adolescência Femina [Internet]. 2009 [acesso 2 jun 2014];37(10):547-51. Disponível: <https://bit.ly/2Pjjz5>
18. Thomazine AM, Oliveira BRG, Vieira CS. Atenção a crianças e adolescentes vítimas de violência intrafamiliar por enfermeiros em serviços de pronto-atendimento. *Rev Eletrônica Enferm*. [Internet] 2009 [acesso 2 jun 2014];11(4):830-40. Disponível: <https://bit.ly/2PgLvqt>
19. Bourroul MLM, Rea MF, Botazzo C. Residentes de pediatria diante da violência doméstica contra crianças e adolescentes. *Interface Comun Saúde Educ* [Internet]. 2008 [acesso 2 jun 2014];12(27):737-48. Disponível: <https://bit.ly/2OGIUGn>
20. Silva AN, Gomes ET, Melo RLAS, Siqueira RM, Fonteles LS. Perfil dos casos de violência notificados em hospital universitário. *Rev Enferm UFPE* [Internet]. 2010 [acesso 12 jun 2014];4(3):1457-63. Disponível: <https://bit.ly/2th4BTh>
21. Brasil. Ministério da Saúde. Op. cit. 2001. p. 15-6.
22. Granville-Garcia AF, Silva MJF, Menezes VA. Maus-tratos a crianças e adolescentes: um estudo em São Bento do Una, PE, Brasil. *Pesqui Bras Odontopediatria Clín Integr* [Internet]. 2008 [acesso 2 jun 2014];8(3):301-7. Disponível: <https://bit.ly/2vT6YxL>
23. Granville-Garcia AF, Menezes VA, Silva PFRM. Maus-tratos infantis: percepção e responsabilidade do cirurgião-dentista. *Rev Odonto Ciênc* [Internet]. 2008 [acesso 2 jun 2014];23(1):35-9. Disponível: <https://bit.ly/2MW5o4v>
24. Benatar SR, Upshur REG. Dual loyalty of physicians in the military and in civilian life. *Am J Public Health* [Internet]. 2008 [acesso 2 jun 2014];98(12):2161-7. Disponível: <https://bit.ly/2MwAFOG>
25. Conselho Federal de Medicina. Resolução CFM nº 1.931, de 17 de setembro de 2009. Aprova o código de ética médica [Internet]. *Diário Oficial da União*. Brasília; 13 out 2009 [acesso 11 jul 2014]. Seção 1. Disponível: <https://bit.ly/2gyRqtD>



26. Conselho Federal de Enfermagem. Resolução Cofen nº 311, de 9 de fevereiro de 2007. Aprova a reformulação do código de ética dos profissionais de enfermagem [Internet]. Diário Oficial da União. Brasília; 13 fev 2007 [acesso 20 jun 2016]. Disponível: <https://bit.ly/2t9BoKI>
27. Conselho Federal de Odontologia. Resolução CFO nº 118, de 11 de maio de 2012. Revoga o código de ética odontológica aprovado pela Resolução CFO nº 42/2003 e aprova outro em substituição [Internet]. Diário Oficial da União. Brasília; nº 114, p. 118, 14 jun 2012 [acesso 13 jul 2014]. Seção 1. Disponível: <https://bit.ly/2M5IOAR>
28. Conselho Federal de Serviço Social. Resolução CFESS nº 273, de 13 de março de 1993. Institui o código de ética profissional dos assistentes sociais e dá outras providências [Internet]. Diário Oficial da União. Brasília; 30 mar 1993 [acesso 14 jul 2014]. Disponível: <https://bit.ly/2yomtBv>
29. Conselho Federal de Psicologia. Resolução CFP nº 10, de 21 de julho de 2005. Aprova o código de ética profissional do psicólogo [Internet]. Diário Oficial da União. Brasília; 29 jul 2005 [acesso 14 jul 2014]. Disponível: <https://bit.ly/2tafGGc>
30. Conselho Federal de Fisioterapia e Terapia Ocupacional. Resolução Coffito nº 424, de 8 de julho de 2013. Estabelece o código de ética e deontologia da fisioterapia [Internet]. Diário Oficial da União. Brasília; nº 147, 1º ago 2013 [acesso 30 jul 2014]. Seção 1. Disponível: <https://bit.ly/2lkhHsc>
31. Conselho Federal de Nutricionistas. Resolução CFN nº 334, de 10 de maio de 2004. Dispõe sobre o código de ética do nutricionista e dá outras providências [Internet]. Diário Oficial da União. Brasília; 11 maio 2004 [acesso 3 jun 2014]. Disponível: <https://bit.ly/2tjLS9r>
32. Conselho Federal de Farmácia. Resolução CFF nº 596, de 21 de fevereiro de 2014. Dispõe sobre o código de ética farmacêutica, o código de processo ético e estabelece as infrações e as regras de aplicação das sanções disciplinares [Internet]. Diário Oficial da União. Brasília; 25 mar 2014 [acesso 3 jun 2014]. Disponível: <https://bit.ly/1o0TXts>

#### Participation of the authors

Bruno Gonçalves de Oliveira and Ivna Vidal Freire participated in the planning of the study, analysis and interpretation of data and critical review of intellectual content. Carla Santana Assis and Edite Lago da Silva Sena contributed critical review of intellectual content. Rita Narriman Silva de Oliveira Boery and Sergio Donha Yarid guided all stages of the study and collaborated in the final writing.

