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MARKS AND DAMAGE OF VIOLENCE AGAINST CHILDREN AND ADOLESCENTS ACCORDING TO PUBLIC HOSPITALS PROFESSIONALS

MARCAS E PREJUÍZOS DA VIOLÊNCIA CONTRA CRIANÇAS E ADOLESCENTES SEGUNDO PROFISSIONAIS DE HOSPITAIS PÚBLICOS

MARCAS Y PERJUICIOS DE LA VIOLÊNCIA CONTRA NIÑOS Y ADOLESCENTES SEGÚN PROFISSIONALES DE HOSPITALES PÚBLICOS

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ABSTRACT

Objective: to understand the perception of health professionals who serve in public hospitals about the marks and damage caused by violence against children and adolescents. **Method:** qualitative study performed with 20 professionals from two hospitals that provide care to children and adolescents by the National Health System in Feira de Santana (BA). Data was produced through semi-structured interview and analyzed by content analysis technique. Research project was approved by the Research Ethics Committee, CAAE 0054.0.059.000-10. **Results:** professionals agreed that violence leaves physical, psychological marks or behavioral and social disorders that affect the individual, but also go beyond it, reflecting in the whole society, generating reproduction of violence and feeding the cycle it builds. **Conclusion:** there is need to build more resolute intervention and more comprehensive approach, in an interdisciplinary way, which can respond the dimensions of the problems arising from the act of violence, far beyond individual actions. **Descriptors:** Violence; Child; Adolescent; Health Professionals.

RESUMO

Objetivo: compreender a percepção de profissionais da saúde, que atendem em hospitais públicos, a respeito das marcas e prejuízos causados pela violência contra crianças e adolescentes. **Método:** estudo com abordagem qualitativa realizado com 20 profissionais de dois hospitais que prestam atendimento a crianças e adolescentes pelo Sistema Único de Saúde, em Feira de Santana (BA). Os dados foram produzidos por meio de entrevista com roteiro semiestruturado e analisados pela Técnica de Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 0054.0.059.000-10. **Resultados:** os profissionais concordaram que a violência deixa marcas físicas, psicológicas ou desordens comportamentais e sociais que afetam o indivíduo, mas que também vão além dele, repercutindo em toda sociedade, gerando reprodução da violência e retroalimentação construída. **Conclusão:** há necessidade de construção de intervenção mais resolutiva e abordagem mais integral, de maneira interdisciplinar, que possa dar respostas às dimensões dos problemas decorrentes da violência sofrida, muito para além das ações individuais. **Descritores:** Violência; Criança; Adolescente; Profissionais da Saúde.

RESUMEN

Objetivo: comprender o cuidado clínico de enfermagem em saúde mental em la Atención Primaria a la Salud. **Método:** estudio descriptivo, con abordaje cualitativo. Los sujetos fueron enfermeros que actúan en unidades básicas de salud. Los datos fueron producidos por medio de entrevista semiestructurada y sometidos a la Técnica de Análisis de contenido en la modalidad Análisis temática. En el estudio fue aprobado el proyecto por el Comité de Ética en Investigación, protocolo n.º 184/2010. **Resultados:** la práctica clínica en el cuidado de enfermagem en salud mental, en el ámbito de la Atención Primaria a la Salud, reproduce la clínica biologicista y medicalizadora; se limita al catastro del usuario, al fornecimiento de medicación y al encaminhamento para los servicios especializados. **Conclusión:** el acogimiento y la escucha cualificada no hacen parte de la atención destinada a los sujetos en sufrimiento psíquico. Los enfermeros mostraron falta de calificación en salud mental como un grande obstáculo para la operacionalización del cuidado a partir de los dispositivos de la clínica ampliada. **Descritores:** Enfermería; Salud Mental; Atención Primaria a la Salud.

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INTRODUCTION

Violence is a phenomenon that always leaves marks. Events triggered in the violent act have an impact not only on the individual, but they affect the body through injury or causing psychological or psychosomatic symptoms, but they also bring collective losses. It is not only the individual who is injured when violated, impact and reproduction of violence feeds into the cycle of violence and may cause social disorders that affect families, communities and society at large.

Experiencing adverse situations trigger different responses in individuals, which may be adaptive, that is, that allows the body to adapt or conform, or those that expose to even greater risks. It is the degree of vulnerability of the subjects that will determine their behavior towards these events.¹

With regard to violence, children and adolescents are more vulnerable to deleterious consequences for their physical, neurological, intellectual and emotional development, caused by victimization. Studies on the phenomenon point out that consequences of violent relationships and acts or omissions, even when not fatal, generate health problems because they cause trauma, sequels and temporary or permanent disabilities, cause physical and emotional suffering often associated and lead to need of medical care, increasing spending on health.²⁻⁷

There are several forms of violence against children and adolescents: physical, sexual, psychological abuse, neglect/abandonment, child labor among others, with physical violence being the type of abuse against children most common and with easiest forensic detection. The impact on the lives of these groups affects school performance, social adaptation, physical and mental health changes and the possibility of developing behavioral disorders.^{5,8}

However, according to the United Nations (UN), this violence is still hidden, unreported and under-recorded for many reasons, including the fear of victims to report; parents' silence, especially if violence is committed by a spouse or other family member, a more powerful member of society, such as an employer, police officer or community leader; and the stigma often associated with reports of violence, particularly in places where family honor is valued more than safety and well-being of children. In addition, often children or adults

do not have safe or reliable mechanisms to denounce it.⁹

These reasons also influence that demand for health services generally occurs only when cases require treatment of morbidity and injuries resulting from violence, especially in situations in which victims need care of greater complexity, which puts hospital as a reference place in the care of violent episodes, being an important gateway to population, although the reason for seeking medical care is often hidden or masked.

Health professionals are in a strategic position to identify risks and possible victims, since they often face care of cases resulting from episodes of violence,³ however, establishment of technical standards and routines for guidance of health professionals regarding early detection and prevention of violence is still scarce, and many have doubts about the right way to act.⁵

In this article, we aim to understand the perception of health professionals who serve in public hospitals about the marks and damage caused by violence against children and adolescents.

METHOD

Article drawn from the dissertation << **Hospital care to children and adolescents victims of violence in Feira de Santana, Bahia** >> submitted to the Graduate Program in Public Health, State University of Feira de Santana (UEFS). Feira de Santana, Bahia, Brazil. 2011.

This is a qualitative study due to the subjective characteristics of the study object, since perception deals with socially constructed processes that involve attitudes, beliefs, motivations, feelings and thoughts and its understanding cannot be reduced to quantitative aspects.

Study was conducted in two public hospitals in the city of Feira de Santana - BA that provide care to children and adolescents through the National Health System, one of the hospitals is a general hospital and the other is specialized in caring for children.

The subjects were 20 health professionals, including four doctors, two psychologists, six nurses, four social workers and four nursing technicians who have treated children and adolescents in situations of violence. Among these, 11 work in the specialized hospital and 09 in the general hospital. Most of the subjects were female (19), with only one male respondent. Ages ranged from 22 to 48 years old and the service time in hospitals ranged

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from months (three and four) to 20 years of service.

Data collection occurred in the second half of 2010 and was carried out through semi-structured interviews with the aid of a voice recorder, and in place and times established according to the availability of the professional. Data were analyzed by content analysis technique, which covered three stages: pre-analysis, analytical description and framework interpretation.¹⁰

Study was approved by the Research Ethics Committee of the State University of Feira de Santana, under protocol no. 055/2010, CAAE 0054.0.059.000-10 and interviews were processed after voluntary consent of subjects through the Term of Informed Consent. Standards for studies involving human subjects were fulfilled.

To ensure anonymity of subjects, we used numbers according to the order of application of the interviews (eg I.1) to identify respondents in the above excerpts of the interviews.

RESULTS

The ability to identify marks of violence by the health team includes looking at multiple minor evidence, which may be related to emotional and nutrition deprivation, neglect and abuse. The child or adolescent is often taken to hospital due to history of failure to thrive, malnutrition, obesity, hypersensitivity, repressed personality, education problems or other signs of neglect, psychological or physical violence.²

Identifying cases of violence is far from being a simple task, even for health professionals trained to do so. There are many questions, when one suspects a case of violence. The lack of a semiotic method that can be a precise identifier causes that, for the evaluation of violence, indicators with varying specificity are used. It is extremely important that the health team gather data and observed evidence, according to their skills, to build an accurate history about the event.¹¹

In this study, professionals who treat children and adolescents in hospitals agree that violence always leaves marks, whether physical, psychological, or behavioral and social disorders that affect the individual, but also go beyond it, reflecting in the whole society, generating reproduction of violence and feeding the cycle that it builds. There is a broad understanding in the group about the phenomenon of violence in which involves perceiving the consequences of violence beyond uniqueness of the individual.

Marks and damage of violence against children...

[...] being subject to violence always leaves marks, not only physical, but, especially, psychological, emotional scars. A child who had been victim of a car accident becomes for a long time afraid of getting into a car. If she had been victim of a robbery, then she will be afraid of leaving home... (I. 7)

Changes in mental health, described as marks and psychological disorders, are the first to be identified by the study subjects. Fear, trauma and emotional and psychological disorders are cited as the main psychological impact on victims and may determine a psychic structure marked by emotional disturbances:

[...] there is the psychological damage, mainly. (I.2)

It interferes very much...leaving psychological scars that can determine an entire psychic and subjective structure of the individual from that experience, especially in childhood and adolescence. (I. 10)

It causes various disorders, including emotional disturbance. Emotional aspect is present in all stages of human life and one is never old enough to suffer this type of disorder. (I. 11)

Effects of violence on the biopsychosocial health of children and adolescents can happen in short and long term. Among those that appear in short term: shock and disbelief attitudes; feelings of shame, guilt, anxiety, fear, anger, isolation, helplessness, confused behavior and extreme agitation, nightmares, night terrors and changes in eating habits. The effects in medium and long term can be observed in self-destructive behaviors, anxiety, feelings of isolation and stigmatization, low self-esteem, difficulty in believing in other people, tendency to future re-victimization, inadequate sexual behavior and use of alcohol and other drugs.⁵

Traumatic experiences decisively influence the neuronal connections of the infant brain and balance of neurotransmitters, causing changes that will significantly increase vulnerability to psychological disorders in later life.¹² Respondents indicated that violence results in disastrous consequences in the psyches of attacked subjects and can lead to trauma for life:

People who study child and adolescent development know how much this leaves marks and brings disastrous consequences for the psychic constitution of the subject. (I. 10)

Trauma to life. Psychological trauma that people see clearly. [...] Trauma in various areas of one's personal life. At school, wherever the child is, it is already different. (I. 14)

A study conducted in 2009 investigated the relation between withdrawn or depressive behavior of schoolchildren and the presence/absence of violence experienced at home, at school and in the community.¹³ Results indicated that different victimization by violence tend to be closer to withdrawn/depressed behavior at clinical and borderline level.

Ministry of Health also notes that violence in childhood and adolescence promotes consequences related to mental health problems and social problems such as anxiety, depressive disorders, hallucinations, poor performance in school, with homework, memory impairment and aggressive behavior.⁴

The effect of child abuse can appear internally as depression, anxiety, suicidal thoughts or post-traumatic stress, and it can also be expressed externally as aggression, impulsiveness, delinquency, hyperactivity or substance abuse. Borderline personality disorder is also already considered a psychiatric condition strongly associated to child maltreatment.¹²

It can even cause depression, suicide in a more extreme case. But it happens. (I. 19)

It is consensual the understanding of the damage arising from violent situations to life of children and adolescents, which may start during pregnancy and go through the whole course of development. Among the signs presented by children growing up in a violent environment are low confidence in the environment in which they live, difficulty to express themselves, low self-esteem, perception that has few friends and little ambition.¹³ Growing up nourishing anger and tension can bring on the development of aggressive and/or defensive behaviors, manifesting itself in withdrawal and depression. Respondents agreed with this statement:

The child is a highly inhibited, shy person. They generally do not express their feelings. These are kids who really put us on the alert in certain admissions here. (I. 5)

That reserved, shy child, without initiatives, pessimistic. And this, both physical, as verbal, sexual, any kind of violence may be bringing these mental disorders to the future of these children (I. 8).

The child is discouraged, dispirited ... They think they are no capable. (I. 17)

For a child who already has unstable emotional characteristics such as depression, staying in a violent environment can be even more harmful, because the environment can subject them to more victimization. In this

context, the experience of violence can gain magnitude, engendering guilt, shame, sadness and withdrawal, and forming the existence of a depressive constellation, difficult to be broken and that feeds victimhood and depression.¹³

For a child to get over violence is much more difficult because they carry it for life, if their psychological aspect is not treated in a good way. (I. 2)

Psychiatric disorders have been linked to traumatic events suffered in childhood, with varying degrees of severity, with the type of abuse, its duration and the extent of the victim's relationship with the offender. The impairment of mental health and future social adjustment of victims vary from individual to individual, depending on the type of violence suffered and the ability to react in face of stress-triggering events. In addition, running away from home, using alcohol and drugs, suicidal and homicidal ideas, repeated suicide attempts and self-mutilation have also been described in studies.⁸

The potential impact of these situations in a stage in life that emotions are still developing and consolidating is huge. It is disastrous for children and adolescents to cope with experiences charged of such emotional burden, threatening their physical integrity and of those who love them. But, in addition to depression, violence can encourage the development of other very harmful behavior problems, such as anxiety and destructive behavior. These psychopathological conditions are even more complex to be treated and receded.^{13,14}

Discrimination really is a kind of violence. There are children who are discriminated at school by peers, there are children who are discriminated at home by parents, by relatives too, there are children who are discriminated by neighbors, friends. So this also harms the child, injures very much, because it ends with child's self-esteem. (I. 17)

Family relationships are often permeated by verbal aggression, through swearing, insults, denial of family support, threats and physical aggression, since it leads to low self-esteem of children and adolescents, which is very harmful at this stage of life since it makes victims do not believe in themselves and, often, feel worthy of the violence suffered.³

In addition to psychological/psychiatric disturbance, professionals go forth to cite aspects related to the possibility of children and adolescents victimized by violence develop behavioral disorders and decreased

socialization, which affects the various stages of life.

And violence is for life. Which affects maturation, interpersonal relationships and with themselves. (I. 15)

All dreams are frustrated. It inhibits everything that person would like to have. They will feel frighten. Feel frightened of everything and everyone, and then they will be withdrawn people, withdrawn children. It will interrupt the best phase of their lives. (I. 16)

Because of aggression, they will be afraid, will cease to be children, a good part of their childhood will be lost ... and they will carry the trauma for the rest of their lives. (I. 17)

The featured testimonials point to the effects of violence on the behavior of children and adolescents. The effect of child abuse can manifest itself in many ways at any age and the good or bad experiences reflect somehow in the adult personality.^{12,15}

For children and adolescents, both the testimony of violent situations as the actual victimization can affect their emotion and affection, behavior and perception of the world they live in, and can disrupt basic foundation for healthy development, with likely repercussions even in adult life.¹⁶ This influence can be seen in the statements of the professionals interviewed:

And even in adulthood, he/she sometimes becomes a problematic person. (I. 19)

The child has a modified view of life, which they normally would not have. They start to feel fears, dreads; they may be children or adults with more difficulty in establishing, designing in life... (I. 20)

The cycle of violence against children and adolescents is linked directly to the loving relationship between parents and children, and many children do not find reasons in their own familiar environment to believe that they are important, on the contrary, they feel threatened, neglected, abandoned, constantly being subjected to violence. Children living in these violent environments tend to believe that this is the only form of socialization, contributing to the maintenance of multigenerational violence, as they reproduce in their social behavior the inappropriate learning that only violence is conflict resolution.¹⁵

In exercising emotional and social support, the family plays a fundamental role in the lives of children and adolescents, aiding in healthy development, but, when absent, it can provide risk, conflict and stress, because they are susceptible to being influenced by friends, adults that manage traffic or by the

street, being possibility of anchoring that children and adolescents can find to become violent.¹⁴

Professionals interviewed mentioned the lack of basic preparation and family as an important factor in the reproduction of behavioral disorders in other social relationships of the child: school, work and interpersonal relationships.

It also affects the child's social life. These children do not have many friends. (I. 12)

It influences life as a whole. If they do not have a basic preparation, family or monitoring, this has a great impact. Because it ends up interfering with other factors. Then there is the study, the profession, the man-woman relationship. It interferes in everything. (I. 15)

It will affect both in the level of their family relationship, affective relationship, whether with other colleagues, neighbors with whom they have contact. It may be something that begins to reproduce this behavior with the people they live. (I. 4)

Ministry of Health warns that, at the time of care to family demands on health services, professionals can help biological or adoptive fathers and/or mothers to be aware of the importance of both in child care and for them to share the responsibilities as caregivers and as providers. Affectionate parents and aware of their roles are essential to the full development of children and adolescents.²

In addition to the various behavioral aspects that affect the various stages of life, respondents emphasized those caused specifically by sexual violence against children and adolescents: lack of confidence, difficulties in maintaining relationships and the fear of surrendering emotionally to another person.

The child will become an adult who will not have confidence in anyone, who do not want any kind of relationship or it will be difficult for them to maintain some kind of relationship with someone. (I. 17)

There are behavior indicators of child and adolescents that provide clues worthy of consideration in the identification of victims of sexual violence: sexual behavior inappropriate for their age; not trusting adults; running away from home; regression to earlier developmental stage; aggressive sex games; excessive shame and abuse claims; suicide ideas and attempts; and self-harm.¹⁷

Sexual abuse provides to children and adolescents erroneous information about relationships between adults and children, since it is a relationship based on unequal power and knowledge. When they grow up and interpret what happened, they realize that

their love and trust were betrayed and consequences can be difficult because they can rarely return to trust someone and this can lead to serious problems in their social and sexual relationships in adulthood.¹⁸

Consequences caused by sexual abuse are numerous and can prove as: the child and the adolescent feel guilt and shame; feel bad, dirty and of little value; lose confidence in other people; suffer from constant fear of having new abuse; make frequent somatization, i.e., transfer to the physical level phenomena of psychological nature; develop depression and may have difficulties in adulthood social networking and professional achievements, as well as impotence and frigidity.¹⁸

These consequences are often unbearable to the individual, which can lead to deeper levels of depression and suicide, as discussed when dealing with psychological disorders.

Intercourse, for example, is one of the things that changes completely. Because the child has that trauma and it often changes the way the person surrenders to another person. (ENT. 20)

It is quite common that children or adolescents who suffer violence to believe being responsible, the cause of their own suffering for being naughty, bad or seductive. They can often consider not having anything good inside, anything to give, and for that reason, they are abused or neglected. This belief that the child is to blame, often reinforced by the offender, who justifies the violent act through victim-blaming, reinforcing the complex situations involving violence, permeated by power relations.¹²

Studies also point marks produced by violence in school performance, reflected in low learning, interaction with colleagues and difficulty in cognitive development.^{3,4,8,12,16} Health professionals involved in the study observed such effects in children and adolescents.

Violence can cause a number of disorders and complications at the learning level. (I.4)
She has delays, difficulty in self-assurance. She does not assimilate very easy things; she has a very large delay in learning. (I. 5).

The decreased socialization that could impact in several things in his life: poor school performance, difficulty of integrating into society. Most of all, poor school performance. (I. 19).

With regard to school performance, fear, loss of interest in studies and games, difficulties to adapt, social isolation, language and learning disabilities, behavioral disorders, low self-esteem are aspects related to

consequences of violence. In children between three and 10 years old, the difficulty in setting memories on the abuse may be present.⁸

There is always a deficit, it is a general complaint of parents, teachers. They cannot interact with other children, play, talk... (I. 12)

The experience of serious violent situations at home, at school and in the community can generate a very large feeling of hopelessness and uncertainty, impacting the lives and health of people. Although in children and adolescents knowledge of the consequences of violence in their health is still very incipient, it may be related to absenteeism and dropping out of school, low performance in learning, suicidal ideation and even violent behavior.¹⁶

Although few studies directly relate violence to the brain structures of children and adolescents, if abuse occurs during the critical formative period in which the child's brain is being physically sculpted by experience, the impact of extreme stress may leave an indelible mark in its structure and function.¹² Such abuses can induce a series of molecular and neurobiological effects that irreversibly alter the development.

Respondents also cited aspects linked to the development and the reduction of the neurological development of children and adolescents abused.

The development of children, when they are victim of violence, no matter what violence is, it will not be the same. (I. 1)

They may have a decrease in neurologic development. (I. 20)

In this respect, it is important to note that children and adolescents are at a stage of life in which the cognitive, functional and relational functions are being formed, and at that moment, any changes that interfere negatively can bring harm to the subsequent phases of this human being, however, it is not only emotional and behavioral marks that affect children and adolescents victims of violence. The physical marks are also identified by respondents as a result of violence. Damage to the body, such as injuries (bruises, scratches, marks caused by objects), as well as damage caused in dysfunctions of body system, often caused by psychosomatic reactions, are shown in the statements of the subjects.

Sexual violence can trigger problems, sexually transmitted diseases. (I. 4)

It also affects the physical aspect...they complain very much of diarrhea, lack of appetite, anorexia. (I. 12)

Appetite decreases. They may have disorders in some systems. In that case, they may urinate less or more, holding it or bedwetting outside the age range, vomiting. They may have a clinical picture compatible with an emotional imbalance, or even a social imbalance. (I. 19)

In addition to the clinical signs such as diarrhea, loss of appetite, anorexia and disorders of some body systems, respondents also cited sexually transmitted diseases and the emotional imbalance, which may develop in the short term or future moments. Testimonies converge to the fact that early exposure to violence in childhood is related to the development of diseases in later life, such as sexually transmitted diseases, AIDS, miscarriage, as well as violent behavior and suicide attempts.⁴

Physical changes that should arouse the attention of parents, guardians, teachers, doctors and other health professionals are vaginal and/or rectal bleeding, painful urination or defecation, genital infections, vomiting and headaches medically unexplained.⁸

Some other changes cited in studies² were also discussed by respondents as subject to investigation and documentation when found: skin disorders, mucous membranes and integument, such as bruises and abrasions, especially on the face, lips, buttocks, arms and back, injuries that reproduce the shape of the offending object (buckles, belts, fingers, biting); welts and bruises on the trunk, back and buttocks, indicating different dates of aggression; musculoskeletal disorders; visceral and genitourinary disorders.

Health problems related to the physical aspects that may be triggered by violence go beyond physical marks, momentary or future disease, they can result in serious consequences, or even lead to death. In this study, these effects are referred by a social worker and a doctor and are highlighted in the statements below:

It can trigger serious health problems, even lead to death. (I. 4)

Because we are often treating serious injuries, head trauma... (I. 18)

It is worrying the worsening of violent deaths among Brazilian children and adolescents, especially when we know that these cases represented only the apex of a pyramid where the base is formed by the non-fatal cases, which are mostly hidden.¹⁷

According to the National Policy for Comprehensive Healthcare of Adolescents and Young People, the mortality of young Brazilian population is marked by external causes, such

as assaults, homicides, suicides, traffic accidents, work accidents, drowning, poisoning and other. The assaults (52.9%), followed by traffic accidents (25.9%) and drowning (9.0%) are the main causes of death in the age group 10-19 years old. This profile is repeated in adolescents aged 15 to 19, in which 58.7% of the deaths were assaults.⁴

However, it is not only the individual marks in children and adolescents victimized that represent the harm caused by violence. Collective marks as the reproduction of violence in the family and society are losses of great magnitude. Study participants pointed such damage as intensifying generators of violence, destroying society.

The child will grow up being an aggressive child, a child that will eventually reproduce that violence in society. (I. 1)

[...] because violence begets violence. (I. 8)

It is a sudden act that destroys and kills our self, our family's lives and, finally, society. (I. 16)

The reproduction of violence in the future to other people and the destruction of the family and society by violent acts are not only assumptions cited by respondents. Aggression in childhood and adolescence can lead to problems that most likely will impact throughout the victim's life, leading them to repeat the violent behavior. This feeding of the cycle of violence usually occurs because in these young people's minds is interwoven that there is only this way for conflict resolution.¹⁹

Young offenders held in penal institutions often come from familiar scenarios characterized by abuse, neglect and other traumatic experiences. In addition, sexual abuse in childhood is considered an independent risk factor for delinquent behavior, with higher prevalence among habitual sex offenders.⁸

Violence can cause more susceptibility to social, emotional and cognitive problems throughout life and presented harmful health behaviors, such as of psychoactive substances, alcohol and other drugs, in addition to early initiation of sexual activity.⁴

Given the statements by the subjects and existing studies on the subject, the repercussions caused by violence not only affect physical and emotional aspects of people individually, but they are reflected in victims' social life and in how violence is reproduced in society.

Understanding health more broadly, not only the presence or absence of disease, any disease, and that relates to all these aspects of the new concept of health, the effects are multifactorial and varied. And

then we can talk on the psychological effects, psychological distress, physical effects, the relational implications of the subject, the impact on sexuality, to study the possibility of socializing... So I see I effects in various spheres of the subject's life. (I. 13)

The speech of the interviewee 13 lists and summarizes the marks left by violence on the health of individuals, understanding the health of an expanded form and determined by several social, cultural and community aspects. Furthermore, it is important to note that it is not only the health sector that will answer the problems caused by violence since its determinants affect the various sectors that concern the safety of basic rights for those citizens.

CONCLUSION

The comprehensive care to children and adolescents victims of violence should occur through a process of development of actions and services by the health team, that not only produce consultations, treatments and procedures, but, above all, it should become a caregiver practice, with the creation of commitments ties, marked by an interdisciplinary and accountability action and welcoming attitude of health professionals in the interaction with the victims and the ability to generate link and autonomy through responses to their health needs, leading to resolution.

The identification of marks and damage to children's health by the professionals of the study point to the construction of a more resolute intervention, which implies a more integrated approach to the problems in an interdisciplinary manner that can respond to the various dimensions of the problems presented due to violence suffered, far beyond individual actions.

Comprehensive care performed by the professionals that make up the hospital's healthcare team is interlaced with the ability to ensure the attention towards the comprehensive care through effective solutions to all health needs of children and adolescents, either through direct actions by the health team from an interdisciplinary approach, or in relation to the ability to propose alliances, with a view to mainstreaming and intersectionality, in the pursuit of building a healthy society.

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