

CUIDADO É FUNDAMENTAL

UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO • ESCOLA DE ENFERMAGEM ALFREDO PINTO

RESEARCH

DOI: 10.9789/2175-5361.2018.v10i3.764-769

Feelings Experienced by Professionals Who Work in Services to Protect Children and Adolescents Victims of Intrafamily Violence and its Effects in Daily Practice

Sentimentos Vivenciados por Profissionais que Atuam em Serviços de Proteção a Crianças e Adolescentes Vítimas de Violência Intrafamiliar e os Efeitos na Prática Cotidiana

Sentimientos Experimentados por los Profesionales que Trabajan en los Servicios de Protección a Niños y Adolescentes Víctimas de Violencia Familiar y los Efectos en la Práctica Diaria

Gabriele Schek¹, Mara Regina Santos da Silva²

How to quote this article:

Schek G, Silva MRS, *et al.* Feelings Experienced by Professionals who Work in Services to Protect Children and Adolescents Victims of Intrafamily Violence and its Effects in Daily Practice. 2018 Jul./Sep.; 10(3):764-769. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i3.764-769>

ABSTRACT

Objective: In this study, the main goal has been to reveal the feelings experienced by professionals who work in services to protect children and teenagers victims of domestic violence and its effects in daily practice. **Methods:** An exploratory and descriptive study of a qualitative nature conducted with 15 professionals who work in network services to protect children and adolescents. Regarding the data analysis, the discursive textual analysis technique was used. **Results:** The feelings experienced by the professionals are the revolt and the anger towards the aggressor, and also the maternal relative. Pity and compassion have also been reported in relation to young victims. Likewise, impotence and frustration appear in the discourse of professionals and are related to the outcome of the situations they have under their mediation. **Conclusion:** Clarifying and analyzing these feelings can support the managers of services that comprise the network in order to protect children and adolescents. Furthermore, it may help the managers with planning actions that might re-establish and promote the professionals' health.

Descriptors: Domestic violence, Child, Teenager, Emotions, Professional practice.

¹ Nursing Graduate. Doctor's Degree in Nursing. Professor of the Nursing Graduation Program at the Faculdades Integradas Machado de Assis, Santa Rosa, Rio Grande do Sul, Brazil. Member of the Study Group Family, Nursing and Health (GEPEFES). E-mail address: leli_rs@yahoo.com.br

² Nursing Graduate. Doctor's Degree in Nursing. Professor of the Nursing Graduation Program at the Faculdades Integradas Machado de Assis, Santa Rosa, Rio Grande do Sul, Brazil. Leader of the Study Group Family, Nursing and Health (GEPEFES). E-mail address: marare@brturbo.com.br

RESUMO

Objetivo: Desvelar os sentimentos vivenciados por profissionais que atuam em serviços de proteção a crianças e adolescentes vítimas de violência de violência intrafamiliar e seus efeitos na prática cotidiana. **Métodos:** Estudo exploratório, descritivo, de natureza qualitativa realizado com 15 profissionais que atuam em serviços de rede de proteção a crianças e adolescentes. Para análise de dados utilizou-se a técnica de análise textual discursiva. **Resultados:** Os sentimentos vivenciados pelos profissionais são a revolta e a raiva, direcionados ao agressor e a figura materna. Pena e compaixão também foram relatados em relação aos jovens vitimados. A impotência e frustração também aparecem no discurso dos profissionais e estão relacionados ao desfecho das situações que tiveram sob sua intervenção. **Conclusão:** Explicitar e analisar estes sentimentos pode contribuir para que os gestores dos serviços que compõem a rede de proteção a crianças e adolescentes planejem ações que reestabeçam e promovam a saúde dos profissionais.

Descritores: Violência doméstica, Criança, Adolescente, Emoções, Prática Profissional.

RESUMEN

Objetivo: Desvelar los sentimientos experimentados por los profesionales que trabajan en los servicios de protección a niños y adolescentes víctimas de violencia doméstica y sus efectos en la práctica cotidiana. **Métodos:** Se realizó un estudio exploratorio, descriptivo, cualitativo realizado con 15 profesionales que trabajan en los servicios de redes de seguridad para los niños y adolescentes. Para el análisis de los datos, se utilizó la técnica de análisis textual discursiva. **Resultados:** Las sensaciones experimentadas por los profesionales son la revuelta y la ira, dirigida al delincuente y la figura de la madre. Piedad y la compasión también se han reportado en relación con las víctimas jóvenes. La impotencia y la frustración también aparecen en el discurso profesional y se relacionan con el resultado de situaciones que tienen su intervención. **Conclusión:** Explicar y analizar estos sentimientos pueden contribuir a los gerentes de los servicios que componen la red de seguridad para los niños y adolescentes para planificar acciones que reestablezcan y promuevan la salud de los profesionales.

Descriptor: Violencia Doméstica, Niño, Adolescente, Emociones, Trabajo.

INTRODUCTION

In the perspective of the human being, the feelings play an important role, because they trigger thoughts, materialize actions, either impel or retract the individual, depending on the stimulus to which they are submitted. They are still able to influence behavior since the relation of the human being to the world is not only cognitive, but also emotional.¹

In this perspective, intrafamily violence against children and adolescents constitutes a problem capable of mobilizing many feelings for those who directly experience the problem, as well as professionals who have a duty to act on it. Fear, pain, anguish, anxiety and humiliation are some of the feelings reported by victims and families living under violence. While anger, pity and impotence stand out for being part of the reported of some professionals against situations of violence.²⁻³

Such feelings are intimately linked to the very characteristics that involve intrafamily violence, since it emerges from a wide and complex combination of personal, social, cultural and economic factors that makes it a problem of difficult resolution by the professionals. These factors also make either difficult or impossible immediate responses to cases, then generating in the professionals feelings of immobility, resulting in distress and dissatisfaction, even work related.

Studies indicate that most of the feelings experienced by professionals are shared daily between different teams. As a result, many professionals underestimate their knowledge and abilities, failing to visualize the possibilities and resources available for an adequate and effective intervention in terms of protection, then resulting in secondary victims as important as the violence suffered.^{4,5}

In this sense, the unpreparedness of some professionals in dealing with their emotions, proving incapable of adequately addressing victims and families, has been evidenced. These considerations highlight the complexity surrounding situations of intrafamily violence against children and adolescents, not only from the point of view of family relations, but also by professionals working in protection services. Exploring feelings, and especially understanding the effects they exert on everyday practices is an important task, though not always explored in the research field. Therefore, the present study aims to reveal the feelings experienced by professionals who work in services to protect children and adolescents victims of domestic violence and its effects in daily practice.

METHODS

An exploratory, descriptive study of a qualitative nature, derived from a major project entitled Intrafamily Violence against Children and Adolescents: a study on professional practices, which was developed by the Study Group and Research in Family, Nursing and Health (GEPEFES) of the Universidade Federal do Rio Grande. The sample consisted of 15 professionals, among them (doctors, nurses, psychologists and community health agents, social workers and tutelary counselors) recruited in emergency care units and pediatrics of a University Hospital, a Basic Health Unit and a Center Specialized Reference in Social Assistance, and a Tutelary Council, all located in a region of the extreme South of Brazil. The option to include these services is due to the fact that, as a whole, they portray the itinerary usually traversed by families in a situation of violence in the municipality, being considered the protection network for the victims.

Data collection was performed from December 2013 to March 2014, through a semi-structured interview, guided by a script composed of two parts: a) The first one to search for general information, including sex, age, professional training and professional work time; b) The second refers to the personal conceptions and feelings experienced by the

professionals regarding the care of the victims and families who live under violence. Each of the interviews lasted, on average, 1 hour and 15 minutes.

To preserve anonymity, the professionals were identified by the letter 'P', followed by either health or social name, corresponding to the area of performance of each professional interviewed. For example: (Phealth), (Psocial). This study was approved by the Research Ethics Committee of the institution to which it is linked, under the registration number 066/13.

In order to analyze the data was used the textual analysis discursive technique,⁶ identifying, respecting the following steps: dismantling the interviews, identifying the feelings experienced by the professionals in front of victims and families in situations of violence, forming the units of analysis. Then, the construction of relations between these units was carried out, grouping its elements into a process that resulted in three categories.

RESULTS

Of the 15 professionals who took part in the study, 14 were female and 1 was male, with six nurses, two psychologists, two physicians, two community health agents, two tutelary counselors and one social worker aged between 28 and 64 years old. The institutional bonding time varied between 12 and 240 months. Twelve of the professionals have complementary training, with special emphasis in the areas of Public Health and Family Health.

The analysis of interview statements led to the construction of the following categories: Feelings in relation to the family; Feelings towards the victim; Feelings about services provided to children and adolescents victimized.

Feelings in relation to the family

The most evident feelings in the professionals' speeches are revolt and anger. The first was demonstrated when professionals face situations of sexual violence since they classify it as the most serious and cruel type of violence a child or adolescent can be subjected. Already the feeling of anger is often reported by professionals, being directed to the agent of aggression as shown in the following testimonial:

"I feel very angry at the aggressor [...] and I really think he has to suffer and go through the same suffering that the victim was imposed."(Phealth)

In addition to the rage referred to the aggressors, mothers are also the targets of this feeling by the professionals. Specifically in this study, women/mothers are considered as the main caregivers within the family, being responsible for raising their children. From this point of view, professionals reported feeling angry at the mothers, because they have been unable to protect and prevent

their children from being subjected to violent, abusive and negligent acts within the family.

"Sometimes I wonder, how come a mother cannot see the violence inside her house [...] that gives me a lot of anger." (P health).

In the face of some situations, these women are seen as conniving, because in the understanding of some professionals, many know the situations experienced by the child or adolescent and yet choose to omit this knowledge. The feelings mentioned above have some effects on the daily practice of professionals. The first of these is the distance from the professionals in relation to the family, as evidenced in the following testimony:

"We have a situation of child abuse here and we talk, close to that family I could not stay. Of course a person happens to know how a child is, but there are cases of I have a blockage. That intimacy that has people in pediatrics, with a child, with a family, I cannot proceed in these cases."(P health).

It has also been observed that feelings of anger and revolt end up producing hostile attitudes towards the mother, which becomes the object of judgments and scolding:

"There was a day that I told her [mother] you're a coward, how you beat your son. Why don't you do this to someone of your own size."(P health).

It is evident that the feelings of anger and revolt experienced by professionals in the context of protection services have an effect on the practice they develop with victims and families. The following statement corroborates this statement:

"In home visits it is difficult, because it gives much anger of the things that you end up seeing. I come across many situations where I have to stop, breathe, then return home because otherwise I would lose my temper."(Phealth).

Feelings towards the victim

Concerning the children and adolescents victims of intrafamily violence, the professionals in this study affirmed that they experience feelings of pity, compassion and insecurity. The first two are justified by the professionals in that they consider that many children and adolescents seem to have become accustomed to living in a situation of violence, or they do not even seem to feel its effects, as can be evidenced in the following dialogue:

“The children are used to it [violence], there was a boy who told me: ‘Uncle hit me, but it does not hurt anymore.’ This is awful, the child has gotten used to it. The skin is already hard from so much beating, that heart is already getting tough.”(P health).

These situations are considered to be quite complex on the part of the interviewed professionals, since most of the time it is based on beliefs, values and customs that allow violence to become a habit, forming part of the relations established within many families, making it difficult for professionals to act. The feeling of insecurity seems to be associated with the evaluation that needs to be done in relation to the victimization or not of the child or adolescent, as observed in the following speech.

“It is common for us to feel insecure in some cases. When the victim and teenager is more difficult because she may be inventing a lot, as already happened here.” (P social).

The professionals further emphasized that the feeling of insecurity is also very present when they are faced with victims of neglect, since the difficulty in differentiating what is care omission and what is the lack of family conditions to provide the necessary care for the development of a child or adolescent.

“It is very complicated, because there are situations in which you evaluate but still insecure. We must take be careful in order to not be malicious or naive either.” (P health).

Faced with such a feeling, many professionals eventually delegate responsibility for notifying the case to other fellow team members, as evidenced in the following speech:

“We always stand in expectation and in hope for someone [from the team] to do something.”(P health).

Feelings about services provided to children and adolescents victimized

The services provided by the protection network to children and adolescents victims of intrafamily violence also make professionals feel some feelings as follows: impotence, frustration and connivance. The first is closely associated with the difficulty of professionals in seeing positive results in their own interventions with victims and families; as a result, some professionals end up feeling discouraged in relation to their work, as observed in the following testimony:

“It’s a very difficult job. I would say it’s a job of wiping ice, because even though you do the problem is always

there. There are times when we do not know what to do, you are powerless in the face of the situation.”(P social).

Associated to this feeling, it was possible to show the frustration of the professionals in relation to the outcome of the situations, in other words, from the perspective of the interviewees, there is no punishment to the aggressors, which allows them to continue in the family life where they continue to commit their violent, abusive and negligent acts.

“It is difficult to accept how these issues [violence] are conducted. Sometimes we are here taking care of the child and the aggressor is there with her, accompanying her. They are quiet here, as if nothing had happened.”(P health).

While in situations like these, one of the professionals interviewed refers to feeling conniving with the aggressors:

“We are embarrassed in front of the child, one even feel bad. I feel conniving with the situation and we end up suffering a lot from it.”(P health).

Although some professionals affirm that the actions they take in order to care of victims and families in situations of violence are adequate, some cases require more comprehensive interventions, focused not only on health aspects but also on the social context in which they live.

“Violence is only the tip of the iceberg in these families, because most of them want jobs, health and access, housing and sanitation, and the information that allows them to reflect on situations [...] then violence ends up being an along side factor in the context of these families.”(P health).

DISCUSSION

The presence of violence in the intrafamily relationships is now one of the main reasons that leads a large number of families to seek care in social health services and legal institutions, leading to the involvement of a large number of professionals in these situations.⁷ Cases of physical and psychological violence, and also sexual abuse and negligent acts committed against children and adolescents are daily assisted by professionals, and can give rise to a series of feelings with which they are not prepared to experience, thus, affecting the care quality provided to the victims.

The study’s results indicate that the main feelings experienced by the professionals are anger, revolt, pity, compassion, insecurity, impotence and connivance in certain situations. These results corroborate a study car-

ried out with six nurses who work in the care of victims of sexual violence, who reported experiencing feelings of fear, insecurity, anxiety, anxiety, which changed the behavior of these professionals, both in their professional and personal lives.³

Specifically in relation to feelings of anger and revolt that are commonly experienced by professionals who work in child and adolescent protection services, and are directed primarily to those who commit the violent act. In many situations, these feelings end up being extended to mothers, who are often considered as the main caregiver in the family environment, and then become responsible for managing the behavior of their children and their husband or intimate partner. Often, professionals end up not recognizing that both parents have responsibilities, excluding the parent/aggressor from any intervention process.⁸

The reports of impotence and frustration of the professionals are related to the outcome of the situations, mainly by the low number of aggressors that actually suffer some type of punishment. Some research also shows that there are currently only a few offenders who carry out some sort of penalty. In the Paraná State, a study of 230 cases of violence pointed out that in only 1.7% of the cases the aggressor was convicted.⁹ Although the aggressor's punishment rates are low, Brazil is ahead of countries like Turkey where there are rare cases brought to trial.¹⁰

Additionally, the frustration felt by professionals is often associated with the complexity of intrafamily violence situations, since it emerges from a series of social, cultural and economic factors that make it a difficult problem to solve. The inability to give immediate answers to the phenomenon contributes to the dissemination of feelings of impotence and frustration among professionals, leading them not to manifest in situations that are their responsibility as a professional. Researches have revealed the low participation of professionals in reporting and reporting cases of violence to the Tutelary Council.¹¹

Those aspects reveal the experiences and difficulties of intervention regarding to intrafamily violence against children and adolescents found by professionals in the services where they work. Given that, authors have described the importance of professionals receiving psychological counseling, additional education and training that may assist them in daily practices with victims and families. These actions aim to contribute to the daily actions of these professionals, considering that in many situations they end up feeling isolated, devalued and with a huge workload.^{12,13.}

CONCLUSION

The willingness to listening and understanding the demands and needs of children and adolescents victimized by intrafamily violence against them, depends on how pro-

professionals will process the impact these situations can have. It is common that in their daily work they face complex situations that can awaken feelings that are not always pleasant and easy to live with. It can interfere with the way in which strategies and interventions are formulated to protect and meet the needs of victims and families.

An important point to be observed is the feelings experienced by professionals in the context of the services where they work. Clarifying and analyzing these feelings can support the managers of services that comprise the network in order to protect children and adolescents. Furthermore, it may help the managers with planning actions that might re-establish and promote the professionals' health, thus, improving the quality of care provided to victims and families in situations of intrafamily violence.

REFERENCES

1. Damásio, R.A. O erro de Descartes: emoção, razão e o cérebro humano. 1ª Ed. Companhia das Letras. 2012.264p.
2. Carlos DM, Ferriani MGC, Esteves MR, Silva LMP, Scatena L. O apoio social sob a ótica de adolescentes vítimas de violência doméstica. Rev Esc Enferm USP [periódico da internet]. 2014 [acesso em 2016 dez 14]; 48(4):610-7. Available at:http://www.scielo.br/scielo.php?pid=S0080-62342014000400610&script=sci_abstract&tling=pt
3. REIS MJ, LOPES MHB, HIGA R, TURATO EB, CHVATAL VLS, BEDONE AJ. Vivências de enfermeiros na assistência à mulher vítima de violência sexual. Rev Saúde Pública [periódico da internet]. 2010 [acesso em 2016 dez 10]; 44(2):325-31. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102010000200013
4. NUNES CB, SARTI CA, OHARA CVS. Profissionais de saúde e violência intrafamiliar contra a criança e adolescente. Acta Paul Enferm [periódico da internet]. 2009 [acesso em 2016 nov 23]; 22 (Especial - 70 Anos): 903-8. Available at:<http://www.scielo.br/pdf/ape/v22nspe/12.pdf>
5. Maia JN, Ferrari RAP, Gabani FL et al. Violência contra criança: cotidiano de profissionais na atenção primária à saúde. Rev Rene. 2016; 17(5):593-601.
6. Moraes R, Galiuzzi MC. Análise textual discursiva. 2. ed. Ijuí: Editora Unijuí; 2013. 224p.
7. DINIZGRS, ANGELIM FP. Violência doméstica - Por que é tão difícil lidar com ela? Rev de Psicologia da UNESP. 2003; 2(1): 20 - 35.
8. OLIVEIRA P, SIMÕES A. Maus-tratos à infância: as referências dos técnicos das comissões de proteção de crianças e jovens [CPCJ]. Revista Portuguesa de Enfermagem de Saúde Mental [periódico da internet]. 2014 [acesso em 2016 dez 8] n.spe1; 82-9. Available at:http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S1647-21602014000100014
9. MARTINS CBG, JORGE MHPM. Desfecho dos casos de violência contra crianças e adolescentes no poder judiciário. Acta Paul Enferm [periódico da internet]. 2009 [acesso em 2016 out 30]; 22(6):800-7. Available at:<http://www.scielo.br/pdf/ape/v22n6/a12v22n6.pdf>
10. AGIRTAN, C.A. Establishment of interdisciplinary child protection teams in Turkey 2002-2006: Identifying the strongest link can make a difference. Child Abuse & Neglect. 2009; 33(4): 247-255.
11. CORREA MSNP, GUARÈ RO, SANT'ANNA GR. Maus tratos em crianças. In: CORREA MSNP. Sucesso no atendimento odontopediátrico: aspectos psicológicos. São Paulo, 2002: 449-460.
12. ZANELATTO PF, MEDEIROS M, SANTOS WS, MUNARI DB. Violência contra crianças e adolescentes: significados e atitudes por equipes da Estratégia da Família. Ciencia y Enfermeria [periódico da internet]. 2012 [acesso em 2016 dez 15]; 18 (2):31-9.

Available at:http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-95532012000200005

13. ANDRADE EM, NAKAMURA E, PAULA CS, NASCIMENTO R, BORDIN IA, MARTIN D. A visão dos profissionais de saúde em relação a violência intrafamiliar contra crianças e adolescentes: um estudo qualitativo. Saúde Soc São Paulo [periódico da internet]. 2011 [acesso em 2016 nov 18]; 20(1):147-155. Available at:http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902011000100017

Received on: 12/20/2016
Required Reviews: None
Approved on: 02/07/2017
Published on: 07/05/2018

***Corresponding Author:**

Gabriele Schek
Rua 03 de Outubro, 1647
Santa Rosa,Rio Grande do Sul/RS , Brazil
Zip Code: 98900 000
E-mail address: leli_rs@yahoo.com.br