



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

REFLECTIVE ANALYSIS ARTICLE

ACTIONS FOR COPING DOMESTIC VIOLENCE AGAINST CHILDREN AND TEENAGERS: A REFLECTIVE ANALYSIS

AÇÕES PARA O ENFRENTAMENTO DA VIOLÊNCIA DOMÉSTICA CONTRA A CRIANÇA E O ADOLESCENTE: ANÁLISE REFLEXIVA

ACCIONES PARA LA LUCHA CONTRA LA VIOLENCIA DOMÉSTICA CONTRA LOS NIÑOS Y ADOLESCENTES: UN ANÁLISIS REFLEXIVO

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ABSTRACT

Objective: reflecting about the actions to cope domestic violence against children and adolescents through health policies in Brazil. **Method:** a reflective analysis study, using a narrative review of the literature with expanded and contextualized approach. **Results:** an improvement was noted in discussions about violence since its inclusion as a grievance in the health-disease process, pointing out the need of efforts of networking to solve them. **Conclusion:** the current public policies recognize the need for an “interlacing” of the various sectors so that the combating violence becomes more effective and that prevention is achieved. **Descriptors:** Domestic Violence; Defense of Children and Adolescents; Health-Disease Process; Health Policy.

RESUMO

Objetivo: refletir sobre as ações para o enfrentamento da violência doméstica contra a criança e o adolescente mediante as políticas de saúde no Brasil. **Método:** estudo de análise reflexiva, utilizando uma revisão narrativa da literatura com abordagem ampliada e contextualizada. **Resultados:** notou-se um avanço nas discussões acerca da violência desde a sua inclusão como um agravo no processo saúde-doença, apontando a necessidade de esforços de articulação em rede para seu enfrentamento. **Conclusão:** as políticas públicas atuais reconhecem a necessidade de um “entrelaçamento” dos diversos setores para que o enfrentamento à violência seja mais eficaz e que a prevenção seja alcançada. **Descritores:** Violência Doméstica; Defesa da Criança e do Adolescente; Processo Saúde-Doença; Política de Saúde.

RESUMEN

Objetivo: reflexionar acerca de las acciones para combatir la violencia doméstica contra los niños, niñas y adolescentes a través de políticas de salud en Brasil. **Método:** este es un estudio de análisis reflexivo, mediante una revisión narrativa de la literatura con el enfoque ampliado y contextualizado. **Resultados:** se observó una mejora en las discusiones sobre la violencia desde su inclusión como una queja acerca del proceso salud-enfermedad, señalando la necesidad de la creación de redes entre los esfuerzos para resolverlos. **Conclusión:** las políticas públicas actuales reconocen la necesidad de una “interconexión” de los diferentes sectores de manera que combatir la violencia sea más eficaz y que se consigue la prevención. **Descriptores:** Violencia en el Hogar; Defensa de los Niños, Niñas y Adolescentes; Proceso Salud-Enfermedad; Política de Salud.

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INTRODUCTION

Created after periods in which access to health was a privilege of a small portion of the population, comes in 1988 the National Health System - SUS, taking as its premise the Constitution guaranteeing health as a right of all and a duty of the State;¹ and, through its principles as Universality, Comprehensiveness, Equity, Decentralization and Social Participation,² becomes an attraction for the population to motivate with the installed advancement.

Over the 25 years of SUS it has followed intensive discussions reflecting on challenges faced by managers, professionals and users of this system, and sometimes an obstacle to its consolidation as far as public policy, such as the construction of care models based on a design expanded health.³

Concurrent to the SUS construction of the concept of health-disease process became enlarged, including the social determinants as structure for its occurrence. Note that the issues of violence were initially designed carefully, considering only the injuries, trauma and accidental deaths, but over time there have been incorporated broader social issues, which allowed the inclusion of social violence.

Social determinants can be understood as the relationship between the conditions of life and work of individuals and population groups, with their health status.⁴ In this sense, the issues of violence are implanted in the social determinants of health, as these are considered to be one of the eternal problems of social theory, because there is no knowledge of a society in which violence was not present.⁵

For the health sector, the first international registration on the definition and inclusion of "violence" as a health issue occurred in 2002, in which the World Health Organization (WHO) spoke about the concept of violence as:

Intentional use of physical force or real power or threat, against oneself, against another person, or against a group or community, that either results in or has any chance of resulting in injury, death, psychological harm, developmental disability or deprivation.^{6:27}

Although violence is not a problem specific to health, it affects the health and enhances the risk of threat to life or brings disease.⁵ According to epidemiological surveys, and external causes (accidents and violence) are still responsible for most causes of death. Even today, violence occurs in all ages, but is

of significant impact on younger age groups, where mortality indicators show the external causes as the main cause of mortality among children and adolescents from one year old.⁷

Given the above, this study aims to reflect on the actions to combat domestic violence against children and adolescents through health policies in Brazil.

METHOD

It is a reflective analysis study about actions to combat domestic violence against children and adolescents in Brazil. A narrative review of the literature was conducted, which allowed a reflective approach, expanded and contextualized.⁸ In the literature there were found: scientific articles, health programs manuals, legislation, theses and books. Articles were searched in databases Latin American and Caribbean Health Sciences (Lilacs) and Scientific Electronic Library Online (SciELO) and bank theses / dissertations of Higher Education Personnel Training Coordination (Capes). The construct consolidated what we have available in Brazil today.

RESULTS AND DISCUSSION

Most cases of violence against children and adolescents occurs in the home environment, these can be physical, sexual, psychological and neglect and abandonment, and these stand as a threat to the right to life and health.⁶

Means for domestic violence or intra-family one that occurs inside or outside the home by a family member, even if there are consanguineous ties; and it does not refer only to the physical space of the house, but the places where relationships become effective.⁹

Violence within the family is described by various authors, since Freire¹⁰ already pointed as a feature culturally accepted as a form of punishment, ie "violent disciplinary act",¹¹ characterized most often by physical violence.

While all acts of violence are committed by omission, by the suppression or the transgression of rights, physical violence is characterized by some studies as abuse, shaken baby syndrome, battered child syndrome and physical abuse-victimization.

In this culturally and socially acceptable context, domestic violence has had, and still has, an important disciplinary role in society.¹² However, the commitment to full protection to children and adolescents was provided to the formulation of the Constitutional Charter of 1988 and the

foundation for the construction of the ECA - Statute of Children and Adolescents in 1990.¹³

The ECA has in its main framework of comprehensive protection for children and adolescents, and guarantees the right to life and health, regarded as advances for public policy of the country.¹³ The completion of the ECA in health is done through SUS - Unified

Health System and its principles, combined with the actions of promotion and prevention, monitoring and attention to victimized children.⁶

In an overview, it is seen in timeline actions taken by SUS in the face of violence issues, in particular children and adolescents (Figure 1).

Year	Actions performed
1990	Statute of the Child and Adolescent
2001	National Policy for Reducing Morbidity and Mortality by Accidents and Violence
2001	Notification of Bad Treatment against Children and Adolescents
2003	Compulsory Notification of Violence against Women
2004	National Network of Violence Prevention and Health Promotion
2005	The National Agenda of Surveillance, Prevention and Control of Accidents and Violence
2006	National Health promotion policy, which enhances previous measures and re-evaluates his cross and strategic character, which includes health promotion as a management tool.
2006	Implementation of Surveillance System of accidents and violence - live, enabling meet the magnitude of these damages both in the context of domestic violence, sexual, and/or other interpersonal violence and self-provoking, as sentinel surveillance of violence and accidents in hospital emergencies.
2008	The National Council of Secretaries of Health-CONASS throws in partnership with other entities a document pointing out the challenges of confronting the current violence and proposes indicators for monitoring of the comprehensive care and protection of persons who are in situation or risk of violence.
2010	For monitoring there was inclusion of violence, at the national level, in the list of diseases and harms of compulsory notifications, Notifications to System Damages - SINAN.
2011	Inclusion of the specification of "domestic violence" on compulsory notification of violence of SINAN.
2013	Recognizing the specificities of violence in their "sexual", formulated the guidelines for care of Victims of Sexual assault, aiding and organizing assistance flow.
2013	Creation of the Statute of Youth, aimed at individuals aged between 15 and 29 years of age.

Figure 1. Public policies turned to issues of violence used in the health sector, according to the year of creation.

Note that many advances have occurred in the field of policy-making geared to the issues of violence, but there are limitations to be explored, such as intersectoral action that is not often mentioned among the documents. Even today, we have information formalities of law projects and studies of important programs about violence against specific groups covering sexual orientation, race, gender, religion, among others, but still experience a building process.

♦ Actions found currently

Based on the documents mentioned above, we see that the victimized child care network is directed primarily to school social facilities (schools and kindergartens) and health (basic health units, emergency rooms, etc.) and these are linked to the Municipal Council protect.¹⁴

Considering the need to have coordinated and professional actions prepared for the reception and treatment of these cases, there is still a lack of preparation immediate care network, as this does not have trained

professionals to conduct a safe and effective care.¹⁵

Although the fieldwork is still disorganized and fragmented, some non-governmental organizations - NGOs perform a support to the care and protection of child and adolescent victims of domestic violence (physical, sexual, psychological and neglect), but it is known that this is not a reality found everywhere in Brazil, focusing only on big cities.¹⁶

One of the features found by the Health Ministry for monitoring and planning health actions is the compulsory notification of cases of violence, as this is an instrument to help in monitoring and providing information to the Information System for Health. With this we obtain information allowing comprehensive care and strategies to address the issue throughout the national territory.⁶

The mandatory reporting is done through the National Notifiable Diseases System - SINAN, but it is known that there are other parallels records as the municipal Guardian Council that captures information from occurrences of violence. Unfortunately, these

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two systems are not integrated and, therefore, all persons who meet any case of violence in a health facility must perform routing to the Guardian Council and also notified to SINAN.

Because there are different databases, the correct maintenance through notifications should be a continuous care of all health workers. Remembering always that in addition to notification, assistance to children and adolescents victims of violence should be based on a network of interdisciplinary attention, as violence as a serious problem requires a coordinated work, based on solidarity and cooperation between organizations for through political articulation.⁶

It is understood by network performance connection of various services, programs, projects and organizations, and as such, the network is divided among different sectors, with its multiple professionals to join forces and knowledge on a particular demand. With respect to violence, particularly domestic violence, it requires interventions from the field of Education, the Child Protection Agency, Health and Average Special Attention of social assistance services and high complexity.¹⁶⁻⁷

Based on the history of public health policies demonstrated by the literature review, it is noted that these little is articulate, not join forces on the presented issues, providing rights violations, whether in relation to children or even women and / or elderly also present in the context.

An attempt to carry out joint was the adoption of Dial 100 from the Department of National Ombudsman for Human Rights, the body that receives and examines complaints and reports of violence and acts on resolutions and guidelines and also has versions in state spheres.

A valid alternative to comprehensive health care of children and adolescents being found on the possible follow-ups to be carried out within the framework of primary health care, for it is understood that there is a need to analyze the phenomenon in its political, economic and cultural complexity that is going around the pledge of family violence.¹⁸ The model of care provided by the Family Health Teams can be a facilitator for a global approach to cases, as work is performed continuously in a coverage area bounded where the family lives, and more easy forming links.⁶

This integrated work carried out by Family Health Teams - FHS, who work in a specific territory and that rely on the help of

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Community Health Agents - CHAs can use as a tool to approach the phenomenon of violence, the very home visit. These visits will facilitate the verification of the specific needs of each family and enable efficient use of resources, taking action to prevent violence and promote a culture of peace, and enhance the skills and community satisfaction.

Faced with the changing paradigms of the health-disease, in which the grievances as health determinants are included, the work of professionals with families becomes paramount at different stages of care line. These have great potential to create healthy environments and protectors. However, although there is the importance of addressing the family of a broader way, it must be done by trained professionals.¹⁴

To combat the violence, professionals have historical and documentary bases that support a differential diagnosis. In the handling of cases of violence in children and adolescents, the initial interview aims to capture information on injuries consistent with the stage of development and maternal problems in pregnancy.¹⁹ In all care provided to the child professionals should be alert to possible signs of violence (physical or not), and if they meet, it is possible to initiate specific strategies that would facilitate the approach.

CONCLUSION

There have been key advances in the Policies referred to violence, especially violence committed against children and adolescents in health, that because there was a change in the design of the health-disease process. This context allowed the inclusion of health problems and their determinants, as being crucial to think of improvements and well-being of the population.

To combat the violence, the health care network professionals have guided their actions on official documents and specific resolutions that guide their actions. However, still needed interdisciplinary actions to certify the recognition of changes in the health-disease and thus, assume that many cases of violence are strange, and mostly require intersectoral interventions such as education, health, work, culture, sports, public safety, social networking sites, NGOs and others.¹⁷

Thus concludes with the analysis of this scenario, there was a breakthrough to this problem before, but you still need the "entanglement" of the various sectors so that action is more effective and that violence prevention is achieved.

ACKNOWLEDGEMENTS

To the students of the Postgraduate course about children and domestic violence against children and adolescents, which, through the anguish experienced by all of them, incited me to complete this written.

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Submission: 28/08/2014

Accepted: 08/12/2015

Published: 15/01/2016

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