

The role of family relationships in the initiation of street drug abuse by institutionalized youths*

O PAPEL DAS RELAÇÕES FAMILIARES NA INICIAÇÃO AO USO DE DROGAS DE ABUSO POR JOVENS INSTITUCIONALIZADOS

EL PAPEL DE LAS RELACIONES FAMILIARES EN LA INICIACIÓN DEL ABUSO DE DROGAS ILÍCITAS POR PARTE DE JÓVENES INSTITUCIONALIZADOS

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ABSTRACT

The objective of this study was to analyze the role of family relationships in the initiation of streetdrug abuse by youths, meeting social-educational measures, considering the severity of the problems that drug abuse brought to the youths and their families. This descriptive, cross-sectional study used a case series design and was developed in the cities of Rolândia and Cambé (Brazil), at the Vida Nova Halfway House, with institutionalized youths and their parents or responsible adults in March 2007. Data was collected from institutional records and the instruments used were two interview forms. Data comparison was performed for analysis, according to the content analysis technique. Eleven families were studied. Signs of negligence and abandonment, physical abuse, lack of family dialogue, and especially a culture of drug use in the family environment determined the initiation of street-drug abuse.

KEY WORDS

Family relations.
Street drugs.
Adolescent, institutionalized.

RESUMO

O estudo objetivou analisar o papel das relações familiares na iniciação ao uso de drogas de abuso por parte de jovens cumprindo medidas sócio-educativas, considerando a gravidade dos problemas que o uso de drogas acarretou ao jovem e à sua família. Estudo do tipo descritivo e transversal, com delineamento de série de casos. Foi desenvolvido nos municípios de Rolândia e Cambé-PR, no Centro de Recuperação Vida Nova, com jovens institucionalizados e seus responsáveis, no mês de março de 2007. Como fonte de dados, utilizou-se os prontuários institucionais, e como instrumento de coleta de dados, dois formulários para entrevista. A análise foi feita pela comparação dos dados, seguindo a técnica de análise de conteúdo. Foram estudadas 11 famílias. Sinais de negligência e abandono, agressão física e falta de diálogo familiar e, principalmente, a cultura do uso de drogas no ambiente familiar determinaram a iniciação ao uso de drogas de abuso.

DESCRIPTORIOS

Relações familiares.
Drogas ilícitas.
Adolescente institucionalizado.

RESUMEN

El estudio tuvo como objetivo analizar el papel de las relaciones familiares en la iniciación del abuso de drogas ilícitas por parte de jóvenes cumpliendo medidas socioeducativas, considerando la gravedad de los problemas que el uso de drogas acarreó a los jóvenes y a su familia. El estudio, del tipo descriptivo y transversal, con delineamiento de serie de casos, fue desarrollado en los municipios de Rolândia y Cambé (Paraná, Brasil), en el Centro de Recuperação Vida Nova, con jóvenes institucionalizados y sus responsables, durante el mes de marzo de 2007. Como fuente de datos, se utilizaron los legajos institucionales, y como instrumento de recolección de datos, dos formularios para entrevista. El análisis fue hecho por comparación de datos, siguiendo la técnica de análisis de contenido. Fueron estudiadas 11 familias. Señales de negligencia, abandono, agresión física, falta de diálogo familiar y, principalmente, la cultura de abuso de drogas ilícitas en el ambiente familiar, se mostraron como factores determinantes para la iniciación del abuso de drogas ilícitas.

DESCRIPTORIOS

Relaciones familiares.
Drogas ilícitas.
Adolescente institucionalizado.

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INTRODUCTION

Drug abuse is defined as the consumption of substances through any sort of administration, which alters mood, the level of perception or the function of the central nervous system. These drugs may be either licit or illicit, from medication and alcohol to marijuana, crack, solvents and other drugs⁽¹⁾.

Drug use and abuse are a complex phenomenon, with biological, psychological and social origins and consequences⁽²⁾. It is analyzed as a family symptom, seen as a way to deal with conflicts. The function of such a symptom is to expose failures in the family system and indicate changes in its behavior with the young relative⁽³⁾.

Among the risk factors to drug use and abuse by children and adolescents is the use of drugs by the parents, non-integration with school activities, family dysfunctions, domestic violence, peer pressure and need of social integration, search for self-esteem and independence from family⁽²⁾.

The family is implied in the healthy development, or lack thereof, of its members, because it is understood as the link between the several spheres of society⁽⁴⁾. Family relations, attitude and behaviors of parents and siblings are important models for the young relatives, and are a factor of protection against drug use⁽⁵⁾.

Adolescents face important situations that affect their future and well-being. At the end of this stage in their lives, these young men and women are starting several situations that will determine their way of living. However, they are discovering their interests and talents and taking on responsibilities; these stages make up the experience of being young⁽⁶⁾. Drug use and abuse are part of a situation associated to the adolescents' weakness and limitation to respond creatively to the difficult situations of life⁽⁷⁾.

Drug abuse causes damage to the adolescents, their families and society, translated into failed school years, job losses, family ruptures and violence, crime, accidents and jailing⁽⁴⁾.

It is estimated that 39% of police occurrences every year are related to the use of alcohol, and that 50% of psychiatric admittances into hospitals are related to alcohol and drug abuse⁽⁸⁾.

OBJECTIVES

The objective of this study was to analyze the role of family relations in the initiation to drug abuse by institutionalized adolescents in social-educational programs, considering the gravity of the problems that drug use caused to them and their families.

METHOD

This is a descriptive, cross-section study, with a case series design, adopting the adolescents and their families as analytical units.

The study was performed in two units of Centro de Recuperação Vida Nova (Cervin), in the towns of Rolandia and Cambé, Paraná, whose goal is to treat and resocialize drug abusers. The facility in Rolandia assists male youths, offering a specific program for adolescents aged 12 to 18 years and one for adults aged 18 or older. The Cambé unit assists female adolescents aged 12 or older.

The Cervin facility is classified as a semiliberty unit, where the adolescents are removed from family and community life, but they still retain the right of freedom of movement. One of the principles of the entity is the freedom of choice regarding compliance with the treatment.

The study subjects were the adolescents of both genders, institutionalized in the Cervin in March 2007, and one legal guardian or family member responsible for the adolescent. The inclusion criteria were the age between 12 and 18 years and the existence of a family reference.

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The adolescents' institutional records were used as data sources, and two interview scripts were used as data collection instruments – one applied on the institutionalized youth and another to the relative or legal guardian. The adolescents and their relatives were identified with numbers from one to eleven.

The records are stored in the Cervin facilities, and contain identification information on the adolescent, social characteristics, drug use, characteristics of the institutionalization, characteristics of the family, medical history and problems with the law.

The interview scripts were made with both open-ended and multiple-choice questions, divided in three stages. In the first stage of the interview, the numbering system from one to eleven was used to correlate to the characterization data. These data were registered in a spreadsheet made by the author after being compiled from the records. The second stage of the script had questions regarding the socio-economic and demographic characteristics of the family – family income, healthcare plan, religion, involvement with crime, type of leisure. Stage 3 was elaborated in order to obtain data about how the adolescent started abusing drugs and the family relations – person responsible by the adolescence during childhood, relationship of the adolescent with his or her legal guardian or responsible adult, physical abuse by family members, family communication, drug use in the family, reasons for institutionalization, behavior of the family regarding drug use and factors that led him or her to abuse drugs.

The form applied to the relative differs from the former script only in its first stage. The identification of the respondent covers the following items: age, gender, marital status, number of children, education, occupation and family ties with the adolescent.

Some of the information collected during the interview with the youth and their families were registered in a field diary, filled in within one hour after the interview was finished.

At first, the records of the institutionalized adolescents were accessed, and the adolescents were interviewed on the same day, in a separate room within the Cervin facility in order to preserve the secrecy of the dialogue.

The second stage was the interview with one of the adolescents' relatives, preferably the mother. The interviews occurred on the Sundays when the families would come and visit their institutionalized youths, named *Big Sunday*. On that day, the relatives take part with the Cervin professionals, have lunch with the adolescents and may remain in the institution for the afternoon.

The researcher interviewed eleven adolescents and nine relatives personally. Two relatives were interviewed by social workers from their hometowns. These professionals had prior knowledge of the youth's life history and had established contact with the relative before.

The data obtained with the interview with the adolescent and their relative were compared, described and analyzed according to the content analysis thematic technique⁽⁹⁾.

The study followed the regulating norms for research on human beings. The project was submitted to the Review Board of Universidade Estadual de Maringá – COPEP – and approved according to file number 043/2007.

RESULTS

The 11 adolescents institutionalized at Cervin were mostly male and aged between 13 and 18 years, predominantly between 14 and 17 years old. They were sent to the institution by a judicial mandate, with 4 of the youths being sent to the institution by the Tutelary Council on the family's request.

The first abuse drug used by most of them was marijuana, consumed daily, being slowly replaced by crack, related as the drug being used by nine of the adolescents at the moment of admission. All of them stated that they consumed the drug on the streets and two of them also used it at home.

Among the relatives interviewed, nine were female, and, of these, seven were mothers of the youths. The age of the relatives varied between 31 and 65 years, with a large share being younger than 50, several *marriages*, a large number of children and low education. Only one of the interviewed relatives had a formal job at the time of the interview.

Only four adolescents lived within a nuclear family, composed by a father, mother and siblings; another four were children of adolescent mothers and one of the youths' mother died while her child was still an infant. Most families stated that their preferred form of leisure was the Sunday family luncheon, and only one of the families had no defined religion.

In ten families, a family member other than the institutionalized youth was involved with drug abuse, and, in six families, another relative had been involved in crime.

According to the study method, the responses of both youth and relative were compared regarding the role of the family in the adolescent's initiation of drug abuse. The information obtained with the interview was sorted in four categories: *knowing the main caregiver and his or her relationship with the adolescent*, *identifying intra-family violence*, *sharing decisions within the family group* and *initiation to drug use*.

Regarding the care-giving adults in charge of the youth during childhood, there was a tendency towards the figure of the mother – mentioned as single caregiver by four youths and four relatives, associated to the father by four youths and one relative, and associated with the grandmother by three relatives.

Divorce and the constitution of an additional civil union is part of the life of seven interviewed mothers, which may explain the indication of the father as care-giving adults in charge of the youth during childhood by only three adolescents.

The way their parents divorced and their relation after the separation with the ex-spouse and the children, as well as the way chosen to communicate their decision and the continuity of the parenting duties are decisive factors, capable of either damaging the children emotionally or reducing the damage caused by the separation⁽¹⁰⁾.

Signs of negligence and abandonment were detected in families 1, 2 and 8. The mother of adolescent 8 was imprisoned and his father was missing; the mother of adolescent 1 refused to have any contact with him after his institutionalization; and adolescent 2 complained about the care provided to his sisters, in a 10-children family that remained with the father after the divorce.

Regarding the relationship of the adolescent with the main caregiver during childhood, eight adolescents and six relatives reported it as being good, but only one relative reported it as very good. In six families, there was agreement on the answers. Of these, the relationship was rated as regular in only one family; the others reported it as being good.

Regarding typical intra-family violence, evaluated by the physical aggression towards the adolescent during childhood, six youths and seven relatives reported aggressive actions at home, which showed that this practice was common in seven families.

Regarding the decision sharing among the family members, the adolescents reported that decisions were never shared, or only sporadically shared, and only one relative reported that the family would convene for this practice frequently.

The factors that possibly led the adolescent to use drugs were the category with the highest amount of disagreement between the responses of the adolescents and their relatives. The youths had difficulties to identify these factors. Some were unable to describe them; others mentioned curiosity, and the influence of family and friends. For the relatives, these factors were identified as lack of affection from the parents, jealousy among the siblings and, in higher numbers, the overvaluation of the influence of the peers.

DISCUSSION

Knowing the main caregiver and his or her relationship with the Adolescent

The mother is considered an essential figure in the whole process of development and education of the child. Their relationship starts during gestation and continues throughout life⁽¹¹⁾. However, the presence of the mother as an essential figure in the childhood of the youths studied might have occurred due to the absence of a nuclear family structure, as narrated by Family 4.

I had contact with my father until I was four years old or so. I used to spend Christmas and the New Year with him. Then my mother said the guy went over to São Paulo to work and changed his phone number (became silent). (Adolescent 4, 13 years old)

When he was born, I didn't want his father to see him. When he was 4 I called him, so he would go and visit him once in a while and spend Christmas and the New Year together. That lasted for two years. Then he went to work in Lapa, São Paulo, changed his phone number and I never got in touch again (Relative 4, 31 years old, mother).

There were disagreements in the answer about the adult responsible for the child only in Family 1. Although this adolescent lived with his father and grandmother, he mentioned only the father as the legal guardian, while the relative mentioned the grandmother. The adolescent reports that his father is an alcoholic, and would often *come home breaking stuff and beating him and his brother up, and (in these situations) they would leave the house and the grandmother would go to an aunt's house*. He minimized the problems with the father due to the lack of motherly love.

My father doesn't have the power of money, he's already lost a lot of money drinking on the streets and spent a lot of money on alcohol. There were times when we'd only have rice to eat, but [...] my father was there [...] not my mother, she sold me when I was little (Adolescent 1, 17 years old).

In five families, child care was seen in a broadened way, with the participation of more family members. Four families had the grandmother as a supporting actor in this process. However, the conflicting influence of the grandmother in the adolescents' life was observed in two families.

When my son was born, my mother and the mother of my son's father didn't let us stay together. My mother didn't even let me register him. I ended up accepting it, but I've regretted it ever since (Relative 4, 31 years old, mother).

[...] his father disappeared as soon as he was born, the boy stayed with his mother for a while, and then came over to live with me (grandmother). Then I moved to Curitiba and gave him back to his mother, because it would be difficult to bring him for her to see. That's when he started doing this crap. His mother was a child corrupter and was arrested. She said she doesn't want him anymore, told me to keep him. Well, I'll see, if he gets better I'll keep him (Relative 8, 51 years old, grandmother).

Negligence, abandonment and deprivation of care are considered forms of intra-family violence. This violence is characterized by the absence, refusal or lack of necessary care to whoever should receive care and attention. It usually exposes the youths to mistreatment, failed school years, sexual abuse, among other problems⁽¹²⁾.

Intra-family violence is defined as every action or omission that hinders the well-being, the physical or psychological integrity of a family member, possibly harming all the family members directly or indirectly, in all stages of life⁽¹³⁾.

In a study on criminal adolescents, the authors⁽¹¹⁾ found a significant number of adolescents who were not given care by their mothers due to work or to lack of interest and affection for the child. They were usually left with relatives – older siblings, grandmothers or aunts – and some adolescents were left in daycares or with people outside the family. They played on the streets and became involved in illicit activities when the mother was outside the house⁽¹¹⁾.

Also, in five families, the mother did not have a stable union, and all the adolescents whose mothers had remarried or who had had relationships with several partners mentioned not having a good relationship with their stepfathers.

The only female adolescent interviewed mentioned having a good relationship with the mother, and her relative reported difficulties in her relationship with her father.

She doesn't like her father at all, because he never showed any affection, he was always mean to her. She wouldn't tell me but he did. She's slow when she does the household chores, and my husband likes to see everything clean, but she can't cope with it (Relative 11, 39 years old, mother).

I think he mistreats her because he says she's not his daughter, because she's really beautiful and doesn't look like him. However, for the younger brother, he gives everything, ev-

everything he buys or does, he does for the younger kid (Relative 11, 39 years old, mother).

With these reports, signs of negligence and abandonment were detected in many families: the lack of a mother, the parents' alcoholism and the youths' resentment towards their progenitors.

Identifying intra-family violence

Physical aggression means using force to cause wounds, traumas, pain or disability onto someone. The impact of physical aggression on the adolescents in institutions such as the family usually has negative effects in their development. These youths, victims of beatings, are usually more aggressive, or, on the other hand, have behaviors of fear or apathy⁽¹²⁾.

Physical punishments are still widely used in the upbringing of children. Parents tend to defend this form of discipline, to the point of making it banal and making intra-family violence become chronic. Physical aggression in childhood related to the destructive effects of the family bonds and the protective functions that the family should enact may lead the youth to replicate this violent behavior⁽¹²⁾.

Only one of the youths responded differently from his relative regarding physical aggression. This adolescent denies physical abuse and considers that the act of being beaten is a result of his bad behavior; however, his mother states that he has been physically beaten by two of his stepfathers. The mother of this adolescent assumes the responsibility for the condition of her son verbally.

My mother got married when I was seven, had a son and a daughter. My stepfather was an alcoholic, was hospitalized several times, but it was never any good [...] then she divorced and married again, had another son. The second was much better, he used to beat me up, but that was meant to correct my ways. He beat me up, I'd leave home and stay on the streets for a month, then I'd go back, he'd beat me up again, until I was arrested (Adolescent 4, 13 years old).

My first husband used to beat me and my son after doing drugs. [...] I divorced him and then married again, and had another son. This husband is much better, he helps me raise all of them equally. He beat my son with a belt twice and it hurt, and he said he'd never do that again (Relative 4, 31 years old, mother).

It was observed that physical aggressions were reported only when this practice left sad and intense memories in the life of the adolescent. The fact of suffering physical aggression from their parents, in situations of lighter punishment, has a normal connotation in their lives, especially when inflicted by their mother⁽¹⁰⁾.

Over centuries, intra-family violence has been building a culture expressed in habits, customs, relationships and acts. Certain beliefs support intra-family violence, such as: the man is the boss, the owner, the one who knows what is

good and what is bad for everyone, is not subject to the judgment of the others; the child needs to be punished and chastised by the father, the mother and their replacements in order to be raised well. These beliefs are discriminatory and contribute for the production of several problems that prevent the adolescents' development⁽¹²⁾.

When I was a child, it was really sad [...] my mother beat me because she told me not to do some things, but I'd do them anyway. I don't know, I've always been like that (Adolescent 3, 15 years old).

Now I tell my husband to take it easy when he gets mad with my other son. Not in front of the boy, of course, but I do. (Relative 6, 54 years old, mother).

Sharing decisions within the family group

There were agreements between the answers of the adolescents and their relatives in seven interviews. It is worth noting that, in six cases, the family never shared decisions, and this practice was reported as sporadic in one of the families.

The relatives tried to convey the idea that there were few conflicts within the family environment, associating the adolescents' situation to their relations with their peers.

We could never get together to talk, my father was always drunk. I told you about my mother, she's only interested in herself (Adolescent 1, 17 years old).

Sometimes, whenever there was something important, we'd talk (Relative 1, 50 years old, aunt).

All my father did was beat me up [...] whenever he'd enter the house, I'd leave through the back door. Then I started stealing stuff to buy drugs and got involved in several crimes [...] I spent 11 years responding for these crimes, did community service for 4 years (plowing fields) until I was arrested for one year and eight months, and I asked to come here to avoid the jail (Adolescent 9, 18 years old).

Yes, sometimes we'd talk. (Relative 9, 48 years old, mother).

Considering that the family dialogue is a protective factor against using drugs, and the role played by stability, mutual respect and family support in the adolescents' resistance to adversity, the study group presented several factors that contributed for drug abuse.

Initiation to drug use

Only one of the youths answered similarly to his relative, associating drug abuse to his friends and the mother's absence in the family environment. This adolescent had incomplete primary school, was a child of divorced parents, reported low family income, lived with his father and sisters, and mentioned his mother as an alcoholic and his brother on the father's side of the family as a drug abuser.

Of the 10 youths that answered differently from their relatives, four stated that they could not identify the fac-

tors that first led them to use drugs. However, as the interview progressed, two youths identified some factors (Adolescents 1 and 5).

I don't know why [...] I had a hard life and then I started dating a girl. I met her brother, he used drugs, then I started using drugs with him and started a life of crime. I was a member of the largest truck-stealing gang in Paraná, haven't you seen in the news? (Adolescent 1, 17 years old).

I don't know, I think it was curiosity and the bad influence of friends (Adolescent 5, 17 years old).

The relatives of these youths associated drug abuse to friends, bad influence and jealousy among siblings.

I think he started when the baby was born, he was very jealous of her. He used to be the fragile person in the house, he couldn't get angry because of a heart condition that he had [...] then he started dating an older girl and he used all the money he earned to buy presents for her, my husband forced him to break up with her (Relative 5, 39 years old, mother).

It was because of his friends and bad influences (Relative 1, 50 years old, aunt).

The report of one of the mothers is particularly interesting, since she assumed the whole responsibility for the acts of her son.

I think I'm to blame for his drug abuse, I let him [...] move away from me (cries) (Relative 4, 31 years old, mother).

Three adolescents mentioned involvement with drugs due to their relationships with friends (Adolescents 3, 6 and 11). Relatives 6 and 11 mentioned that drug use occurred due to the lack of paternal affection and Relative 3 associated drug abuse to the socio-economic conditions of the family.

Finally, adolescents 8 and 10 attributed drug abuse to their own initiative, and adolescent 9 to his brother's company. The three relatives reported that bad influences contributed for the youth's drug abuse. However, relative 9 complemented it with the lack of maternal affection, and relative 10 also associated it with the family poverty.

The adolescents involved with crime are usually poor boys who were not welcomed in the family structure, school or the community. When they carry a firearm, they make people feel paralyzed by fear, which is a way of obtaining prestige, finding social acceptance and money⁽¹⁴⁻¹⁵⁾. Some

adolescents, upset by social inequalities and socially excluded, manifest their aggressiveness by belonging to drug dealing gangs, since they consider it a quick and easy way to make money⁽¹⁵⁾.

FINAL CONSIDERATIONS

Although the adolescents' responses generally differ to those obtained from their relatives or legal guardians, they can express information that is close to their reality and experience.

Regarding the role of the family in the adolescents' initiation to drug abuse, it is worth noting six aspects:

- The mother was the caregiver most often mentioned by the adolescents; however, broader care was reported by five families, with the grandmother playing the role of adult in charge of *abandoned children*.

- In five families the mother did not have a stable union, and all the adolescents whose mothers had married again or had had relationships with several partners stated not having a good relationship with their stepfathers.

- Regarding the adolescents' relationship with their caregivers during childhood, several families reported it as being good; however, sorrow and resentment were observed in the adolescents' reports.

- Intra-family violence was present in seven families, although it was understood by the youths simply as intense physical aggression, leaving sad memories.

- Only four families requested aid from the Tutelary Council for the institutionalization of the adolescents; others were sent to the Cervin by legal mandates, after they had committed crimes.

- The use of drugs by parents, aunts, uncles and cousins was observed to be an implied family culture of drug abuse.

Considering the role of the family for the adolescents' resistance to adversities, the study group was observed to have several unfavorable events in the family environment, which could have acted as inductors to drug abuse: loss of relatives during childhood due to death; family diseases, especially alcohol and drug abuse; fights and divorce of the parents; physical intra-family violence; social violence and contact of the adolescent with crime.

REFERENCES

1. Carlini EA, Nappo SA, Galduróz JCF, Noto AR. Drogas psicotrópicas: o que são e como agem. Rev IMESC. 2001;(3):9-35.
2. Aguilar LR, Pillon SC. Percepção das tentações de uso de drogas em pessoas que recebem tratamento. Rev Lat Am Enferm. 2005;13(n.esp):790-7.
3. Penso MA, Sudbrack, MF. Envolvimento em atos infracionais e com drogas como possibilidades para lidar com o papel de filho parental. Rev Psicol USP. 2005;15(3):29-53.
4. Schenker M. Valores familiares e uso abusivo de drogas [tese]. Rio de Janeiro: Instituto Fernandes Figueira, Fundação Oswaldo Cruz; 2005.

5. Schenker M, Minayo MCS. Fatores de risco e de proteção para o uso de drogas na adolescência. *Cienc Saúde Coletiva*. 2005;10(3):707-17.
6. Nugent R. Quiénes son los jóvenes. In: Ashford D, Clifton Y, Kaneda T. *La juventud mundial 2006*. Washington: Population Reference Bureau; 2006. p. 12.
7. Gonçalves AM, Luis MAV, Sena RR. Doença mental e uso de álcool e outras drogas: dificuldades relatadas por mulheres cuidadoras em família. *REME Rev Min Enferm*. 2003;7(1):14-20.
8. Queiroz S, Scivoletto S, Silva MMS, Strassman PG, Andrade AG, Gattaz WF. Uso de drogas entre estudantes de uma escola de São Paulo. *Rev Psiquiatr Clín*. 2001;28(4):176-82.
9. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 6ª ed. São Paulo: Hucitec; 2004.
10. Sayão R. Falta cultura de separação. *Folha de S. Paulo*. 2007 out. 7; Família brasileira [Encarte]:64.
11. Feijó MC, Assis SG. O contexto de exclusão social e de vulnerabilidades de jovens infratores e de suas famílias. *Estud Psicol*. 2004;9(1):157-66.
12. Minayo MCS. Violência, um problema para a saúde dos brasileiros: introdução. In: Souza ER, Minayo MCS, organizadores. *Impacto da violência na saúde dos brasileiros*. Brasília: Ministério da Saúde; 2005. p. 9-33.
13. Saliba O, Garbin CAS, Garbin AJI, Dossi AP. Responsabilidade do profissional de saúde sobre a notificação de casos de violência doméstica. *Rev Saúde Pública*. 2007;41(3):472-7.
14. Minayo MCS. Violência, um problema social que afeta a saúde pública. *Divulg Saúde Debate*. 2006;(35):23-35.
15. Paulilo MAS, Bello MGD. Jovens no contexto contemporâneo: vulnerabilidade, risco e violência. *Serv Soc Rev [periódico na Internet]*. 2002 [citado 2005 jun. 8];4(2)[cerca de 8 p.]. Disponível em: http://www.ssrevista.uel.br/c_v4n2_marilia.htm