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FAMILY VIOLENCE AGAINST CHILDREN IN THE CONTEXT OF FAMILY HEALTH FAMILY VIOLENCE AGAINST CHILDREN IN THE CONTEXT OF FAMILY HEALTH VIOLENCIA FAMILIAR CONTRA LOS NIÑOS EN EL CONTEXTO DE LA SALUD DE LA FAMILIA

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ABSTRACT

Objective: to analyze the situations of family violence against children identified by the professionals of the Family Health Units. **Method:** a descriptive and exploratory study, with qualitative approach conducted with 25 professionals from three Family Health Teams of Jequié/BA. The data were produced through semi-structured interviews and analyzed by the speech analysis technique. **Results:** speeches revealed that children experience physical and psychological violence and parental neglect, arising from socioeconomic and psychocultural vulnerability context. **Conclusion:** it emphasizes the need for training health staff to deal with violence against children through sectorial coordination. **Descriptors:** Domestic Violence; Child; Primary Health Care; Family Health.

RESUMO

Objetivo: analisar as situações de violência intrafamiliar contra crianças identificadas pelos profissionais das Unidades de Saúde da Família. **Método:** estudo exploratório descritivo com abordagem qualitativa realizado com 25 profissionais de três Equipes de Saúde da Família do município de Jequié/BA. Os dados foram produzidos por meio de entrevistas semiestruturadas e analisados pela técnica de Análise de discurso. **Resultados:** os discursos desvelaram que as crianças vivenciam a violência física, psicológica e negligência pelos pais, decorrentes de contexto de vulnerabilidade socioeconômica, psicocultural. **Conclusão:** ressalta-se a necessidade de capacitação da equipe de saúde para o enfrentamento da violência contra a criança através da articulação intersetorial. **Descritores:** Violência Doméstica; Criança; Atenção Primária à Saúde; Saúde da Família.

RESUMEN

Objetivo: analizar las situaciones de violencia familiar contra los niños identificados por los profesionales de las Unidades de Salud de la Familia. **Método:** estudio exploratorio, descriptivo, con un enfoque cualitativo, realizado con 25 profesionales de tres Equipos del Saúde de la Familia del municipio de Jequié/BA. Los datos fueron producidos a través de entrevistas semiestructuradas y analizados por la técnica de análisis de voz. **Resultados:** los discursos revelaron que los niños son víctimas de violencia física, psicológica y abandono por parte de los padres, resultante del contexto de vulnerabilidad socioeconómica, psicocultural. **Conclusión:** se hace la necesidad de formación del equipo de salud para el afrontamiento de la violencia contra los niños a través de la coordinación sectorial. **Descriptores:** Violencia Doméstica; Niño; Atención Primaria de la Salud; Salud de la Familia.

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INTRODUCTION

The violence appears as one of the major public health problems around the world, not only by striking humanity in various forms and in different scenarios, but also by their different physical, emotional and social repercussions.¹

By the destabilizing nature of citizenship and coexistence, the violence reveals the exacerbation of social conflicts and is an emerging and important issue for the country's health needs. To understand the impact of violence on health, its discussion involves all the problems relating health, conditions, situations and lifestyle.²⁻³

Domestic violence consists of any act or omission that might damage the well-being, the physical and psychological integrity or the freedom and the right to full development of a family member. This may be committed at the home itself or outside, by a family member, including people who, despite not having consanguineous ties, assume parental role.⁴

It's emphasized that domestic violence can manifest itself in various ways and with different degrees of severity, such as physical, psychological, moral and sexual aggression, neglect, abandonment, and financial-asset. It can also affect people of all ages, but children, for their complete lack of defense and dependence on adults, become a group of most vulnerability.^{2,4}

National statistics for the year of 2011 about the types of violence undergone by the children served under the services of the Unified Health System (SUS), notified by health professionals, point out that the neglect or abandonment was the cause of attendance in 49,9% of cases with children under 1 year, 39,9% with children from 1 to 4 years old and 17% of cases with children from 5 to 9 years old. Related to physical violence, 29,4%, 21,7% and 26,9% of children under 1 year, children from 1 to 4 years old and from 5 to 9 years old, respectively, were attended.⁵

The attendance in SUS of children in situations of psychological or moral violence reported by health professionals registered 8,5%, 12,3% and 21,4% for children aged less than 1 year, between 1 and 4 years, and between 5 and 9 years, respectively. Regarding the notification of sexual violence, the data show 4,8%, 21,8% and 30,3% for ages of less than 1 year, 1-4 years and children aged from 5 to 9 years, respectively.⁵

These data reflect concern over the situation of violence that weakens children,

with repercussions for health and biopsychosocial development, which requires health, education and public administration professionals re-evaluate the implementation of their practices from what is proposed in the legislation and in public policy fighting violence against children, in order to ensure the protection and defense of life of these children.

The 1988 Federal Constitution, in its Article 227, establishes the fundamental rights of children and adolescents and the Statute of Child and Adolescent (ECA), created by Law nº 8069 of July 13th, 1990, and deals with the right to life and health of children and adolescents, highlighting that no child or adolescent may be subjected to any form of negligence, discrimination, exploitation, violence and cruelty, which requires punishment according to the law, any attempt, either by action or by omission to their fundamental rights.⁶⁻⁷

On June 26th, 2014, it was enacted Law nº 13.010 for the purpose of amending the Statute of Child and Adolescent, to establish the right of children and adolescents to be educated and cared without the use of physical punishment or cruel or degrading treatment, in view of prohibiting that they are used on the grounds of correction, discipline, education, among others, either by parents or any person responsible for the child or adolescent, including public officials responsible for the care and the implementation of educational measures, ensuring punishment of these people.⁸

Social, emotional and psychological problems displayed by the adoption of health risk behaviors such as alcohol abuse and other drugs, prostitution, teenage pregnancy and mental health problems such as anxiety, depressive disorder, aggressive behavior and even suicide attempts are the major consequences of violence to children.⁹

Domestic violence against children sets an abuse of the disciplinary and coercive power of parents or guardians, triggering a victimization process that can last for months, years or even adulthood setting a process of inflicting violence to the victim.¹⁰

The research has shown that the identification/notification of mistreatment still is not presented as a practice incorporated into the routine of the Family Health Strategy (FHS), because the health professionals have less than five years of work, ignore the notification form, do not have the records at the health unit, do not rely on protection agencies, have no knowledge of the care network services for

referral of cases, and fear legal involvement, highlighting the complexity that surrounds the act of notifying, and raise questions and reflections related to the quality of care to the overall health of children and adolescents in Primary Care (PC).¹¹

In turn, the visibility of domestic violence in the context of AB health stems from organizational changes in service and in the approaches taken by the professionals, in order to not prioritize the achievement of goals and implementation of techniques proposed by the programs. This means that must be established dialogues and more symmetrical relationships between professionals and users.¹² In this direction, we can establish enhanced approximation inherent in each child against violence situation singularities.

Therefore, it is essential that professionals of the FHS teams understand the sociocultural context in which families become victims and perpetrators of violence, in order to propitiate watchful eye and listening spaces that encourage the identification of family violence against child and can intervene in this context, through mandatory reporting, educational activities and referrals to various services of the care network to violence thus ensuring the protection and defense of constitutional rights, and ensure decent life and full of children.

Thus, this study aims to analyze the situations of family violence against children identified by the professionals of the Family Health Units.

METHOD

This study was part of the research "Family violence in the context of USF", which is of a qualitative nature, carried out in three USF in the city of Jequié/BA. These units were chosen for being places where it is performed Supervised Course Undergraduate Nursing at the State University of Southwest Bahia, allowing greater visibility of situations of violence in the family context.

The participants were 25 professionals from the FHS teams of those units that agreed to participate in the interview, among these, nurses, technicians (the) nursing and community health workers. It is noteworthy that doctors have not shown interest in participating in the research.

Data collection was carried out between 1 August 2009 to 17 December 2010 through semi-structured interview containing questions related to the types of family

violence in the context of the USF and strategies for solving them.

For the data analysis technique, was used discourse analysis which is the study of discursive elements in the perspective of inferring the world view of the subjects enrolled in the discourse, which is determined socially.¹³ this data analysis process sought to identify, in the text, its most abstract level. First, the text was discussed at the prospect of finding concrete and abstract elements. Then, the data were grouped according to the significant elements. And last, it was made selection of the themes that emerged categories.

The phase of interpretation and discussion established critical relationships between the subjects' statements, explicit and implicit, and scientific context, basing on theoretical that deal with the subject. Speech analysis allowed us to analyze in depth each demonstrated specific expression, the context in which it was created, note the reasons for satisfaction, dissatisfaction or opinions implied by observing the various forms of communication expressed by the subjects.

In compliance with legal requirements set out in Resolution nº 196 of October 10, 1996 of the National Health Council (CNS) current in conducting the survey period, data were only collected after approval by the Ethics in Research of the State University Committee of Southwest Bahia (CEP/UESB) under protocol number 055/2009, with the consent of the respondents, by signing the Instrument of consent.

The participants were identified in the text by a number, according to the ascending order of the interviews and the professional category, for instance: interview nº 1 read: (E1, ACS), and so on.

RESULTS AND DISCUSSION

After analyzing the speeches, emerged the following categories explained.

♦ Family violence against the child resulting from the family and social context unstructured

The speeches of respondents show that children live in an environment where there is the presence of alcohol and other drugs, with poor social structure which undermines the family harmony, providing a favorable environment for the occurrence of violence against children, evidenced by aggression, lack of respect, abandonment, and force them to act as beggars to support the family.

Parents that use drugs do not respect children, and let the child in the street until late at night. (E10, ACS)

The violence over the childhood is more frequent when parents use drugs and alcohol, becoming violent, end up attacking the children and, therefore, and wife and neighbors end up suffering from it all and generating the fight and this conflict, neighbors also get into the whole problem and fight. It ends up being a nuisance to everyone. (E23, ACS)

Parents who do not care right of children to abuse, lay the children to ask, stay at home, sometimes do not have a steady job, do not have an income, lay these children to be begging, to support the family, he and the rest of the brothers. (E7, ACS)

Abandonment, I can identify, is not only within the family issue, but also the entire community as well, which often do not have that infrastructure assistance as well. (E21, ACS)

It is believed that domestic violence is multifactorial, so the dynamics of violent relationship between parents and children should be understood by considering the conditions surrounding this family and how these affect their relationship. Thus, the history of violent interaction between parents and children is considered an important indicator of the quality of life of these families, as often covers situations with lasting problems which the family has to live with, as poverty, addiction to alcohol and other drugs, and chronic diseases.¹⁴

Alcoholism is a disease that affects not only those who consume the drink, but also the people who they live with, especially families. In this context, children are often the most affected, and the greater the intensity of violence, the deeper will be the losses related to self-esteem, generating anxiety, depression, antisocial behavior, marital disharmony and other inappropriate ways to solve problems when as an adult.¹⁵

Respondents of the study highlighted the negative influence of alcohol, also emphasizing the use of drugs in the home environment, creating conflicts among its members, which may lead to various types of family violence. They highlighted the neglect and physical violence as expressions of violence identified in their micro areas as a result of alcohol abuse by parents.

So, the use of alcohol and other drugs make family groups vulnerable to the violence occurrence¹⁶, however, one cannot say that the abuse of alcohol and other illegal drugs are constituted as causes of violence, as domestic violence constitutes a social issue of

great breadth and complexity and, in this sense, involves professionals from different fields performance, requiring training of these and institutional support for its confrontation and effectiveness of public policies for this problem.

Therefore, the use of alcohol and other drugs, and the abuse of psychoactive substances related to the occurrence of violent relationships should not be assumed as causes of a social phenomenon and complex as violence, considering the need to overcome the positivist reductionism, since gender issues as oppression always falls on women and children because they have the lowest power, and other aspects are evident in this context.¹⁷

It is evident in the interviews the child exploitation related to begging by the requirement of parents. This reflects the precarious social context in which these children are inserted, with their education rights and violated protection. Another reason for concern is related to the child's exposure to drugs and inadequate protection from the dangers of the environment.¹

Another aspect observed in the speeches of professionals from the FHS teams was the lack of community structure to accommodate these children in situations of violence-conciliated with study that showed a lack of public management support evidenced by the failure of social projects for children and adolescents and reduced the number of shelters and day care centers in the municipality of Jequié/BA, which in addition to harming the prevention and protection, favors or sets up in new forms of violence and limits the performance of professional care network.¹⁸

♦ Negligence of parents to the care for children's health

Disregard demonstrations against children include non-compliance with recommendations related to health care, failure in finding the appropriate health care, food deprivation - resulting in starvation and failure in providing a physical development. Distinguished from circumstances of poverty, which can occur where reasonable resources are available to the family or guardian.¹

The speeches of respondents showed the flaws of parents and family members in providing the necessary conditions for the health development of the child.

There is a mother in my area that does not want to give her son vaccine under any circumstances. (E2, ACS)

Resistance to the vaccine, I work in the vaccination room, and has many mothers who have actually resistance to the vaccine, they do not want to vaccinate. Had a couple of gypsies, the girl came to be vaccinated think I've had six, when she was made aware, he realized he had to take the vaccine because they had family allowance because of that they decided to vaccinate and then the child began to take the vaccine from the age of six. (E4, Nursing Technician)

What we most identify today is the neglect, parents who do not care rights of children. It also has the neglect of resistance to the vaccine, which for some families is difficult for us to raise awareness and convince these people to bring these children to follow up on the Growth and Development and also the importance of the vaccine. We have found a lot of resistance to it. (E7, ACS)

It is evident that the neglect of health in the speeches of professionals from the FHS teams relates mainly to the resistance of mothers to vaccinate their children and follow up on service to children's health offered by USF, despite science evidences about the importance of vaccines for the prevention of diseases, reducing child mortality.

The non-vaccination of children can lead to many diseases that result in serious public health problems, it increases the risk not only of the child in acquiring a vaccine-preventable disease, but also his family and the whole community. Furthermore, WHO warns 4 to 5 million deaths per year could be avoided if the proper vaccination efforts were applied.¹⁹⁻²⁰

Several factors can interfere for non-vaccination from the social and economic level of the country to causes related to beliefs, superstitions, myths and religious beliefs.¹⁹ In this perspective, the ESF team must be attentive to intervene in face of this demand, considering that interfere negatively in child health.

The discourse of the nursing technician highlighted the cultural and social context in which this situation happens, when you mentioned that resistance to vaccination came from a couple of gypsies, and that only vaccinated children when they were forced to vaccinate the child now six years old to receive in exchange for the family purse card, benefit offered by the government.

It emphasizes the need for teamwork and emphasis on gender issues, human rights and citizenship in the identification of situations of violence, considering the arising consequences of this context and the various situations translated into different attitudes, after analyzing the emotional, socioeconomic,

cultural, religious, among others aspects, in order to avoid judgments or decision making without the will or consent of the person involved in situations of violence¹⁶ involving vulnerable groups such as women, children, adolescents and elderly.

♦ Physical and psychological violence against children

Respondents revealed in speeches some manifestations of physical and psychological violence identified in the context in which families develop their activities.

I have observed that generally father mugs the children, that father gives a beating on his son because the boy's stubbornness. (E19, ACS)

I have seen more verbal violence even against children. (E6, ACS)

Verbal aggression, [...]psychological pressure, [...]with the child. (E8, Nurse)

Physical violence against children highlighted in the interviews was evidenced by the beating in general, which can translate into physical, social, emotional, psychological and cognitive consequences, and also result in aggressive behaviors in interpersonal relationships, playing their treatment by part of their family.

Physical violence against children can be manifested through slapping, shoving, punches, bites, kicks, burns, cuts, strangulation, injury by weapons or objects, among others. Currently, the punishment repeated not severe, it is also considered as physical violence. Physical abuse can cause temporary or permanent damage, or even death.⁴

The ACS revealed that the violence suffered by the child was carried by her stepfather, and may be the mother's consent due to financial dependence on their spouse, the aggressor.

There is also another case of a stepfather who beat the child too, he spans the girl when he hits well, it beats without penalty and without guilt. And the mother of the girl, she talks like that; ah! It is because it is so damned; when I tell her to obey me, she will not obey me, then I have to hand it on behalf of father's care. Just because the man works, she is submissive to her husband, she accepts that her husband spank the child, the other day he took the girl hit so much that was over half an hour hitting the child. The other day the child was full mark, full of hematoma, and no one took a step. (E3, ACS)

Father, mother, stepfather and stepmother, appear as the main responsible for physical violence against 9 year old children attended in the SUS services,

concentrating over 50% of notifications by physical violence in this age group; secondly, friends and/or acquaintances of the victim, with 22.1% of treated cases, acquiring relevance from 5 years old and third unknown people for the victims, reported in 16.9% of cases, also relevant from 5 years old.⁵

Violence is often favored by power relations in society that reveal the social inequality between its protagonists. In addition, people in childhood violence situation can repeat it as adults, especially with their own children, or other children with whom they relate socially.²¹⁻²²

One notices, at the ACS speech, the submission of women to the mate for his role as provider of family expenses. In this sense, women's subordination determines a situation of bondage and subservience in the intimate relationship established between man and woman, considering the bias of patriarchal ideology, which links a power structure in this context placing women in an inferior position related to men, which legitimizes the violent acts.²³

Physical violence against children had been faced for a long time as something usual and ordinary, even for justice, since the child was considered a parents' property and, therefore, they had all the rights to them, including punishing.²⁴ These findings were converging in this study when presenting that domestic violence is often justified by offenders as a way to educate and correct child behavior transgressions.

Law 13.010, from June 26th, 2014 considers corporal punishment as an action of disciplinary or punitive nature applied with the use of physical force on children or adolescents, resulting in physical suffering or injury, and cruel or degrading treatment for the child or adolescent that causes humiliation, serious threat or ridicule.⁸

This law also foresees offender's penalty through measures that will be implemented by the Council of Guardianship by the severity of the case, through referrals to government or community program of family protection, psychological or psychiatric treatment and guidance courses or programs, and the obligated forwarding of children to specialized treatment and warning.⁸

The imposition of corporal punishment by parents for correction, prevention and discipline children generally represents a subtle strategy of using violence as a plausible alternative to solve conflicts, which inflicts undisputed submission and emotional coercion to children, and deny their citizenship rights

as a human being in a special stage of development. This mechanism often favors the invisibility of violence situation, since society accepts physical punishment as an educational measure.²⁵

The interviewee revealed the manifestations of physical and psychological violence against children, in the area covered by his local USF.

Mother beats too the child, often by threatening not to take control of family education, the child responds, the child swears, cries, even the familiar process within the home and the mother there in the most agonizing moment or lose emotional control, cries, passes here boy because otherwise I'll kill you, then more is psychological. (E21, ACS)

The main manifestations of psychological violence include rejection, depreciation, discrimination, disrespect, exaggerated charges, humiliating punishments and use the child to meet the psychological needs of adults. It can lead the child to feel devalued, anxious and get sick easily producing damage to growth/development process.²²

In the ACS speech, it can be inferred that this type of violence is experienced in the daily lives of many families, due to conflicting relationships between mother and daughter/son(s), often without being perceived as violence by them. However, this situation can be viewed by people who are close to these families, as the professionals from the FHS teams, particularly the ACS.

In Brazil, SINAN data in 2011 show that the range of greater rate of attendance by violence was less than 1 year old, with 118,9 visits per 100 thousand children under one year, taking place at the residence of the victims, the mother as the main aggressor (49,4%), followed by the father (23,5%).⁵

A study about the coping with family violence against children and adolescents, with ACS as informants, showed that the reason for parents' denial is justified by their ignorance that their behavior is a form of family violence. The most given excuses are founded on the fact that they are doing it as education.²⁶

♦ Sexual violence against children

From the speeches, timidly appeared a suspicion of sexual assault, but without confirmation.

It is happening in my area a case, like, the neighbors distrust that a dad is luring the girl and the case has been reported, just not got no providence. (E3, ACS)

Data from the Violence Surveillance System and Accidents (VIVA) of the Ministry of Health

of 27 municipalities, referring to the care of cases of violence reported in the SUS in the period from 1 August 2006 to 31 July 2007 revealed sexual assault as the main cause of calls to girls aged 0 to 9 years and adolescents aged 10 to 19 years (43,6% and 56,3%, respectively).²⁷

The study findings raise the reflection that sexual violence is still veiled in the family private, making it difficult to identify by health professionals, confirming its underreporting, which requires such a close look at the manifestations of domestic violence the child.

In this context, the scope of comprehensive care requires that health professionals incorporate increased attention, considering the user with the protagonist of this process and is always open to assimilate the needs that emerge.²⁸

It is noteworthy that, despite the socialization of the case, no action was made possible, which suggests FHS team is not prepared to deal with the situation of domestic violence against children, reinforcing the need for training of these professionals and to base vocational training to face this phenomenon.

It is the responsibility of the FHS teams to meet, discuss and identify people vulnerable to domestic violence in the enrolled population with a view to defining the actions to be taken preventively or to confirm diagnosis, enabling appropriate measures to cope with various situations of family violence.²⁹

The care of children in situations of violence requires specific knowledge, which generally is not part of vocational training, which reaffirms the urgent need for training of professionals in this context.¹⁸

FINAL REMARKS

Children are victims of parental neglect in relation to basic care that ensure their health, they still suffer from physical and psychological violence, with the mother, father and stepfather as main aggressor, as a result of power relations they exercise over children, with exacerbation of submission and domination. In addition, the family and social unstructured context, in addition to cultural issues, are factors that contribute to the occurrence of violence against children, besides the difficulty of health professionals in identifying sexual violence.

The study also showed the need for foundation of the FHS professional teams to identify and adequately cope with situations

of domestic violence which will contribute effectively to the prevention and control of these situations. In this sense, it is essential to put the violence in the academic curricula of courses in the areas of health, education, social development and security in order to support the professional practice in combating violence against children.

It is for the public management to enable the structural conditions necessary for coordination between the various services, such as health, police, legal and education, human rights defense and social movements to confront domestic violence against children, from (re)targeting public policies of prevention and promotion that contribute to curb and prevent violence against children, with actions that promote equality and the exercise of human rights.

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