THE INFANT ABUSE FROM THE PERSPECTIVE OF THE COMMUNITY HEALTH AGENTS

A VIOLÊNCIA INFANTIL PELA ÓPTICA DOS AGENTES COMUNITÁRIOS DE SAÚDE

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ABSTRACT
Objective: to understand children abuse from the perspective of the Community Health Agents (CHA).
Method: descriptive, exploratory and qualitative approach study developed in the Family Health Strategies (FHS) in a town situated in the southern state of Minas Gerais-MG. The participants of the study were 10 community health agents. The data collection occurred from November 2010 to April 2011, through individually semi-structured interview. The data were organized and submitted to Analysis of Content, Thematic Analysis modality, proposed by Bardin. The research project was approved by the Research Ethics protocol No. 123/2010. Results: two categories emerged “The violence observed by the Community Health Agents” and “The care provided to children and adolescents who are victims of violence”. Conclusion: based on the data presented, it was demonstrated that the community health agents have superficial knowledge about the subject and needs training on this.

DESRIPTORS: Nursing; Child abuse; Domestic Violence; Community Health Agents.

RESUMO

DESRIPTORES: Enfermagem; Tratos Infantis; Violência Doméstica; Agentes Comunitários de Saúde.

RESUMEN
Objetivo: entender el abuso de menores, bajo la óptica de los Agentes Comunitarios de Salud (ACS). Metodología: estudio exploratorio, con enfoque cualitativo descriptivo y estrategias desarrolladas en Salud de la Familia (USF) en un municipio en el sur del estado de Minas Gerais-MG. Los sujetos de la investigación fueron 10 agentes comunitarios de salud. La recolección de datos tuvo lugar entre noviembre de 2010 abril de 2011, a través de entrevista semiestructurada individual. Los datos fueron organizados y sometidos a análisis de contenido, el método de análisis temático propuesto por Bardin. El proyecto de investigación fue aprobado por el Comité de Ética e Investigación, Protocolo 123/2010. Resultados: surgieron dos categorías: “La violencia observada por los trabajadores comunitarios de salud” y “La atención prestada a los niños y adolescentes que son víctimas de la violencia.” Conclusión: los datos presentados demostraron que los Agentes Comunitarios de Salud tienen poco conocimiento sobre el tema y la necesidad de formación.

DESRIPTORES: Enfermería; Abuso de menores; Violencia Doméstica; Agentes Comunitarios de Salud.
INTRODUCTION

The phenomenon of violence occurs in all cultures, regardless of race, ethnicity, age, gender and social class and the victims are characterized by being part of a group of greatest vulnerability. Children victims of violence are daily news of important news. However, not just reporting is enough. The society should be mobilized for the rights of child protection in order to put into practice the Statute of Children and Adolescents (ECA). It is noteworthy that children are victims of all ways of violence across the social context, either structural or family, thing that awakens to the fact to the pursuit of knowledge and understanding of this phenomenon. Once the scale of the problem and its consequences established, it is possible to viable ways of fostering its reduction by minimizing its effects.

Contextualizing child abuse becomes a challenge for all researchers involved in this issue because it is intertwined with cultural values, disciplinary backgrounds and with the power conferred by society to adults. Thus, the development of studies on childhood violence leads to different forms of classification. Therefore, this study will focus on the intra-family, structural violence and their sub-classifications, with emphasis on the physical, psychological, neglect and sexual violence.

There are gaps still present between the subject and the resolution of the phenomenon, which causes endless discussions in the search for concrete actions to remedy the problem. However, the eradication of child abuse, even being among the proposals to be achieved for the new millennium, it seems distant, given that the actions emerge very maidenly in the society. Considering that violence is practiced in most situations in the family, family members tend to omit the assaults in order to preserve the environment. Thus, the context in which violence is inserted, can contribute to non-adherence to new conceptions of protecting the child and adolescent.

The issue of violence and health were discussed since the 70s. However, only in the 80s is that the subject takes a different scenario and childhood maltreatment become a discussion in the area of public health.

The Federal Constitution of 1988, Article 227, states the rights and duties of citizenship of children and adolescents being guaranteed, determines the responsibility to the sectors that make up the society, such as the family, the State or the community. Maltreatment against children confer a crime and protection of this right are guaranteed by ECA since 1990.

With the implementation of the Family Health Strategy in the late 90s, it is having a different understanding of the population, because it is worked with a delimited area. Thus, issues such as violence and disabilities assume a new significance to public health. A team of nurses, doctors, technician nursing and community agents start elaborating the profile of the community.

The Community Health Agents (CHA) integrated into the Family Health Strategy realize the link between the health sector and the community. Its responsibilities go beyond monitoring ascribed families from their areas, i.e. they have to identify, monitor and report situations that suggest imminent physical, mental, social and spiritual health of human beings in all their vital context risks. Thus, we see the importance of the involvement of different professional groups in the resolution and prevention of child abuse.

Violence is a serious problem for public health, and it should be addressed by professionals working in the area and at all levels of care, either Primary, Secondary or Tertiary. Therefore, they should act providing assistance to victims and helping to resolve this problem by establishing ways for the prevention, treatment, and research in the area.

OBJECTIVE

● To understand child abuse from the perspective of the community health agents (CHA).

METHOD

Descriptive and exploratory study using a qualitative approach, which allows to understand and appreciate the reality experienced by the subjects, being quite adequate to achieve the proposed objective.

Qualitative approach studies aimed the understanding, description and interpretation of the meanings that individuals express. In this sense, the concern of this type of research is not given by a numeric context, but by deepening and understanding of the complexity of meaning expressed by the interviewees.

The study was conducted at the Family Health Units (FHU) of a municipality in the southern state of Minas Gerais, MG, place that allows contact with the subject systematically. The city has thirteen FHU;
The subjects of the study were 10 community health agents, who met the inclusion criteria: to act as CHA for more than six months at FHU. CHA who were on vacation and on leave in the period of data collection were excluded. The subjects were instructed about the objectives, methodology of the study and their participation was voluntary, and they signed the consent form in duplicate, according to the National Health Council, Resolution No. 466/12.7.

The data production occurred from November 2010 to April 2011, in the FHU in a reserved room and with prior appointment, given the availability of the subjects. Data were collected through individually semi-structured interviews and recorded by digital MP3 player, using the following guiding question: What is your experience with infant abuse in your area? Then, the data were fully transcribed, in their sequence, not losing any significant detail for analysis. It is important to highlight that the community health agents were identified by the letter M followed by a number indicating the order in which they were included in the study, to ensure the confidentiality of information and identity preservation.

The data generated were subjected to content analysis in Thematic Analysis mode.8 The content analysis shows up as one of the techniques of data analysis used in more qualitative approaches of messages and information in the area of health.9 Thus, with the intention of better organization and exploitation of results obtained from the interviews, it was decided to follow the steps of content analysis, which unfolds in pre analysis, material exploration, processing of results, inference and interpretation.

In pre analysis, the transcripts of the recordings and the initial reading of the data were made where a detailed study of the material was performed by systematizing the initial ideas. During the exploitation phase of the material the encoding was held which text was divided into units of record and later became the convergence of data. In the processing of results, inference and interpretation, the transformation of raw data was done, in order to make them meaningful and valid, where the validation of the objective of the study was done. At this stage data condensation occurred and information for analysis were evident, thus leading the inferential interpretation.

The project was submitted to the Ethics Committee in Research of the Federal University of Alfenas (UNIFAL-MG) and approved by the assent under No. 123/2010 Protocol on October 25, 2010.

RESULTS AND DISCUSSION

After analyzing the data, two categories emerged: The violence perceived by the community health agents and The care provided to children and adolescents victims.

The violence perceived by the community health agents

This category shows child violence by the perspective of the community health agents that expressed in their many faces, but also the lack of effectiveness of social policies and existing health prevention planning and formulation of the health sector, in order to promote the construction of citizenship of children and adolescents.

Considering violence as a social problem, a relationship of structural violence with socioeconomic status can be established, as evidenced in:

[... ] She lives in a trading room with two children, one two years old and other one month old. The room has no window, it is all moldy inside. When they sleep, they put the door down. I'm struggling with this for a long time, I already called the social assistant ... At that time she had no food … My concern is with two children living in that environment, they still have a health problem. (M1)

They lived in sub-human situation, the mattress was on the dirty floor. One day we went and lifted the mattress, it was full of bugs, those white bugs under the mattress. He had no light in the house. (M3)

Regardless to the statements made by the community health agents, we realize that the structural issues appear arising from social deprivation that lead to attention problems for children and adolescents, resulting in structural violence. This can emerge in a social system on the living conditions and poor or absent public policy. Thus, violence may be related to socioeconomic and political conditions.10

From this reflection, it can be said that the structural violence victimizes children and adolescents with high social risk imposed by socioeconomic system, characteristic of societies marked by inequality in income distribution.11

It also showed the fragility and dismantling the networks of protection and support for children and adolescents, as well as attention to the family. This brings the concern of the lack of consistent and appropriate social policies to intervene and ensure basic needs of individuals in different social classes,
providing thus an increase in the quality of life of this population.12

It is noteworthy that the community health agents witnessed, apart from structural violence, the psychological violence characterized by a turbulent environment which may result in lack of dialogue between family members and the imposition of power by a person with ties of affection and/or family being mostly an adult.

[…] I witnessed her grandmother screaming with a girl, she does so with everyone in the house, everything with screams and slaps […]. (M3)

[…] She screams at the child, scaring the child in a way that the child is traumatized with the scream. (M5)

[…] Mother who arrives like this: you're dumb, you have nothing. (M6)

It is known that by the culture, the punishments, corporal punishment, humiliation or moral disqualification can be considered as a way used as educational practices in an attempt to correct deviant behavior. Such attitudes are perhaps from the mothers as the main triggering agents of violence, considering that they spend most of their time with their children at home.13

It is necessary, therefore, to reflect that the home is a privileged place for the practice of violence against children and adolescents, which has close ties to the limits imposed by privacy that ultimately isolate the family social vision, providing an environment without witnesses and covered up by family complicity.14

The family is considered the foundation for the psychological, social and physical development of children and adolescents. However, when there is the presence of violence, family background is no longer seen as something warm and ideal before society, going to establish a situation of helplessness and vulnerability to its members.15 Thus, the environment should provide security becomes a place of high physical, social and emotional risk. Adding to the fragility of these individuals, psychological violence victimizes them in their daily lives.

Sexual violence was also observed in the reports of community health agents as something present in areas ascribed of Strategies of Family Health, being the aggressor, in most cases, a family member or even a close person from the family.

[…] The father sometimes rapes his own son in the house […]. (M6)

[…] The older children 15-16 years old were taking other boys into their home and the boys were abusing the underage girls, can you believe? […]. (M7)

The infant abuse from the perspective of the…

And she began to cry, she said that the mother did not know that her stepfather had abused her. (M9)

Even after the abuse it was identified the grandfather’s abuse, it continued the same way, the father said he trusted the family. (M10)

[…] He is a relative of the child, he began to lower the short of the boy and the boy began to cry and it was when the boy's grandmother was coming, she called the people you know, I think he was going to start abusing […]. (M11)

Sexual violence occurs more frequently in the family environment, as consequence of social reality. This type of aggression could be from the father, stepfather, uncle, grandfather, or any member of intimate family living. The respondents reinforced this showing that such violence occurs in the family and/or from one person that family trusts. Most reports of sexual violence tends to be children and adolescents with low levels of education and from families with low income, or sexual violence may be omitted in the higher classes.16

This situation leads to think that abusers because they are people close to the family of the abused, tend to make threats, enforce power, triggering a process of psychological domination over the victim. Another important point to be questioned is that the family, to find the action, remains silent to preserve the aggressor and the victim also, before society. But this leads to lifelong trauma of child victims of sexual violence.17 18

As a member of the health team and leader of community health agents, the nurses need to instruct their employees on how to detect and prevent sexual violence, explaining that the omission should not be part of the discourse of these professionals, so there is more care and modification of care practice focused on this type of injury.19

Physical violence was the form of aggression seen by community health agents and perhaps this is due to being perceived more easily, due to the obvious physical signs, as highlighted in the speeches:

Pulling the girl's hair, dragging on the ground. (M4)

[…] The mother beats up with the broomstick in children in the street. (M6)

[…] She started working and she was beating the children, she freaked out and beat the children. (M7)

[…] She leaves the girl locked in the house, I got there, and the girl was really hurt, she had badly bruised legs, like braces or something that hurts […] her ear was slightly shifted above. (M8)

Characterized by physical injuries most commonly found among the numerous types of

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domestic violence, its gravity can vary from pinching and slaps, reaching assaults leading to death. The implementation of this type of aggression occurs by hitting with slippers, ear pulling, kicking, hitting with a belt, punching, scalding with hot water and cigarette ember or electric iron, intoxication with psychotropic drugs, suffocation, mutilation and beatings, leading to their clear identification.20-21,22

It is noteworthy that the ways used as disciplinary practices can lead children to have an attitude of submission and obedience, seen as correct and/or acceptable for the society.23 The child victim of maltreatment tends to be impaired development possibly making him an adult with violent characteristics. In this context, it should be considered that children and adolescents are unequal with respect to their abuser, since this is an adult, with superior strength and physical ability to his victim, which unable any defense.24

Analyzing physical violence, it was observed through the narratives of the participants in this study that the community health agents experience, witness and are directly inserted in the context of violence against children and adolescents. The fact acting in home visits, building a bond with the community and family with the problems of the community allows early identification but can only slightly modifying the actual situation.

♦ The care provided to children and adolescents victims

This category was noticeable unpreparedness by community health agents in the care and monitoring of children victims of child abuse, as well as a lack of programs in the Family Health Strategy in which these professionals may be base in order to develop their activities with higher efficiency. Thus, professional demonstrate not enough training and skills to cope with such a complex issue, something that often prevents them from offering a better service, as illustrated in the speech:

In the case, we will intrude and we still take curse [...] How will I discuss? I have no knowledge of what to do. No way, and yet we shock. (M6)

The professionals of the Family Health Strategy are essential in identifying individuals and population groups at risk for violence and should take actions to promote prevention and putting in place the most appropriate interventions. However, this is only possible through a joint effort with the community, in order to protect the child victims of violence in an attempt to minimize relapses and aggravation of existing cases.25

One of the strategies to promote the detection and monitoring the victims of child abuse is the implementation of training programs, which may promote the qualification in relation to social issues. Thus, it is for the State to adopt ways to ensure that the rights of children and adolescents are preserved through public policies and programs aimed at preventing domestic violence.26

By identifying child abuse the professionals were heading cases and commented that sometimes they experienced fear about the complaint. This can be seen in their lines:

[...] That's when we called the Guardian Council to do something [...]. (M4)

[...] We never had a training, we operates the Guardian Council, as they say, by deduction [...]. (M3)

We emphasize the importance of the Guardian Council as essential to ensuring the rights of the child and adolescent. We notice that its integration with the health services is still insufficient and little interaction between them is shattered, as perceived by health professionals due to the difficulties presented by these bodies in fulfilling their role, when situations of violence they are forwarded. This makes professionals with questions regarding referring of serious violence to these bodies.26

Even they understand their role in the Family Health Strategy, occupying a favorable position allowing the detection of possible risk factors and thus concomitantly with the policy of primary care, they may act in promotion, prevention and rehabilitation. However, such professionals do not operate effectively due to lack or even by a little preparation, presentation and definition of roles in solving the problem of violence.25

As previously referenced, the fear regarding the complaint by the community health agents can express helplessness in the lack of structure and or staging professionals connected to the networks to protect children and adolescents, which perhaps leads to not ensuring the preservation of their identity. Thus, the lack of adherence to notification is due to violation of the secrecy of the information.20

Another reason that has contributed to the non-involvement in the notification is that most often the abuser is the provider of family support, and a complaint may lead to further family problems, as seen in the following narrative:

Once a woman came here and the Guardian Council said it was the PSF who made the
complaint. Who did she think she was? - I. And this woman lived with a drug dealer [...]. (M4)

I'm going to speak, but I'm even scared to talk [...]. (M5)

Because that way if something happens and I go, I report and notify, those who come here to solve hears everything and leaves. I stay, you know, and how do I enter to the area then? Then it gets difficult. (M8)

The statements cited here show the situation of fear experienced by professionals. Developed attitudes are due to threatening experiences they witnessed. It is important to highlight that they reside in the community and often suffer intimidation made by the families of the victims in their workplace and family. Thus, professionals end up omitting something that results in underreporting, do not go into the protection system. 27,28

It is clear the importance of the involvement of different professional groups in the solution or reduce the problem presented, among which must be professionals in the health, education, social assistance and those relating to the judiciary. Through the involvement, commitment and coordination of the sectors mentioned, it will be possible to identify risk factors being such professionals in possession of a social history. The acting in this way makes it easier for them to put into practice the legal principle of notification to the competent body, since they are able to practice the profession and not just legally entitled, they may exercise geared to the victim and family beneficial actions.

Intersectoral action can reduce relapses and sequel of cases to minimize the time of detection of the phenomenon and the risk linked. In this context, these actions contribute to quality and fully care for the child.

Fear of the complaint and underreporting of cases of child abuse, the fragility of support networks for child and adolescent victims of violence or at risk have been evidenced, making necessary more studies detailing and quantifying the unpreparedness of community health agents as well as studies that denote the factors that contribute to the fragility of the system and, with it, the perpetuation of the phenomenon of violence. Such actions aim to promote possible training to improve care for victims.

**FINAL REMARKS**

With the data presented, it was noted that community health agents experience and witness to child abuse in the workplace, but they feel limited with the violence factors they found. It is important to highlight then, some factors that prevent them from being active in the child abuse, such as lack of training, residence in the area of operation, location of the Family Health Strategy in vulnerable areas and in areas of traffic. Thus, these social factors often prevail against health factors.

Then, it is considered that services composed by trained professionals and which are integrated with the safety nets, can contribute to the development and implementation of strategies, such as treatment protocols, operational work in groups with community health agents, family and community, in order to mitigate the impact of the phenomenon of violence in society, specifically child abuse.

We believe that the phenomenon of such violence is a social problem and the actors involved in this scenario need support and protection so they can play their role in society, it is essential to be monitoring to identify and minimize the occurrences of assaults against children. So it is important to restructure the ways in which complaint are processed, to guarantee the confidentiality of the identity of the complaints, as well as expedite the process of protection presenting effective resolutions of the denounced situations. The government and public security institutions should dispense this type of support, as it is believed that in this way the community health agents will perform their actions to protect children and adolescents. Their notifications will be guaranteed personal safety in physical, psychological and moral aspects in the community where they provide their services and specially in their delimited area of the Family Health Strategy.

**REFERENCES**


The infant abuse from the perspective of the...


