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KNOWLEDGE OF NURSING STUDENTS ON THE IDENTIFICATION OF CHILDREN UNDERGOING DOMESTIC VIOLENCE

CONHECIMENTO DE ESTUDANTES DE ENFERMAGEM NA IDENTIFICAÇÃO DE CRIANÇAS EM SITUAÇÃO DE VIOLÊNCIA DOMÉSTICA

CONOCIMIENTO DE ESTUDIANTES DE ENFERMERÍA EN LA IDENTIFICACIÓN DE NIÑOS EN SITUACIÓN DE VIOLENCIA DOMÉSTICA

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ABSTRACT

Objective: to verify the knowledge of undergraduate students in nursing on the identification of children undergoing domestic violence. **Method:** qualitative, descriptive-exploratory study, carried out with 20 students of the undergraduate nursing course of a public institution. We used the semi-structured interview for data collection and the Content Analysis Technique for data analysis. **Results:** the identification of children undergoing domestic violence occurs in a specific way, focused on visible clinical and behavioral signs. The professional training has shown deficiency regarding specific knowledge and guidelines on domestic violence against children. **Conclusion:** there is a need to train nursing students still during the undergraduate course with discussions on this theme, articulating theory and practice for the development of the skills and abilities of the future nurses in confronting violence against the child. **Descriptors:** Domestic Violence; Children; Nursing Students; Professional Health Training; Nursing Care; Comprehensive Health Care.

RESUMO

Objetivo: averiguar o conhecimento de estudantes de graduação em enfermagem na identificação de crianças em situação de violência doméstica. **Método:** estudo qualitativo, descritivo-exploratório, realizado com 20 estudantes do curso de graduação em enfermagem de uma instituição pública. Utilizou-se a entrevista semiestruturada para a coleta de dados e para a análise a Técnica de Análise de Conteúdo. **Resultados:** a identificação de crianças em situações de violência doméstica faz-se de forma pontual, centrada em sinais clínicos e comportamentais visíveis, apresentando fragilidades durante a formação profissional de conhecimentos específicos e orientações sobre a violência doméstica contra a criança. **Conclusão:** urge a necessidade de instrumentalizar os estudantes de enfermagem ainda na graduação com discussões sobre a temática, de forma articulada entre teoria e prática, para o desenvolvimento de competências e habilidades dos(as) futuros(as) enfermeiros(as) no enfrentamento da violência doméstica contra a criança. **Descritores:** Violência Doméstica; Crianças; Estudantes de Enfermagem; Formação Profissional em Saúde; Cuidados de Enfermagem; Assistência Integral à Saúde.

RESUMEN

Objetivo: averiguar el conocimiento de estudiantes de graduación en enfermería en la identificación de niños en situación de violencia doméstica. **Método:** estudio cualitativo, descriptivo-exploratorio, realizado con 20 estudiantes del curso de graduación en enfermería de una institución pública. Se utilizó la entrevista semi-estructurada para la recolección de datos y para el análisis la Técnica de Análisis de Contenido. **Resultados:** la identificación de niños en situaciones de violencia doméstica se hace de forma puntual, centrada en señales clínicas y comportamentales visibles, presentando fragilidades durante la formación profesional de conocimientos específicos y orientaciones sobre la violencia doméstica contra el niño. **Conclusión:** hay necesidad de instrumentalizar a los estudiantes de enfermería aún en la graduación con discusiones sobre el tema, de forma articulada entre teoría y práctica, para el desarrollo de competencias y habilidades de los(as) futuros(as) enfermeros(as) en el enfrentamiento de la violencia doméstica contra el niño. **Descriptores:** Violencia Doméstica; Niños; Estudiantes de Enfermería; Formación Profesional en Salud; Cuidados de Enfermería; Asistencia Integral a la Salud.

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INTRODUCTION

Violence against children is deeply rooted in cultural, economic and social practices in a historical way. It is a public health problem that requires a better understanding of its occurrence in the various scenarios, as well as of its causes and consequences, either they are physical, emotional and social.¹

Although violence may occur in any age group, children are at greater risk for their development, since it is a phase of absorption of values, formation of ethical concepts and structure of the personality, and the damages of violence, either they are physical and/or psychological, can trigger lifelong problems.²⁻³

Domestic violence against children may be perpetrated not only by a close family member, but also by other members without parental function, any person who lives in the domestic space, as an employee, other family members and persons who know the victim or who visit the home sporadically; it may be manifested in various forms and with different degrees of severity, such as physical, psychological and sexual aggression and negligence.⁴

The Federal Constitution of 1988, Article 227, outlines the fundamental rights of children and adolescents and the Statute of the Child and Adolescent (ECA), created by Law No. 8,069/1990, addresses all aspects that guarantee the right to life and to the health of children and adolescents, highlighting that no child could be subjected to any form of neglect, violence and cruelty.⁵⁻⁶

National data referring to the year 2011 on violence against children showed that violence occurs mainly at home, and that the main ones responsible for violence are the parents, concentrating 39.1% of the records reported in the services of the Brazilian Unified Health System (SUS), followed by stepmothers and stepfathers, friends/acquaintances and unknown persons.⁷

Research carried out with health professionals pointed out that domestic violence is considered of great magnitude and difficult to detect, considering that many professionals do not feel empowered to deal with cases, as they revealed insecurity in taking action and fear in intervening in situations, which highlights that there is a large gap in professional training on this theme.⁸⁻¹⁰

This study is justified by the need to understand how future nurses can identify children in situations of violence, by raising reflection on this theme in the professional

training of these students. The aim is to answer to the following research question: what is the knowledge of undergraduate students in nursing on the identification of children undergoing domestic violence?

Based on the findings, we hope to be able to intervene in the professional training of nursing students so that they can take action in a skilled manner in the identification and management of cases of children undergoing violence with knowledge and responsibility, also contributing to social issues that involve domestic violence against children.

OBJECTIVE

- To verify the knowledge of undergraduate nursing students on the identification of children undergoing domestic violence.

METHOD

This is a descriptive, exploratory and qualitative study carried out at a state university in the interior of Bahia. The participants of the research were 20 undergraduate students in nursing, and the selection criterion was having attended the discipline of Nursing in Child and Adolescent Health Care.

Data collection was performed between February and April 2017 through a semi-structured interview, with the aid of a tape recorder, with an average duration of 20 minutes and containing triggering questions on the topic of domestic violence against the child, among these, knowledge on identifying children undergoing domestic violence.

This is a subproject of a larger project named "Social Representations of University Students on Domestic Violence," which is in compliance with Resolution 466/2012 of the National Health Council, which respected all ethical aspects proposed, submitted and approved by the Ethics Committee in Research by the Universidade Estadual do Sudoeste da Bahia (CEP/UESB) (CAAE 49741215.9.0000.0055). Participants were advised of the possible risks, benefits involving this research as well as the methodology proposed, and they were invited to sign the Informed Consent Form.

For the analysis of the data, we used the Content Analysis Technique in the thematic modality.¹¹ This process of data analysis comprised three stages: first, the pre-analysis, in which all material was organized from the transcription of the interviews, followed by floating readings to create an approximation and familiarity with the

documents that would be analyzed; subsequently, the material was explored and the most relevant messages were highlighted, allowing the representation of the content; and, finally, the treatment of the data that occurred with the inference and interpretation of data.¹¹

The participants of the study were identified in the text by the letter P for participant, followed by a number according to the increasing order of the interviews performed, that is, participant # 1 will be P1 and so on.

RESULTS

Among the 20 participants in the study, 18 were female and 2 were male; their age ranged from 22 to 26 years (16); most were Catholic (09) and married (01). It is noteworthy that only two of the participants reported having participated in any seminar/event on domestic violence.

The results from the analysis of the data allowed the elaboration of three thematic categories that deal with the knowledge of undergraduate nursing students on the identification of children undergoing domestic violence. The categories are presented as follows: 1) Identification of children undergoing domestic violence through clinical signs; 2) Identification of children undergoing domestic violence through behavioral aspects; and 3) Lack of knowledge in identifying cases of domestic violence against the child.

DISCUSSION

♦ Identification of children undergoing domestic violence through clinical signs

In this category, nursing students showed that they can recognize children in situations of domestic violence through visible clinical signs that show abuse and that left marks on the child's body, evidencing physical violence.

There are the physical symptoms, which is when the child presents some mark of aggression. (P03)

I think it's the physical and clinical signs the child may have, such as bruising, scraping, body swelling. (P14)

So, I think the child...the main signs and symptoms is...we have to try to identify in the body of the child bruises in places that we perceive that he had suffered some kind of physical aggression. That's about physical aggression, because there we can see if there is a scratch, if there is a purple spot or something like that. (P16)

We can notice it; if there are signs of physical violence, we will perceive through marks, bruises. (P17)

Physical violence is any act that uses physical force to cause damage that can injure, hurt, cause pain and suffering, leaving marks that are visible or not on a person; it can be practiced by tapping, pinching, kicking or even through objects that can cause injuries, being, therefore, the most identified form of violence by health professionals.^{2,4}

However, violence is not only manifested through physical aggression; there are several other forms that may be directed to the child, such as sexual and psychological violence, and negligence, and they may not show visible signs and symptoms.¹⁻² Thus, nursing students, through these reports, demonstrated a reductionist view of how to identify children in situations of domestic violence, since they presented a look at the biomedical model, based on physical and visible damage care practices, which directs actions focused on medicalization of the care. In view of this, they have established that domestic violence against children is understood as a phenomenon that demands diagnostic signs and symptoms.

This finding corroborates a study that pointed out that nurses are unprepared to deal with situations of domestic violence against children and adolescents, especially in order to identify the cases, with attention being paid to the warning signs, such as the physical marks on the body, and the attempt to prescribe medication the phenomenon by the difficulty of dealing with the behavioral and social aspects.⁹

Thus, the interviewees reported that nursing consultations are an important moment in the identification of children in situations of domestic violence, since through the physical examination it is possible to observe the whole body of the child ascertaining whether there are signs that will lead to an investigation about the occurrence or not of violence against children.

Physical aggression is the easiest to be testified because when we make the appointment we undress the whole child [...] and we can check whether if something happened, whether there is anything wrong, some physical injury in the child. (P5)

During the physical examination we have to look for some signs of violence against the child, some bruising, or even ask some questions whose answers may suggest that the child is experiencing some type of violence. So, the professional has to be attentive to discern these signs of physical violence, discern if it was really an accident or if this violence is actually happening. (P11)

The consultation carried out by health professionals is fundamental in the identification of violence. Through detailed anamnesis and physical examination it is possible to evaluate the child, to associate signs and symptoms with aggression or some pathology, changes in their behavior, routine and family insertion. This moment still allows questioning the child or a legal guardian about the signs visible or not of violence, directing which route to follow if violence against the child is confirmed.¹²⁻¹³

However, the suspicion of a situation of violence only when it is evidenced through clinical signs found in the consultation can be a limitation in the identification of cases, since the situation of violence against the child does not always appear through physical injuries.¹⁴

In this way, undergraduate students in nursing should be equipped with skills and abilities on this theme, emphasizing that the nursing consultation can be the first step in the identification, and it is up to the professional to use other methodological means of learning, such as home visits, to host and establish links with families seeking cultural, behavioral and social aspects that may influence the identification of domestic violence cases.

♦ Identification of children in situations of domestic violence through behavioral aspects

The reports showed that the nursing students have knowledge on which behavioral aspects of the child can direct the nurses to identify the cases of domestic violence. They have also mentioned that attitudes such as agitation, aggression, bad mood and difficulty of socialization with other children tend to arouse in the professional the investigation on the violence.

The child usually changes a lot his behavior when he suffers this type of violence. The child may become very agitated, moody, restless. (P01)

The child can denounce it through her attitudes, her behavior, not necessarily verbally, not necessarily speaking, and we, like any type of health professional, we as a nurse must have to look at the child becoming more aggressive, a little more tightly. She may be an introspective, introverted child, a child who does not socialize with her peers, with children of her age. (P02)

The child behaves differently than a normal child of the same age, so this is a sign that this child may be suffering from domestic violence and it is up to the professional to

investigate, not only with the child but also with those responsible for this child. (P11)

In general, the experience of the child undergoing violence is reflected not only in physical signs, but in social, emotional, psychological and cognitive changes that are expressed by behavior changes and interpersonal relationships, in which the child transmits to the other the treatment they receive from their family members.^{8,10}

The behavior change can be due to the violence suffered by the child. Such consequences, as insecurity, anxiety, fear, conflict, anger, guilt, shame and dependence tend to relate to a traumatic experience, since the child does not have emotional independence and maturity to consent or deny any kind of inappropriate contact.¹⁵ In this context, regardless of the nature of the violence, its consequences can last for other phases of life, showing in adolescents the continuity of behaviors demonstrated by anxiety, emotional adjustment problems and low self-concept.¹⁶

Nursing students' reports also showed that children in situations of violence have aggressive attitudes toward others, whether they are family members or not.

The child may also present the issue of violence, showing aggression not only with other children, but also with the family, rebellion at home. (P09)

Being angry, being agitated all the time, having this anger all the time, being angry with others. We need to be attentive to the truth, more than the symptoms themselves, signs that the body shows. The behavior of the child can also tell us a lot about domestic violence. (P16)

We are going to see an unhappy child, an angry child, or even a child who demonstrates the same actions; under his anger, he shows what he suffers for other children, in the form of aggression, beating, pushing, kicking, reproducing what he learns, what it is done to him. (P17)

It is important to emphasize that these nursing students' reports have demonstrated a comprehensive perspective on violence. They pointed out that they cannot identify cases of violence against children only with physical signs, but rather with the aspects that are often revealed by behaviors that will affect the social life of this child. Studies carried out with children and adolescents who had a childhood permeated by violence pointed out that children grow up believing that violence is an appropriate form of conflict resolution and tend to reproduce the history of violence that they themselves live or have lived.¹⁷⁻¹⁸

The view of health professionals should focus on the ability to perceive the problem of violence based on objective reality, not only on physical violence, so that vulnerabilities are recognized and violence is identified in a way that can be intervened.⁹

Thus, violence, when perpetrated at home, especially by parents, prevents the family from playing its protective role and becomes a risk to the child's development. This environment of aggression contains hierarchies in which children feel dominated and exploited.¹⁷

Thus, nursing students still reported that child behavior showing fear in front of parents and/or guardians can be identified as a sign of domestic violence.

The child becomes very withdrawn when he suffers aggression; she may not tell for being afraid of the person who has perpetrated this violence. (P3)

We can see that the child sometimes stays quiet; he lessens himself, he has a certain fear of communicating with that person who is the aggressor or who perpetrates violence against that child. (P7)

[...] they become afraid because they are going through situations in which they are attacked and they are afraid of reprisals, so they do not speak for fear that their parents come to attack or even for any aggressor to cause greater damage. (P18)

The interviewees pointed out that the fear that children present before the aggressor is justified by the fear that the cycle of violence continues, that is, that the violence is not interrupted by the fact of the discovery, but that the aggressor still continues to use violent acts to underestimate the child and demonstrate power over them.

Violence is often justified by aggressors as ways of educating and correcting child behavior that is deemed inappropriate, however, violence is often favored by existing power relations in society, which inflicts on the child's emotional submission and coercion, in addition to denying their rights as a human being in special condition of development.¹²

♦ Lack of knowledge in identifying cases of domestic violence against children

Nursing students evidenced in this category a lack of knowledge not only on how to identify children in situations of violence, but also on how to be able to prevent and intervene in the face of this phenomenon. The interviewees pointed out weaknesses of the undergraduate course regarding disciplines and contents that approach the subject, reflecting on the lack of skills necessary to

deal with situations they may face as future professionals.

At the undergraduate course I do not remember whether we had ever received this orientation. That's it, I had never had the opportunity to identify it during a consultation in my practice during the undergraduate course; I had never had the opportunity to see these cases. (P03)

I had never received training on such cases of violence. (P12)

I have never identified and had never been guided about it. (P16)

It is difficult for us to address this issue of domestic violence against the child. (P19)

The reports corroborate with studies that presented that it is necessary to introduce specific and transversal contents on violence during nursing undergraduate courses, since many nursing students have no training about this phenomenon and no knowledge on actions of prevention, detection and intervention, requiring a more specific discussion on the approach to violence.¹⁹⁻²¹

The nurses' actions are based on knowledge, so the professional must have the skills to be able to detect possible cases of violence not to let them go unnoticed.¹³

The interviewees below also mentioned not having a specific, but momentary, orientation that does not guide them in how to intervene in the identified situations of domestic violence against the child. The nursing student 13 also added that there is a flawed network of care to the child and that she does not know how the nurse can work within these services that compose it to meet the children in these situations of domestic violence.

We had not received a direct, specific orientation on violence against children. We know that there is a network of care to the child, but we do not know to what extent our intervention as a professional is. We also know that there are several gaps like this this network. [...] We do not have a specific orientation on violence against the child. (P13)

We have received a partial guidance, but it has never been a specific guideline for such a case, you should do this or that; I do not remember. (P14)

Nursing students expressed concern about the lack of training on the subject, which reflects an even greater responsibility in the management of human resources in the health area on coping with violence. Regarding this aspect, a study showed that it is necessary for the nursing professional to be involved in the identification of cases of domestic violence, which requires a greater investment by the government in the orientation of these

professionals with educational lectures, training courses and, thus, to contribute for the resolution of violence and the damage caused by it.²²

With regard to the network of care for children in situations of violence, a study found that there are concerns in the professionals' speeches in terms of supply and demand in relation to social services and health care in children, and the professionals have a responsibility to strengthen shared actions, establishing an effective protection network that includes referral and counter-referral services capable of acting on the multiple demands for attention and care expressed by children and families in situations of violence.²³

Thus, there is the need to articulate, in the field of nursing, the theoretical and practical knowledge aiming to build learning of the future professionals in the development of their potentialities in the service and application of the professional autonomy of the nurse.²⁴

CONCLUSION

Nursing students showed lack of knowledge in the identification of children in situations of domestic violence, since they presented a view focused on the biomedical model, valuing the clinical signs, highlighting the marks left in the child's body after the physical aggression as a form of identification domestic violence; also, that there are behavioral aspects that need to be taken into account in the child, which may indicate a situation of violence, even without obvious physical aggression, such as agitation, aggression, bad mood and difficulty in socializing with other children.

This knowledge was presented in a momentary manner, showing no correlation to the vulnerabilities of children in face of violence and how to identify it even before the physical and/or behavioral consequences are visible; there are weaknesses during the undergraduate course regarding the approach to this theme, lacking specific knowledge and guidance during vocational training to confront situations of domestic violence against the child. In this way, it is urgent to provide future nurses with skills and abilities to identify situations of violence against children.

It is hoped that this study may contribute to the professional training of nursing students, bringing reflections on how domestic violence can be addressed within nursing undergraduate curricula, in a transversal way and with the aim of developing the autonomy

of these future professionals to face domestic violence.

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