INTRA-FAMILY VIOLENCE AGAINST CHILDREN AND ADOLESCENTS: REFLECTIVE ANALYSIS ON THE DIFFICULTIES AND THE PERFORMANCE OF NURSING

VIOLÊNCIA INTRAFAMILIAR CONTRA CRIANÇAS E ADOLESCENTES: ANÁLISE REFLEXIVA SOBRE AS DIFICULDADES E A ATUAÇÃO DA ENFERMAGEM

LA VIOLENCIA INTRAFAMILIAR CONTRA NIÑOS Y ADOLESCENTES: ANÁLISIS REFLEXIVO SOBRE LAS DIFICULTADES Y LA ACTUACIÓN DE ENFERMERÍA

RESUMO

Objetivos: discutir os fatores que ainda têm dificultado e comprometido o processo de notificação e destacar a atuação das enfermeiras no processo. Método: estudo reflexivo, a partir de revisão da literatura na qual foram consultados artigos científicos nas bases de dados LILACS e na biblioteca virtual SciElo. Resultados: apresentam-se, inicialmente, as barreiras enfrentadas pelos profissionais de saúde para a notificação da violência intrafamiliar contra crianças e adolescentes e, a seguir, as ações desenvolvidas pelas enfermeiras nos casos de violência intrafamiliar contra crianças e adolescentes. Conclusão: a notificação da violência intrafamiliar contra crianças e adolescentes justifica-se não apenas por sua exigência legal, mas, principalmente, por tratar-se de uma questão ética, que envolve pessoas em situação de vulnerabilidade e que suportam a violência silenciosamente por não conseguirem se desencaminhar da relação de dominação sofrida. Descriptores: Violência doméstica; Enfermagem; Defesa da Criança e do Adolescente.

ABSTRACT

Objectives: to discuss the factors that are still hampering and impairing the notification process and to highlight nurses’ role in the process. Method: reflexive study from review of the literature consulting scientific articles in the LILACS database and SciElo virtual library. Results: the results show the barriers faced by health professionals for the notification of intra-family violence against children and adolescents and the actions taken by nurses in cases of intra-family violence against children and adolescents. Conclusion: notification of intra-family violence against children and adolescents is justified not only by its legal requirement, but mainly because it is an ethical issue, which involves persons in situation of vulnerability coping with violence silently by failing to get free from the relationship of domination suffered. Descriptors: Domestic violence; Nursing; Defense of children and adolescents.

Resultados: primeramente son presentadas las barreras que enfrentan los profesionales de la salud para la notificación de la violencia intrafamiliar contra niños y adolescentes y, a seguir, las acciones tomadas por las enfermeras en casos de violencia intrafamiliar contra niños y adolescentes. Conclusión: la notificación de la violencia intrafamiliar contra niños y adolescentes justifica no sólo por su requisito legal, sino, principalmente, porque es una cuestión ética, que involucra a personas en situación de vulnerabilidad y que soportan la violencia silenciosamente por no conseguirse desencaminhar de la relación de dominación sufrida. Descriptores: Violencia doméstica; Enfermería; Defensa de los Niños y Adolescentes.
INTRODUCTION

In the field of health, violence against children and adolescents, due to its impact on the lives of thousands of victims, has stood out as a major public health problem. It is a situation understood in different ways, both by professionals and families, according to values, beliefs, and norms prevailing in society. Generally speaking, it can be said that it is a controversial issue from which numerous questions arise, especially when referring to children and adolescents, since, in its vast majority, this violence is perpetrated inside their homes by those who would have the duty to educate and respect them; however, they mistreat, hurt, and rape them.¹

The decision to break the silence that exists among the members of the family generally constitutes a dilemma for children and adolescents, as well as for health professionals due to the awareness of the duty to notify cases, even when it is only a suspicion of violence. The absence of implementation of protective measures, such as the notification of violence situations in the course of health professionals' activities, associated with the structural weaknesses of the system, and the difficulties of professionals in assisting and monitoring the victims, has contributed to the recurrence and worsening of cases.²

This fact requires that health professionals and managers, in their areas of expertise, contribute to the confrontation of the phenomenon, since it has been one of the most alarming demands in the routine of health services. Thus, health institutions play a key role in the implementation of the strategies needed to face this problem, because they are favorable locations for the disclosure of cases.³

According to the Brazilian law, all forms of violation of children and adolescents' rights, either physical, psychological, and sexual violence as well as negligence, are plausible to be notified. However, although the Brazilian law is considered as a reference for other countries, its implementation has not yet occurred in full. Even though the Statute of the Child and Adolescent (SCA) has been created 23 years ago, corroborating with the statement Leila Paiva, Secretary General of the Center for Reference, Studies and Actions on Children and Adolescents, we still live in a country in which children and adolescents are increasingly rights "creditors".

Advances that have occurred with the advent of the SCA are undeniable, as the disruption of silencing of topics such as sexual exploitation and child labor, which have been given greater visibility, as well as the creation of specific programs to deal with these problems. However, with regard to the practices concerning assistance to victims of violence, according to the Secretary General, they still need to be improved. In addition, there is the need to expand the number of police stations for protection to children and adolescents and the efficiency of the systems of protection to this population.⁴

The SCA also provides the establishment and investment in qualification and training of professionals to receive and be able to meet the service demand, as well as a set of services called "network" to be used by the victims of violence. However, it is necessary that the network develops an effective work, since it is a process that evolves at a slow step. The lack of professionals' awareness with respect to the identification and notification of violence, the shortage of services, and the weakness of professional qualifications have been highlighted as some barriers identified in the network.⁵ Still, in the course of building a network for combating violence in the field of health, in conjunction with other sectors and bodies, the notification stood out as a necessary task from which this network could be organized.

It can be observed that passing laws in an isolated way does not guarantee that children and adolescents will be protected. The right to full protection included in the SCA is constantly replaced by behaviors and actions that exclude, discriminate, and transgress the prerogatives guaranteed by the law. Discredit in the legal instruments, the justice system, and police authorities makes that many individuals choose not to report a violence situation, giving priority to protect themselves "in a wall of silence".⁶

It must be highlighted that, from the perspective of the network, everyone has influence not only with regard to the interruption of violence but on its maintenance. Instead of a universe of shared responsibilities, which should take effect in a democratic system, there are actions of omission, peaceful acceptance, or implicit or explicit support in situations involving violence against children and adolescents.⁷

A combination of knowledge and multiprofessional, transdisciplinary, and intersectoral practices is necessary to understand that intra-family violence against children and adolescents is a multifactorial problem. The deployment of a network for protection does not necessarily imply large
investments on the part of the public or private sectors. It is based on the change in the form of actions performed by the professionals who provide assistance to children, adolescents and their families, in order to be directing, monitoring, diagnosing early and providing assistance to victims in situations of risk for violence, with the support of the legal protection means.7

It is worth mentioning the importance of nurses and other nursing workers regarding violence notification, either due to their longest permanence in care environments, health institutions, and their closest approach to the victims and perpetrators since their insertion in these institutional environments.

One study shows that the practices related to notifications, which are performed by nurses and other health professionals who work in a university hospital, are rooted in regulatory procedures that are fragmented and based on institutional norms.8 These norms have the power to influence professionals’ behavior and they often direct the way professionals perform. In the absence of norms and protocols of how to proceed with notifications, the professionals can choose not to notify the violence, even though they may consider that notifications are important.9 The Code of Ethics of Nursing Professionals, however, refers to the obligation that nursing professionals have in order to ensure health, dignity, and human integrity. Therefore, even implicitly, this code provides the obligation to denounce the situations of violence identified to the competent bodies.6

Considering the need of notification of intra-family violence and its relevance to the triggering of a network for combating violence, the goals of this study were:

- to discuss the factors that are still hampering and impairing the notification process.
- to highlight the performance of nursing workers in the notification process.

**METHOD**

This is a reflexive study conducted through a literature review. The material consulted was scientific articles found in the LILACS (Literature in the Health Sciences in Latin American and the Caribbean) database and in SciELO (Scientific Electronic Library Online) digital library, based on authors that discuss the theme of notification of intra-family violence against children and adolescents. After reading the material, a descriptive analysis was carried out, which contributed to the reflection on the theme from two categories: (a) barriers faced by health professionals for the notification of violence; and (b) the actions performed by nursing professionals in cases of violence against children and adolescents...

**RESULTS**

- Barriers faced by health professionals for the notification of violence

The performance of health care professionals in the face of violence against children and adolescents has aroused the concern of scholars in the field, considering that the identification and notification of this type of violence is still incipient in the service network, occurring in a casual and not systematic manner.9 One of the difficulties that interfere in the notification process is the insufficient knowledge about the identification of violence and the notification procedures, reflecting the lack of theoretical and technical expertise on the topic.10 This issue has not been included in most undergraduate curricular programs,11 which contributes to the unpreparedness of many professionals to provide care that has effective impact on victims’ health.

In many occasions, the professionals only suspect of a violent situation when it is evidenced by clinical signs, which may become an obstacle to discover the case, because the victimization is not always detected through physical injuries.10 An expanded professional look in necessary to unveil the implicit demand that the subject features. However, this look is not an easy task, as it requires a differentiated analysis based on a theoretical framework, often requiring the help of experienced professionals in the topic.12

Several books have been released by the Ministry of Health in an attempt to help the professionals to diagnose each mode of violence.7,11 Indicators of violence, added to the anamnesis and physical examination, have constituted the basis for health professionals in order to diagnose.13 Although a number of indicators are made available, the diagnosis is not an easy task, because even though the signs indicate violence, a differential diagnosis may be necessary.

Cultural aspects can also strongly influence the professionals in the decision to notify or not any case of violence. Families can try to stop the notification, denying information in order to support suspicions by feeling threatened before the notification. Due to the trivialization of violence, so present in the daily life, abusive practices can be often considered as normal practices of discipline,
even by health professionals. Another source of difficulty is the absence of legal mechanisms for protecting the professionals in charge of the notifications.\(^{14}\)

Another barrier is the doubt concerning the preservation of the anonymity of the complainant by the guardianship counselors and the fragility of the support network regarding situations of violence against children and adolescents. A study conducted by Silva\(^{15}\) with professionals of the Family Health Strategy found that the main reason for non-notification of violence was the fear of suffering reprisals from the perpetrator (81.3%), since the lack of secrecy enables the identification of the professional who performed the notification. Similarly, Andrade also highlights this concern on the part of professionals as justification for the violation of the legal obligation to notify cases. Unlike the Brazilian context, there is a concern to preserve the anonymity of the notifying parties in official North American documents, which contributes to their safety during the process, favoring thus the notification of cases of violence.\(^{16}\)

The fear of reprisals was a striking feature exhibited by professionals, whether in physical or juridical dimension, constituting a barrier to the mandatory report of violence against children and adolescents. A research conducted with pediatricians of the United States showed that the experience with the judicial system is what determines that professionals pursue or not performing future notifications,\(^{16}\) having been found in another national study that fifty-two percent of physicians interviewed reported having received verbal threats from caregivers due to their notifications of violence to the authorities.\(^{17}\)

The potential loss of the relationship with the children and their families as a result of a report of violence against the children was also identified by health professionals as a barrier to the mandatory report. Although the majority of respondents in a national research with pediatricians report benefits associated with the notification, the most quoted negative consequence was the loss of families as patients.\(^{9}\)

Depending on the environment in which violence occurs, it is difficult for the healthcare professional to be inserted in the family context, because the perpetrators try to protect themselves through the possible means that they identify in order to mask the violent act. Realizing that their advances are not convincing, they use other practices such as blackmail, coercion against persons who pose a danger to them in the sense of revealing their transgression. As a result, persons in the community and health professionals may refrain from providing information in order to safeguard their physical and moral integrity, for fear of being persecuted and the lack of institutional protection and support.\(^{5}\) This way, feeling threatened, subtly or not, in face of violence detection and the necessity to notify it, the professionals often omit themselves in the process.

Groundless notification is also highlighted as one of the greatest fears of professionals, not only from the health field, but also from protective services. Scholars and professionals have been observing that the growth of awareness on the problem has been followed by the increase in the number of notifications. This way, untrue information consolidates an atmosphere of mistrust in society, as well as demands to protection agencies, because they must investigate every situation. Therefore, the great demand can overload protection services, constituting waste of time and resources that could be employed in really serious and true situations,\(^{18}\) in addition to the risk of making an accusation of violence to a person that may not be confirmed as perpetrator.

It is worth noting that structural aspects may interfere in the notification procedure. The mistrust of child protective services is a justification pointed out by professionals for not notifying. Despite its important role, the Guardianship Council often has its counselors working in adverse conditions regarding the physical infrastructure and human resources; in addition, there are still municipalities where these instances are not even deployed.\(^{19}\)

These factors have been obstacles in the management of cases and in the decision-making process for future actions. Likewise, the lack of organization of the network for assistance to violence has been an obstacle in the notification process.\(^{20}\)

Studies conducted in several countries showed the positive influence of knowledge, the access to training, and the qualification training of health professionals on the subject of violence against children and adolescents, showing the need for a continuing education process. In addition to be permanent, this educational intervention\(^{17,18}\) should not be limited only to the pathophysiological aspects, but also to addressing the topic, clarifying legal, social, cultural, epidemiological, clinical, and psychosocial aspects included in a dynamic relationship.\(^{7}\)
This demand is widely recognized by the public policies for combating violence in Brazil and it is incorporated by the National Policy for Reducing Morbimortality Caused by Accidents and Violence, which in one of its guidelines establishes the training and mobilization of health professionals who work at all levels of the Unified Health System.\textsuperscript{13}

Since there is a legal obligation for the health professional to notify cases of violence to children and adolescents, this intervention should be introduced in the academic training, since undergraduate courses, making it advisable to contemplate contents related to the theme in the curriculum. Likewise, strategies geared to training health professionals should be included in the planning of health services in order to address issues involving violence against children and adolescents, aiming to fill possible gaps in their approach. One of the strategies that must be highlighted is the importance of standardizing the notification of violence against children and adolescents in health services, which would contribute greatly to the exercise of power by health professionals, especially nurses, with respect to the perpetrators.\textsuperscript{6}

- **Actions developed by nursing professionals in cases of intra-family violence against children and adolescents**

Notification of intra-family violence against children and adolescents is a phenomenon that has encountered reluctance on the part of everybody. When the progression of violence—which has been happening quietly within the family environment—reaches a level at which its effects require health professionals assistance, nursing commonly receives the victims. Since these are spaces where it is possible to find victims of intra-family violence, this reality requires, both by nurses and other health professionals and nursing care, commitment, loyalty to each other and engagement, in order to provide care to the victims, as well as to notify the competent authorities to protect those victims.\textsuperscript{3}

The permanence of the nurses in the health institution and their approach in the provision of care enable them to create a deeper and lasting bond with the patients, providing an interpersonal interaction that allows obtaining details that often other professionals fail to detect, by not being so close and for a longer period in the workplace, as happens with nurses. As a result, nurses may be the first contact in a support network that seeks to break the cycle of violence.\textsuperscript{21}

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Even though it can be an issue difficult to be managed by nurses in their daily lives, it is up to them—when providing care, education and research—to believe that they are essential agents in the transformation of this serious problem of collective health/disease.\textsuperscript{21}

In the context of nursing performance, vulnerabilities that involve childhood and adolescence require a systematic assistance that can be accomplished through the nursing consultation, given its strong educational component and capability to strengthen the bonds between users (children/families) and professionals.\textsuperscript{22}

Assistance to children and adolescents victims of intra-family violence is a growing challenge for nursing professionals that find themselves confronted with the difficulties arising from their professional training.\textsuperscript{22}

Regarding the actions of nurses in a hospital unit dealing with violence against children, authors mention that difficulties for the performance of professionals derive basically from their training.\textsuperscript{21} Many of these professionals are unaware of the existing public policies, presenting difficulties in diagnosing the cases and intervening in the detection, notification and prevention of the problem.

Research has been carried out in order to know nurses’ perception about intra-family violence. A study conducted with nurses of health services identified their three types of responses to family violence: 1) refusing to recognize the phenomenon as if they had a “blindfold” that does not allow them to see violence. The professionals usually do not seek greater knowledge on the subject and direct their work centered on pathology, what makes it impossible to approach human beings in their entirety and as beings of relationships; 2) they find themselves trapped in certain beliefs or past experiences which prevent them from addressing the phenomenon in their professional practice; and 3) they are really “scientifically involved”, with the desire to learn, finding spaces for the performance of nursing.\textsuperscript{23, 46}

Despite the difficulties, through research conducted with nurses working in public health and hospital services, and bodies for the protection of children who are victims of intra-family violence, they claim that the nursing care provided to victims is configured in the recognition of violence, user embracement, guidance, and interaction with other professionals.\textsuperscript{24}

For the nurses in the study, the recognition of this phenomenon is characterized by invisibility, since it is shown masked by the
families and by the victims, who tend to deny intra-family violence. This way, due to the complexity involved in the subject, its detection and the intervention becomes difficult. The professionals’ decision to notify it or not is tied to what the families say and not to what in fact is being denounced, whether by any obvious damage, or by the account of the children.1,2

Information is a key tool in any work that involves research, observation, detection, and notification, which, once viewed under various prisms, can lead to the confirmation of a diagnosis of violence for years masked. Thus, the work done by the nurses is extremely necessary, especially due to their daily living with the victims.24 Hence the relevance of establishing contact and provide bonds between professionals and families through user embracement and anamnesis, thus being able to perform a more precise diagnosis and proceed with the notifications.

User embracement is regarded as the first step in the diagnosis of violence. The families that come to health services, for the most part, justify their presence in order to treat symptoms caused by violence and the professionals have to discover the origin of these manifestations. Commonly, professionals direct their actions for the treatment of symptoms, performing primary diagnoses that divert the attention from causal factors. In this way, violence remains muted and the intervention is limited in some situations to the prescription of medication and/or hospitalization, without being concerned to detect the causes.25 Professional practices are restricted to treating the symptom through consultation, without deepening the factor that caused the problem, thus hindering the possibility of unveiling the situation of violence.

During user embracement, despite the nurses want to provide support to the children and try to restore a bond of trust with them, there have been difficulties in its operationalization caused by the installed capacity of the service that does not always provide conditions to embrace the victims properly.25 Either at hospitals or Family Health Units, when nurses and other health professionals provide care to the victims, they should perform user embracement to the victim and their caregivers accordingly, exposing them as little as possible, without judging them, worrying about the ethical aspects and with the quality of the notification.26

The anamnesis is another important resource used in the diagnosis of violence, because it gives the nurses the opportunity to detect cases of violence in which there are no physical evidence, namely through the dialogue that is established and when a trust relationship between the professional and the parents/caregivers of the victim is created. Likewise, it allows identifying the differences present in the discourses of those responsible with respect to the information provided concerning the signs and the symptoms presented by the victim in the period of care and, thus, notifying in a safer manner.21

From the establishment of a relationship of trust with the family that suffers from violence, the professionals must implement immediate care relevant to their evaluation. However, in addressing children and adolescents, depending on the type of violence, some criteria need to be considered, which may generate difficulties to the professionals. Knowing the various “faces” that involve violence, the consequences that can occur depending on the abuse and the difficulties that victims have when talking about what happened, believing in the children and the adolescents, providing them with a welcoming and discreet atmosphere, and ensuring secrecy about the case, are actions that should be present when assisting the victims of violence.25

The lack of specific training on the subject, the naturalization of violence as a method of conflict resolution, and the beliefs of professionals about that problem often reinforce the feeling of disbelief, stigmatization and guilt. Working with situations of violence requires theoretical knowledge, because dealing with feelings, traumas, and social problems, without interfering in the professionals’ assessment, is very difficult. Therefore, nurses must learn to handle their prejudices, beliefs, and personal values, so that these aspects do not interfere in their ethical stance and the decisions to be taken.15

A study on the role of nurses in the FHS dealing with intra-family violence situations revealed that, despite knowing the concept of violence, the majority of nurses who worked in basic health units (BHU) did not feel confident to receive and embrace children who were victims of violence as well as to diagnose and notify.27 In addition, although they faced cases of violence, few of them were willing to deepen the circumstances associated with the violence. This attitude leads to believe that there is a linear look on the part of some nurses, which is not holistic and is also unable to understand the numerous cases of violence that have been occurring.
Intra-family violence against children and adolescents is justified not only by its legal requirement, but mainly because it is an ethical issue, which involves persons in situation of vulnerability coping with violence silently by failing to get free from the relationship of domination suffered. In the light of the perplexity caused by the impact that violence has on the health of children and adolescents, nurses and other health professionals have positioned themselves ethically, by failing to accept the trivialization of violence, negligence, and disengagement with others, using available resources to confirm its occurrence and carry out the notifications.

The notification is essential to combat violence against children and adolescents and to the process of restoring their rights. In addition to enabling the disruption of abuse and the triggering of protective and assistance measures for victims and their families, it also offers information for assessing the local situation, favoring the understanding and the confrontation of the phenomenon.

**REFERENCES**


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