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RESEARCH

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INTRA-FAMILY VIOLENCE AGAINST CHILDREN AND ADOLESCENTS: THE ROLE OF NURSING

Violência intrafamiliar contra criança e adolescente: o papel da enfermagem

Violencia intrafamiliar contra niña y adolescente: el papel de la enfermería

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ABSTRACT

Objective: To understand nursing care for children and adolescents victims of intrafamily violence.

Methods: descriptive research of a qualitative approach, carried out in four basic health units of a medium-sized municipality in the Brazilian Northeast. Data collection was done through a semistructured interview, with eight nurses. Data were analyzed using the collective subject discourse technique. **Results:** nurses understand what intrafamily violence is, know the types of violence and how to identify in their practice. They believe that the role of the nurse is to listen and guide the parents, to notify and to activate the responsible organs. They still report that the municipality is lacking in qualification of professionals on this subject. **Conclusion:** it is suggested that a plan of training and development of nursing professionals be implemented in the city, giving them the necessary knowledge to know how to approach and treat this situation.

Descriptors: Domestic violence, Child, Nursing care.

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RESUMO

Objetivo: Compreender a assistência de enfermagem diante de crianças e adolescentes vítimas de violência intrafamiliar. **Métodos:** pesquisa descritiva de abordagem qualitativa, realizada em quatro unidades básicas de saúde de um município de médio porte do Nordeste brasileiro. A coleta de dados foi realizada através de entrevista semiestruturada, com oito enfermeiros. Os dados foram analisados através da técnica do discurso do sujeito coletivo. **Resultados:** os enfermeiros compreendem o que é violência intrafamiliar, conhecem os tipos de violência e como identificar na sua prática. Acreditam que o papel do enfermeiro é ouvir e orientar os pais, notificar e acionar os órgãos responsáveis. Ainda, relatam que o município é carente em capacitação de profissionais acerca desse assunto. **Conclusão:** sugere-se que um plano de treinamento e desenvolvimento de profissionais de enfermagem seja implantado na cidade, conferindo-lhes conhecimento necessário para saber abordar e tratar essa situação.

Descritores: Violência doméstica, Criança, Cuidados de enfermagem.

RESUMEN

Objetivo: Comprender la asistencia del enfermería ante los niños y adolescentes víctimas de violencia intrafamiliar. **Métodos:** investigación descriptiva de abordaje cualitativo, realizada en cuatro unidades básicas de salud de un municipio de mediano porte del Nordeste brasileño. La recolección de datos fue realizada a través de una entrevista semiestruturada, con ocho enfermeros. Los datos fueron analizados a través de la técnica del discurso del sujeto colectivo. **Resultados:** los enfermeros comprenden lo que es violencia intrafamiliar, conocen los tipos de violencia y cómo identificar en su práctica. Creen que el papel del enfermero es escuchar y orientar a los padres, notificar y acionar a los órganos responsables. También relatan que el municipio es carente en capacitación de profesionales acerca de ese asunto. **Conclusión:** se sugiere que un plan de entrenamiento y desarrollo de profesionales de enfermería sea implantado en la ciudad, dándoles conocimiento necesario para saber abordar y tratar esa situación.

Descriptores: Violencia doméstica, Niño, Atención de enfermería.

INTRODUCTION

Today's society is facing a range of concerns closely related to the growing number of cases of violence against children and adolescents, especially in the intrafamily environment. Considering that violence harms the entire family and this problem is associated with public health issues, there is a need for better monitoring by health authorities and professionals. It is worth mentioning that this sad reality has been increasingly more common in several states of Brazil.

According to the Guidelines on Sexual Abuse of the Brazilian Health Ministry, intrafamily violence is the second-largest type of violence known today. In 2012, most cases of aggression against children and adolescents occurred within the family context, characterizing 64.5% of victims. Moreover, most aggressors were family members,

such as siblings, parents, uncles, and even people having some kind of relationship with the victim's relatives.¹ Thus, it is perceived that the main offenders are people close to the victim most of the time.

Intrafamily violence involves physical, psychological, sexual, economic or property abuse, causing damage to health. Identifying and notifying intrafamily violence cases is a major challenge for all professionals, especially for health care professionals. Intrafamily violence has direct and indirect effects. Its direct effects occur when children are exposed to violence. On the other hand, its indirect effects occur when they witness episodes of violence between their parents.²

Both forms of violence hinder the child's physical, psychological and social development. The symptoms that are most likely to appear are lack of motivation, anxiety, depression, aggressive behavior, isolation, and poor school performance. During childhood and adolescence, suffering acts of violence can cause a series of consequences, some of which can last a lifetime.³

Since the 1990s, Brazil has shown the great importance in and necessity of combating violence against children and adolescents, which is seen as a public health problem and considered an ethical and social commitment. Violence of this nature demands action from health care professionals in order to accomplish the task of conquering citizenship, putting into practice the victim's rights stated by the *Estatuto da Criança e do Adolescente (ECA)* [Child and Adolescent Statute].⁴

In 2001, the Health Ministry included violence against children and adolescents in the National List of Compulsory Notification, establishing that it must be notified by professionals working in units of the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System], ensuring the right of victims of violence to have protection and prevention measures implemented already within health care.⁵

Nurses, as members of health care teams, must be able to perceive and face the problem, as well as to provide care with responsibility. Nursing care for victims of violence should be planned to promote safety, reception, and respect. Furthermore, it should seek to meet their individual needs. It is fundamental that nursing professionals reflect on their planning, which is based on nursing instruments, public health policies, and current legislation, in order to protect victims and prevent future harm.

Given the aforesaid, the following research question as developed: "what is the role of the nursing professional

in the face of intrafamily violence against children and adolescents?”

Many professionals consider themselves incapable of dealing with this situation because they do not have the necessary knowledge to deal with it. It is up to the nursing professional to include administration, assistance, teaching, research and effective participation in his/her work process in accordance with the ethics code of the profession. This code makes clear the importance of taking action in the face of maltreatment situations or any other occurrence that may harm patients.

Hence, this study is justified by the social and political importance of the subject. It is necessary to reflect on the subject, making the results public so that managers, health professionals, and even the scientific community can know about this situation. Consequently, a greater understanding of local nursing care in cases of violence against children and adolescents can be achieved.

Conclusively, the objective of this study is to understand nursing care for children and adolescents who are victims of intrafamily violence.

METHODS

This descriptive study with a qualitative approach was conducted with eight nurses working in Basic Health Units (BHUs) of a medium-sized municipality in the Northeast Region of Brazil.

The inclusion criteria were nurses working in *Estratégia Saúde da Família (ESF)* [Family Health Strategy] units for at least two years. Exclusion criteria were nurses who chose not to participate in the research, as well as those who were on leave or vacation.

The data were collected from January to February 2016 through semi-structured interviews, following a script that included questions about the participants’ understanding of intrafamily violence, how they identified cases of violence, and whether there was training in dealing with this situation. The nurses were contacted in advance and interviews were scheduled to take place in a private room at their workplace.

The data from this research were analyzed according to the Collective Subject Discourse (CSD) since it is a modality for presenting results of qualitative research. It uses statements as a raw material in the form of one or several discourses-synthesis written in the first person singular, aiming at expressing the thought of a collectivity as if this collectivity was the discourse sender.⁶

The most significant passages, which comprise the Key Expressions (KE), were extracted from the transcribed statements. These KEs correspond to Central Ideas (CI), which are the synthesis of the discursive content expressed by the interlocutors. Then, the synthesis discourses (or CSDs) were constructed from these elements, which correspond to the thought of the group or collectivity as if it were an individual discourse on the nurses’ role when they are faced with intrafamily violence against children and adolescents.⁶

The study participants signed the informed consent document to guarantee their anonymity. In addition, the participants’ statements were labeled using the term “CSD” and a number corresponding to the CI. This study was approved by the Research Ethics Committee of the *Universidade Potiguar* on September 14th, 2015, under Legal Opinion No. 1.226.240 and the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 45449515.3.0000.5296.

RESULTS

This study was performed with nurses within the age group from 32 to 47 years old, with a length of service from nine to 26 years and working in Basic Health Units (BHUs). It is important to note that, of the total of eight nurses, three stated that they did not know how to answer the questions. The other interviewees presented their opinion regarding the subject of intrafamily violence.

When asked if they knew about intrafamily violence and its various manifestations, two central ideas were provided, which can be seen in **Table 1**.

Table 1. The CIs “Understanding of Violence” and “Types of Violence” evidenced by the Collective Subject Discourse technique.

Central Idea	Collective Subject Discourse
Understanding of Violence	Violence practiced at home, the perpetrators may be relatives of or people close to the victim [...] an act that represses, embarrasses, and leads to the highest degree of physical abuse [...] physical, sexual or psychological damage. (CSD1)
Types of Violence	Negligence, psychological and physical violence [...] sexual violence is identified by reporting it to the authorities. (CSD2)

When asked about the signs that make it possible to identify cases of intrafamily violence, the CI “Traces of Violence” emerged from the collective discourse, which can be seen in **Table 2**.

Table 2. The CI “Traces of Violence” evidenced by the Collective Subject Discourse technique.

Central Idea	Collective Subject Discourse
Traces of Violence	<i>When children arrive here, it is clear the signs of violence or neglect, such as children with no hygiene habits; receiving inadequate care; showing behavior changes, aggressiveness, and bruises; crying easily [...] sometimes the relatives who bring them are aggressive too. (CSD3)</i>

This section presents the research participants’ views on the cases of intrafamily violence that they faced and how the decision-making process was carried out. In this sense, the CI “Professional Conduct” emerged from the collective discourse presented in **Table 3**.

Table 3. The CI “Professional Conduct” evidenced by the Collective Subject Discourse technique.

Central Idea	Collective Subject Discourse
Professional Conduct	<i>Attitude to talking to the person responsible for the victim, listening to him/her and guiding him/her [...] always communicating to the Guardianship Council [...] although the number of cases has been low, whenever a new case appears, we notify and refer it to the authorities. (CSD4)</i>

When asked if they had ever participated in any kind of training course in the municipality, or if they knew of any course on intrafamily violence against children and adolescents, the answer “no” was immediate. In view of this, the CI “Need for Training” emerged. Initially, the interviewees revealed the importance of continuing education, especially regarding something that is not commonly discussed and perhaps neglected (**Table 4**).

Table 4. The CI “Need for Training” evidenced by the Collective Subject Discourse technique.

Central Idea	Collective Subject Discourse
Need for Training	<i>No, but I consider it of great importance [...] in gaining knowledge [...] never participated [...] training courses were rare, a topic of great importance for those working in Family Health Strategy units. (CSD5)</i>

DISCUSSION

Domestic violence against children and adolescents has been present in human life since the colonial period, becoming a major problem in social relations. According to studies, domestic violence against children and adolescents occurs in urban and rural areas, affecting people regardless of their social class, culture, gender, or ethnicity.^{7,8}

However, silence is the most identifiable sign of domestic violence because people do not want to involve themselves in these cases for fear of threats. Therefore, health care workers, especially nurses, need to care for children and adolescents as they are closer to the community. Also, this kind of behavior is in accordance with the Brazilian Child

and Adolescent Statute.

Most cases of violence against children occur at home and the main perpetrators are parents and other relatives. This type of violence manifests itself in various forms. Victims showing marks of violence perpetrated by those who should be responsible for protecting them often seek help in health care services. This causes traumas in children, who may suffer serious consequences in their adult life if these traumas are not treated at the right time and in the right way.⁷

When asked about the recurrence of violence against children and adolescents, the interviewees reported observing physical, sexual or psychological violence, as well as negligence.

Violence can be understood as a gesture or action that causes biopsychosocial or cultural damage. Because aggressors try to dictate rules and impose authority and respect, violence can be regarded as a tool for showing an excess of power and a disciplinary practice that causes social damage. Violence is established using rational justifications, including stigmatization and effective or symbolic exclusion.⁹

Physical violence takes place when one person, who has a power relationship with another, causes or tries to cause non-accidental damage through the use of physical force or some type of weapon that may cause external or internal lesions or even both. This type of violence can manifest itself in many forms: slapping; pushing; punching; biting; kicking; burning; cutting; strangulation; injury from weapons or objects; forcing people to take unnecessary or inappropriate medication, alcohol, drugs or other substances, including food; forcibly removing from home; tying; dragging; tearing off clothing; abandoning in unknown places; and body damage due to negligence.¹⁰

Psychological and physical violence generally happen at the same time and can have different manifestations, such as intimidation, threats, blackmail, manipulations, etc. Unlike physical violence, psychological violence does not leave traces immediately visible in the body, but destroys the victim’s self-image, manifesting itself directly through the victim’s behavior. It is important that health care workers be properly prepared to identify such situations.¹¹

Sexual violence is any situation in which one person in power uses physical force, psychological pressure, intimidation, and coercion to force another to commit sexual acts against his/her will. Sexual violence at home normally disguises itself as a caress, touch or other action with the purpose of having sexual intercourse. Due to

family ties, this crime is not reported often, which gives rise to impunity.¹²

It is known that children's development is the main indicator of their health. Therefore, it is important to prioritize primary care follow-ups from zero to ten years of age through well-child check-ups, seeking to detect early development changes and avoid complications.¹⁰

In this sense, nurses have a very important tool for detecting cases of intrafamily violence against children and adolescents: well-child check-ups in primary care. Anamnesis and physical examination are performed during these check-ups. It is important to make it clear that during the anamnesis some aspects of the speech and behavior of those responsible for explaining what happened to the child or adolescent are extremely important as they may be signs of possible violence.¹³

It is necessary to expose, even briefly, that intrafamily violence affects everyone who is somehow involved in it, and health care workers are no exception. Dealing with suffering, risks, insecurity, questioning, and the powerlessness to obtain immediate solutions require dedication to protecting the victims and relieving tensions. For this reason, it is necessary to create systematic opportunities for discussion, awareness, and training that provide support for the team so that its members can expose and work on their feelings and reactions.¹⁰

Violence significantly affects children's lives and the health care sector presents itself as a privileged place to identify such situations, preventing them from continuing. In other words, professionals need to be properly prepared and attentive to identify such a problem.³

The health professionals' actions to reduce violence against children and adolescents should be guided by article 13 of the *ECA*, which states that all suspected or confirmed cases of maltreatment should be immediately reported to the Guardianship Council.¹⁴

Therefore, health care workers need to identify and report suspected or confirmed cases of intrafamily violence against children and adolescents. However, due to the daily demands from work, nurses do not always realize that the child may be a victim of intrafamily violence during the first approach. Reporting this problem helps to protect children and adolescents who are victims of cowardice, solving the issue in many cases. The offender can even be removed from the victim's residence, as well as from his/her surroundings.¹⁵

Bearing in mind the aforementioned, multidisciplinary teamwork is essential, since early diagnosis of the situation

allows the development of appropriate care plans. Pursuing to continuously understand the facts so that a safe intervention can happen constitutes a permanent challenge for nurses.

People living in violent environments are also at greater risk of developing eating disorders, alcoholism and other forms of drug abuse, post-traumatic stress, depression, anxiety, phobias, panic, and low self-esteem.⁹

Thus, nurses, especially primary care nurses helping children and adolescents who are victims of violence should mainly plan actions to promote health, prevent violence and health damage. They also should interact with other teams so that the victim can receive full attention.¹⁶

Nevertheless, violence against children and adolescents is strongly associated with social relations. Consequently, it is difficult to report the cases and undertake preventive actions to eradicate it. Because this type of violence relies on the victim's submission to the offender, it is difficult for the victim to break the silence because of fear, insecurity, or even financial dependence. Additionally, this difficulty exists because the victim is coerced by the offender.

Despite the reports and implementation of preventive policies, this process is still slow and under construction. Furthermore, the issue of children's and adolescents' rights is increasingly being discussed and public policies are being implemented to eradicate and combat violence.

As in any educational process that requires strategies for changing behaviors, it is important for health care workers who are dealing with violence to receive continuous training. Nurses, as great mediators, should constantly seek to work together with other professionals so as to solve this problem that causes devastating effects in Brazil.

The *Política Nacional de Educação Permanente em Saúde (EPS)* [National Policy for Continuing Health Education], launched by the Health Ministry, enables identifying the health care workers' qualification and development needs, as well as implementing strategies and processes to improve the excellence of health care and management, thus strengthening social control with the aim of producing a positive impact on the individual and collective health of the population.¹⁷

It is in this educational and awareness process that nurses, as members of the health care team and subjects capable of multiplying knowledge, are of paramount importance. Through the promotion of health education, they provide the necessary knowledge to spark interest among people and demystify the fear of reporting cases of violence against children and adolescents.

CONCLUSIONS

Health care professionals, especially nurses, have more difficulty in identifying the signs and symptoms of intrafamilial violence in children and adolescents and referring victims to a place for most appropriate care since it is usually the parents or people close to the child/teenager who commit the violence.

Another difficulty in solving the problem is that many professionals do not have the proper training and capacity to deal with this type of occurrence. This lack of knowledge often leads to the onset of feelings of helplessness and frustration. The reason is that many of these professionals feel the need to help, but do not know how to approach the victims because they fear retaliation or lack knowledge. Besides the professional duty to intervene in these cases, health care professionals have the moral and social duty to take action, denouncing offenders and promoting the care for children and adolescents victims of aggression.

Ultimately, it is important to emphasize that intrafamily violence needs to be fought and nurses are essential in this process. The power relationship between parents and their children, authoritarianism, and negligence can cause serious damage to everyone's life. Only coordination among the different sectors of society can prevent any act of aggression against human life from continuing to haunt families and society in general.

The number of health care units in which the participants worked was the limitation of this work. Nonetheless, the objective of this qualitative study was achieved. It is hoped that this study might contribute to the development of new research on this theme, covering different realities in Brazil within the violence framework.

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