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VIOLÊNCIA CONTRA CRIANÇAS E ADOLESCENTES: ATUAÇÃO DA ENFERMAGEM*
VIOLENCE AGAINST CHILDREN AND ADOLESCENTS: NURSING PERFORMANCE*
VIOLENCIA CONTRA NIÑOS Y ADOLESCENTES: DESEMPEÑO DE ENFERMERÍA *

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RESUMO

Objetivo*:** analisar a atuação dos profissionais de Enfermagem da Estratégia Saúde da Família sobre a identificação e notificação dos casos de violência contra crianças e adolescentes. ***Método*:** trata-se de um estudo quantitativo, descritivo, transversal, realizado nas Unidades Básicas de Saúde. Compôs-se a amostra 215 profissionais de Enfermagem. Utilizou-se, para a coleta de dados, um questionário multitemático padronizado, pré-codificado e autoaplicado. Conduziram-se as análises no *software Statistical Package for the Social Sciences*. Submeteram-se os dados à análise descritiva por meio de frequências absolutas e percentuais. ***Resultados*:** observou-se que, entre os profissionais de Enfermagem que participaram do estudo, que 59,5% nunca haviam identificado casos de violência contra crianças ou adolescentes e apenas 11,6% notificaram alguma situação de violência envolvendo crianças e adolescentes durante o período de atuação profissional. Registrou-se, entre as notificações, o predomínio das situações de violência física (35,0%) pelos enfermeiros e de negligência/abandono (60,0%) pelos técnicos em Enfermagem. ***Conclusão: nota-se que muitos profissionais afirmaram detectar aspectos de violência na população jovem, entretanto, o ato notificatório não é uma realidade em Manaus, assim como em outras capitais, o que merece atenção e intervenção referentes à qualificação profissional.

***Descritores*:** Notificação de Doenças; Violência; Maus-Tratos Infantis; Equipe de Enfermagem; Criança; Adolescente.

ABSTRACT

***Objective*:** to analyze the performance of the Nursing professionals of the Family Health Strategy on the identification and notification of cases of violence against children and adolescents. ***Method*:** this a quantitative, descriptive, transversal study carried out in Basic Health Units. The sample was composed of 215 nursing professionals. For data collection, a standardized multi-thematic questionnaire was used, pre-coded and self-applied. The analyses were conducted in the Statistical Package for the Social Sciences software. The data were submitted to descriptive

analysis by means of absolute frequencies and percentages. ***Results*:** It was observed that among the nursing professionals who participated in the study, 59.5% had never identified cases of violence against children or adolescents and only 11.6% had reported any situation of violence involving children and adolescents during the period of professional activity. Among the notifications, the predominance of physical violence situations (35.0%) by nurses and neglect/ abandonment (60.0%) by Nursing Technicians was recorded. ***Conclusion***: it is noted that many professionals have stated that they detect aspects of violence in the young population; however, the notification act is not a reality in Manaus, as in other capitals, which deserves attention and intervention regarding professional qualification.

***Descriptors*:** Disease Notification; Violence; Child Abuse; Nursing Team; Child; Adolescent.

RESUMEN

Objetivo: analizar el desempeño de los profesionales de Enfermería en la Estrategia de Salud de la Familia en la identificación y notificación de casos de violencia contra niños y adolescentes. ***Método:*** se trata de un estudio cuantitativo, descriptivo, transversal, realizado en las Unidades Básicas de Salud. La muestra fue compuesta de 215 profesionales de Enfermería. Para la recolección de datos se utilizó un cuestionario multitemático estandarizado, precodificado y autoadministrado. Los análisis se realizaron utilizando el *software Statistical Package for the Social Sciences*. Los datos se sometieron a análisis descriptivo utilizando frecuencias absolutas y porcentuales. ***Resultados:*** se observó que, entre los profesionales de Enfermería que participaron en el estudio, el 59,5% nunca había identificado casos de violencia contra niños o adolescentes y solo el 11,6% reportó alguna situación de violencia con niños y adolescentes durante el período rendimiento profesional. Entre las notificaciones, predominaron las situaciones de violencia física (35,0%) por parte de enfermeros y negligencia / abandono (60,0%) por parte de técnicos de Enfermería. ***Conclusión:*** se observa que muchos profesionales afirmaron detectar aspectos de violencia en la población joven, sin embargo, la ley de notificación no es una realidad en Manaus, así como en otras capitales, lo que merece atención e intervención en cuanto a la calificación profesional.

***Descriptores*:** Notificación de Enfermedades; Violencia; Maltrato a los Niños; Grupo de Enfermería; Niño; Adolescente.

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INTRODUCTION

Violence is defined as any act that may cause damage or harm, of a sexual, psychological, physical or negligent nature. It is understood that children and adolescents are the main individuals vulnerable to violence, and therefore constitute a major social risk factor.[1] It is known that such violence can occur in any age group, however, in relation to children and adolescents, their growth is impaired, since it is a stage of cognitive construction and the damage caused can generate problems for life, resulting in victims of depression, suicide, ischemic heart disease, chronic lung disease, illegal drug use and even death.[2-3]

It is specified that Brazil ranks fifth in the countries with the most murders of children and adolescents, revealing the daily growth of violence committed against children under 18. It is estimated that 227 children and young people die every day in violent conditions and that an even greater number are hospitalized as a result of the injuries.[4] More than 126,000 cases of violence against children and adolescents were reported in Brazil in 2017, of which 1,561 occurred in Manaus (AM).[5] It is warned that violence should be reported, as this act contributes to the realization of strategies aimed at ending the suffering of victims and promoting healthy growth and maturation for children and adolescents.[6]

It should be emphasized that health professionals have the most contact with this population and, consequently, should be the front line people in the fight against violence. It is observed that these professionals, even recognizing the importance of notification, tend to pass on cases of violence to Social Assistance professionals. It is noted, in relation to nursing professionals, that they act in the three levels (primary, secondary and tertiary) of containment of violence against children and adolescents, however, the incapacity in their identification and notification has already been reported in several studies and their training has been cited as a measure of preparation in professional action to combat violence.[7-8]

This study is thus justified, since this social issue constitutes a public health problem in Brazil, since it generates serious individual and collective biopsychosocial problems due to the manifestation of violence in the context of the construction of the body and mind, as well as in

adult life.[9] It is therefore necessary to know more about the actions of health professionals in this context, especially Nursing, as they are the main actors responsible for the line of care of children and adolescents in situations of violence.

OBJECTIVE

To analyze the performance of the Nursing professionals of the Family Health Strategy on the identification and notification of cases of violence against children and adolescents.

METHOD

This is a quantitative, descriptive, transversal study carried out in the Basic Health Units (BHU) with Family Health Strategy (FHS) in Manaus (AM), which currently cover 39.3% of the municipality. The study is part of the research entitled "The process of notification of violence against children and adolescents by professionals of the Family Health Strategy in Manaus (AM)".

The quantity of professionals in the study was obtained from data provided by the Municipal Health Secretariat, and it was calculated that, at the time of the research, there were 183 nurses and 311 technicians in Nursing. Thirty Nursing professionals who did not meet the criteria for inclusion of at least one year of work in FHS, who were on leave or who had already participated in the pilot study were excluded. Thus, 95 (60.5%) nurses and 120 (39%) Nursing technicians answered the questionnaire.

The data was collected between October 2017 and April 2018 using a multi-thematic, standardized, pre-coded, previously tested and self-applied questionnaire. It is emphasized, before the entry into the field, that the researchers received training regarding the approach of the professionals and the filling out of the instrument.

The variables used are self-explanatory and refer to the socio-demographic characteristics, training, identification and notification of cases, according to the professional category, presented in tables.

The analyses were conducted in the SPSS (Statistical Package for the Social Sciences) software. The data were submitted to descriptive analysis by means of absolute frequencies and percentages.

The study was approved by the Research Ethics Committees of the Municipal Health Secretariat (Announcement No. 25/2017, of July 7, 2017) and the University of the State of Amazonas (CAAE n° 71311317.0.0000.5016Opinion No. 2.309.667, of October 2, 2017). The data was collected by signing the Free and Informed Consent Term (FICT).

RESULTS

Table 1 describes the sample composed by the 215 Nursing professionals, being 95 nurses and 120 Nursing technicians. It is recorded that most of the participants were female and over 40 years old (mean 43.48; dp ± 9.44 years). It is noteworthy that more than 50% of them were married or in stable union and more than two thirds reported being brown. It is worth mentioning that about 70% of the professionals claimed to have children. It can be noticed that almost 78% of the nurses declared to have more than five minimum wages, while the technicians in Nursing, even with a high percentage of non-filling, declared income from three to four minimum wages. It is stressed that the Catholic religion was the most self-declared among the nurses and, among the technicians in Nursing, was the evangelical.

Table 1. Description of the socio-demographic characteristics of Nursing professionals of the Family Health Strategy. Manaus (AM), Brazil, 2018.

Variables	Nurses N=95	%	Nursing Technicians N=120	%	Total N=215	%
Sex						
Female	84	88.4	94	78.3	178	82.8
Male	11	11.6	26	21.7	37	17.2
Age group (in years)						
25 to 35	22	23.2	25	20.8	47	21.9
36 to 40	23	25.2	29	24.2	52	24.2
>41	50	52.6	66	55.0	116	54.0
Marital Status						
Single	33	34.7	41	34.2	74	34.4
Married/stable union	49	51.6	66	55.0	115	53.5
Separated/divorced	12	12.6	11	9.2	23	10.7
Widow/er	1	1.1	2	1.70	3	1.4
Race						
White	33	34.7	20	16.7	53	24.7
Black		-	3	2.5	3	1.4
Brown	61	64.2	97	80.8	158	73.5
Yellow (asian)	1	1.1		-	1	0.5
Children						
Yes	63	66.3	82	68.3	145	67.4
No	32	33.7	38	31.7	70	32.6
Monthly income (in minimum wages)*						
Up to two	1	1.1	7	5.8	7	3.7

Three to four	2	2.1	44	36.7	46	21.4
> five	74	77.9	35	29.2	109	50.7
No information	18	18.9	34	28.3	52	24.2
Religion						
Catholic	52	54.7	52	43.2	104	48.4
Evangelical	31	32.6	55	45.8	86	40.0
Umbanda/Candomblé	1	1.1		-	1	0.5
Jewish	4	4.2	5	4.2	9	4.2
No religion	1	1.1	3	2.5	4	1.9

* R$ 998.00 (one minimum wage in 2019).

Table 2 presents the characteristics related to professional training and performance at FHS. It is detailed that more than half of the Nursing professionals worked for more than ten years (9.33; SD ± 5.37), on the other hand, as to the time they worked at BHU, both had less than five years (6.22; SD ± 4.96).

Table 2. Description of characteristics related to the formation and performance of Nursing professionals of the Family Health Strategy. Manaus (AM), Brazil, 2018.

Variables	Nurses N=95 %		Nursing Technicians N=120 %		Total N=215 %	
Level of education						
Highschool		-	72	60.3	72	33.5
Higher education	18	18.9	35	29.2	53	24.7
Specialization	74	77.9	13	10.8	87	40.5
Masters	3	3.2		-	3	1.4
University of graduation						
Publica	95	100.0	48	40.0	143	66.5
Private		-	72	60.0	72	33.5
Time in Family Health Strategy (in years)						
1 to 5	38	40.0	48	40.0	86	40.0
6 to 9	7	7.4	10	8.3	17	7.9
>10	50	52.6	62	51.7	112	52.1
Time in the Basic Health Unit (in years)						
Up to 5	66	69.4	59	49.2	125	58.1
6 to 9	12	12.7	26	21.7	38	17.7
>10	17	17.9	35	29.1	52	24.2

According to table 3, the identification of cases of violence against children and adolescents is highlighted.

Table 3. Performance of Nursing Professionals of the Family Health Strategy in the identification of cases of violence against children and adolescents in Manaus. Manaus (AM), Brazil, 2018.

Variables	Nurses N=95		Nursing technicians N=120		Total N=215	
		%		%		%
Identification of cases (professional life)						
Yes	49	51.6	38	31.7	87	40.5
No	46	48.4	82	68.3	128	59.5
Number of cases identified (professional life)						
None	46	48.4	82	68.3	128	59.5
1 to 3	44	46.3	31	25.8	75	34.9
4 to 6	2	2.1	4	3.3	6	2.8
7 to 9	1	1.1	1	0.8	2	0.9
10 or more	2	2.1	2	1.7	4	1.9
Number of cases identified in the last five years						
None	54	56.8	89	74.2	143	66.5
1 to 3	37	38.9	27	22.5	64	29.8
4 to 6	2	2.1	3	2.5	5	2.3
7 to 9	1	1.1		-	1	0.5
10 or more	1	1.1	1	0.8	2	0.9
Identification during the time of performance in the Family Health Strategy						
Yes	47	49.5	34	28.3	81	37.7
No	48	50.5	86	71.7	134	62.3
Type of violence identified in the last 12 months (n=87)*						
Physical	21	44.9	12	31.6	33	37.9
Psychological	18	36.7	18	47.4	36	41.4
Sexual	15	30.6	7	18.4	22	25.3
Negligence / abandonment	17	34.7	13	34.2	34	39.1
Child labor	4	8.2	4	10.5	8	9.2

*Each professional could identify more than one type of violence

The aspects related to the notification of cases of violence against children or adolescents in table 4 were verified.

Table 4. Performance of Nursing Professionals of the Family Health Strategy in the notification of cases of violence against children and adolescents in Manaus. Manaus (AM), Brazil, 2018.

Varibles	Nurses N=95 %		Nursing technicians N=120 %		Total N=215 %	
Notification of cases (in professional life)						
Yes	20	21.1	5	4.2	25	11.6
No	75	78.9	115	95.8	190	88.4
Number of notifications in the last five years						
None	77	81.1	116	96.7	193	89.8
One to three	17	17.9	3	2.5	20	9.3
Four to six	1	1.1	1	0.8	2	0.9
Type of violence reported in the last 12 months (n=25)*						
Physical	7	35.0		-	7	28.0
Psychological	6	30.0	2	40.0	8	32.0
Sexual	6	30.0	1	20.0	7	28.0
Negligence / abandonment	6	30.0	3	60.0	9	36.0
Child labor	1	5.0		-	1	4.0

*Each professional could report more than one type of violence

DISCUSSION

The sample was composed predominantly of adult women, married, brown and with children. It was reported in a study that investigated the historical process of women's work that the largest workforce in the health sector is female.[10] It was identified, in relation to the act of reporting, in a study conducted with nurses in Taiwan, that most of the nurses who report cases of violence against children are female, but, contrary to the results described above, they were single and had no children, as well as in a survey with FHS professionals conducted in Ceará, in which the sample was composed predominantly of women, also without children, but just over half (53.2%) were married. [11-2]

It is noted that the professional training of participants points to a majority of nurses with specialization and few technicians in Nursing with higher level. It can be seen, among the Nursing professionals with mandatory higher education level, that they have attended public universities, while the Nursing technicians, who chose to go on to higher education level, did so in private universities. It is noteworthy that the times of performance at FHS and BHU did not differ between professional categories. According to a study conducted on the notification of violence against children and adolescents, with 18 nurses of the Family Health Strategy of Alagoinha and Pesqueira,

municipalities of Agreste do Pernambuco, it was noted that most participants claimed to have some specialization in collective health.[13] In researches, the importance of universities in the insertion of the topic of violence in undergraduate and other levels of education was pointed out, with the purpose of contributing to the construction of a better professional qualification, since its lack leads to a deficiency in the identification and approach of cases of violence. It was pointed out, in relation to the time of performance in Primary Health Care, in another study, composed by 616 nurses from the State of Ceará, that they presented more than five years of performance, contradicting a study carried out in 85 cities of Ceará whose results showed that the professionals presented less than five years of performance in FHS, considering this a difficult factor for the notification of violence.[14-6]

It is estimated that the difference between the detection and reporting of cases of violence against children and adolescents can be overcome by improving the knowledge base. It is understood that understanding and clinical skills in the detection of child abuse are crucial knowledge and skills needed in the training of health professionals. It is argued that professional education programs should sensitize health professionals about occurrences and instruct them on how and when to report a suspected case of child abuse and neglect, in addition, it has already been shown that the use of tools for the qualification of professionals is necessary to overcome these barriers.[17-8]

From the results obtained, it was verified that the nurses were the ones who identified the most cases of violence against children and adolescents during the whole professional performance. It is recorded, in relation to the number of cases, that both professional categories detected few cases. It was also observed that the cases pointed out do not refer to the occurrences identified during the performance of this professional in FHS and, when questioned in relation to the last five years of professional performance, this quantitative decreased significantly.

It is necessary for the professional nurse to understand and evaluate the individual context of the aggressor, who may be living in conflicting situations and manifesting violent reactions within the family. In addition, the nurses are given the task of surveying the needs, directing attitudes, proposing changes, following up on situations of revictimization and assessing the changes.[19]

It is noted, on the identified violence, that physical violence predominated over the other typologies. There is evidence that nurses are professionals who frequently identify cases of violence against children and adolescents, both at BHU and FHS. In a survey conducted with 72 BHU professionals from an administrative district of Belém (PA), it was found that the results presented corroborate the findings of this study, referring to negligence (n=56; 77.78%) and physical violence

(n=47; 65.28%) as the most identified; however, 70.83% of the Nursing professionals involved in the survey reported more identification of cases of physical violence, compared to the other types.[20-1]

It should be noted that some types of violence were little identified by the Nursing professionals who participated in the research, such as child labor. It is suggested that some weaknesses in the training of human resources in the area of health on abuse that affects vulnerable groups, including children, may contribute to this situation. It is known that this theme is not contemplated in most of the curricular matrixes of higher education health courses, including postgraduate courses, and it does not present itself as a target of training in the continued formation of FHS teams.[22]

It is noted, in relation to the performance of nursing professionals in the notification of violence against children and adolescents, that they have stated that they have never made such a record during all professional performance. However, it is observed that those who did report less than four reported cases. It is detailed, in relation to the typology of the violence reported, differently from what was previously pointed out in relation to the violence identified, that the nurses reported more cases of physical violence, while the technicians in Nursing recorded more occurrences related to negligence.

It was also pointed out in the research on the notification of violence against children and adolescents in Alagoinha and Pesqueira that less than half (44%) reported having identified and notified some type of violence during professional life,[13] with sexual violence being the most identified, which is justified by the lack of knowledge about the other typologies, judging the sexual and physical violence as the most serious and, thus, harming the notification process.[23] In a study conducted by nurses in Taiwan, the need for training on violence against children[24] was highlighted so that the courses and training overcome the knowledge deficit on the subject. However, there are no reports on the identification and notification of violence against children and adolescents, which reinforces the importance of the findings of this study.

It should be noted that physical violence usually leaves obvious marks on the body, which significantly increases the chance of being recognized and diagnosed as an injury resulting from violence, making it easier to report it in relation to other types of violence. Thus, it is evaluated that the Protection and Care Networks should be structured by the articulation between the different actors of the organizations involved for the exchange of experiences and, mainly, for the confrontation of concrete and common problems.[25]

CONCLUSION

It was verified that the performance of Nursing professionals in relation to the identification and notification of violence against children and adolescents was different, although effective, but the

same scenario was not observed in relation to the accomplishment of the notification. It was certainly verified that many professionals affirmed to detect aspects of violence in the young population, however, the notification act is not a reality in Manaus, context also evidenced in other studies. Furthermore, a difference in the typology of the violence identified among professionals was noticed, which denotes the need for dialogue among professionals of the same class.

Even with the limitations regarding losses due to refusals to participate in the study, it is argued that the results point to the need for continued training aimed at these professionals. It is suggested that the approach in the form of conversation wheels, physical or digital lectures and teleconsulting in the victim care units, as a strategy to raise the awareness of nursing professionals, may be a way to drive change in the current reality about the performance in identifying and reporting violence against children and adolescents. The insertion of violence in the graduation of these professionals, as well as training and capacity building directed to the notification, is also highlighted.

It is also believed that the sample of Nursing Technicians was small, that this study has relevance in view of the scarcity of other research involving these professionals, not only evidencing the magnitude of the notification but also, how it can contribute to the elaboration of actions that broaden the holistic view of Nursing professionals in the process of victim care and in the control of the grievance through the reduction of cases of violence against children and adolescents in Manaus.

Finally, it is suggested that new studies be carried out for reflection and progress in the work of nursing professionals in the care of children and adolescents who are victims of violence, an action that becomes essential for the vigilance of the grievance, following what is recommended by the Statute of the Child and Adolescent.

CONTRIBUTIONS

It is informed that all authors contributed equally in the conception of the research project, collection, analysis and discussion of the data, as well as in the writing and critical review of the content with intellectual contribution and in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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