

# Conceptions and practices of nurses in the family health strategy about child violence

**RESUMO** | Objetivo: Conhecer as concepções e práticas dos enfermeiros da Estratégia Saúde da Família (ESF) acerca dos casos de violência infantil. Método: Estudo descritivo, com abordagem qualitativa, realizado com enfermeiros de unidades de ESF em um município do estado de São Paulo, Brasil, no ano de 2017. Para coleta de dados, utilizou-se a entrevista semiestruturada, empregou-se a técnica de análise temática e COREQ para redação científica. Aprovado pelo CEP sob CAAE 65991417.0.0000.5431. Resultados: Da análise, emergiram como categorias: conhecimento e percepção acerca da violência infantil, posicionamento e ações desenvolvidas frente à violência infantil nas unidades e aspectos éticos e responsabilidades do profissional enfermeiro. Conclusões: Os discursos revelaram que as profissionais obtêm conhecimento sobre a temática e conseguem identificar os sinais e sintomas de violência nas crianças e adolescentes. Apesar disso, as enfermeiras manifestaram insegurança no processo de notificação, demonstrando medo para realizar e se envolver legalmente frente aos casos.

**Descritores:** Criança; Violência Doméstica; Saúde Pública; Enfermagem.

**ABSTRACT** | Objective: To know the conceptions and practices of nurses in the Family Health Strategy (ESF) about cases of child violence. Method: Descriptive study with a qualitative approach, carried out with nurses from FHS units in a city in the state of São Paulo, Brazil, in 2017. For data collection, a semi-structured interview was used, using the technique of thematic analysis and COREQ for scientific writing. Approved by CEP under CAAE 65991417.0.0000.5431. Results: From the analysis, the following categories emerged: knowledge and perception about child violence, positioning and actions taken in relation to child violence in the units, and ethical aspects and responsibilities of the professional nurse. Conclusions: The speeches revealed that the professionals obtain knowledge on the subject and are able to identify the signs and symptoms of violence in children and adolescents. Despite this, the nurses expressed insecurity in the notification process, showing fear to perform and get legally involved in the cases

**Descriptors:** Child; Domestic Violence; Public Health; Nursing.

## RESUMEN | Resumen

Objetivo: Conocer las concepciones y prácticas de los enfermeros en la Estrategia de Salud de la Familia (ESF) sobre los casos de violencia infantil. Método: Estudio descriptivo con abordaje cualitativo, realizado con enfermeros de unidades de la ESF de una ciudad del estado de São Paulo, Brasil, en 2017. Para la recolección de datos se utilizó una entrevista semiestructurada, utilizando la técnica de análisis temático y COREQ para escritura científica. Aprobado por CEP bajo CAAE 65991417.0.0000.5431. Resultados: Del análisis surgieron las siguientes categorías: conocimiento y percepción sobre la violencia infantil, posicionamiento y acciones tomadas en relación a la violencia infantil en las unidades, y aspectos éticos y responsabilidades del profesional de enfermería. Conclusiones: Los discursos revelaron que los profesionales obtienen conocimientos sobre el tema y son capaces de identificar los signos y síntomas de violencia en niños y adolescentes. Pese a ello, las enfermeras expresaron inseguridad en el proceso de notificación, mostrando miedo a desempeñarse e involucrarse legalmente en los casos.

**Descriptores:** Envejecimiento; Anciano; Depresión; Hogares para ancianos; Enfermería.

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## INTRODUCTION

Violence “the challenge of the century” is a complex phenomenon, widespread throughout the social fabric and internationally identified as a serious public health and human rights problem.

Violence can be considered as the use of physical force or power, real or threatening, against oneself, against another person, or against a group or community, which results or has any possibility of resulting in injury, death, psychological harm, developmental disability or deprivation. (1)

There are different forms of violence and with different people appearing in the active and passive pole of the criminal practice. The World Health Organization (WHO) defines violence as all forms of emotional, physical, sexual abuse, neglect, or other forms of exploitation, with the possibility of resulting in potential or actual harm to children's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. (1,2)

In Brazil, the awakening and recognition of the need for full protection of children and adolescents came from the publication of Law n. 8.069 in 1990, which provides for the Statute of Children and Adolescents - ECA (Estatuto da Criança e do Adolescente) (3) emphasizing that no child or adolescent should be subject to any form of negligence, discrimination, exploitation, violence, cruelty and oppression, and this will be punished under the law for any attack. (4)

The Ministry of Health showed that in 2017, 126,230 cases of violence against children and adolescents were registered, corresponding to 42% of the total number of cases notified in the same year. There were records of 21,559 deaths from external causes, accidents and violence with children and adolescents. (5) The effects of violence on the lives of those who survi-

ve are immeasurable, reverberating in emotional, physical, social and economic problems, and these, contributing

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to a vicious cycle of violence that perpetuates itself. (6)

The United Nations (UN) warned of the increase in domestic violence that could occur amidst the quarantine imposed in response to the pandemic (7) and, called on governments and

the international community to protect children from these risks, through a collective response, including mental health and psychosocial support, social protection and care for the most vulnerable and institutionalized. (8)

Regarding the complexity of domestic violence against children and adolescents, it is necessary to develop a multidisciplinary look and intersectoral actions to improve the living conditions of these victims. Health professionals can contribute to changing the scenario of the phenomenon of violence, assuming legal responsibility for the notification of cases and assistance to children and adolescents. (9)

In recent decades, there has been a growing participation of nurses in different spaces for the promotion, protection and recovery of the health of children and adolescents, such as in schools and in the Family Health Strategy Units - FHS. (10) Therefore, it is extremely important that these professionals are prepared to face and prevent violence against children and adolescents.

Given these notes, this study aimed to: Know the conceptions and practices of nurses in the Family Health Strategy about cases of child violence.

## METHOD

This is an exploratory, descriptive study with a qualitative approach, developed in five FHS units in a city in the interior of the state of São Paulo, Brazil.

Five nurses who work in the services participated. This professional category was chosen because of the proximity to the study population and the dynamics of the work process in the FHS, with the nurse as a mediator of the service. Thus, the following inclusion criteria were adopted: being a registered nurse in the area covered by the FHS units, working for a minimum period of six months and performing their professional activities during the data

collection period. And, as an exclusion criterion: being absent from work due to vacations, absences or leaves during the period of data collection.

Data collection was carried out between the months of April to May 2018, through semi-structured interviews, recorded in digital media, and had an average duration of 25 minutes. The location chosen for its realization were the FHS units themselves.

To maintain the rigor in the study, criteria established for the Qualitative Research Reporting - COREQ were used as a protocol tool for scientific writing. (11) However, after the transcripts of the interviews, there was no return to the participants to comment on the matter.

The instrument for data collection was based on a script composed of the following guiding questions: What is violence and what are your perceptions about child violence? What actions have you, as a nurse in this FHS unit, developed in dealing with child violence? With what support and protection network does your FHS unit have for this confrontation?.

After collection, the analysis was generated from the exploration of the material, coding was carried out by names of precious stones (Diamond, Amethyst, Ruby, Emerald and Topaz) and alphanumeric characters (E1, E2, E3, E4 and E5) of the participants in order to maintain secrecy and anonymity, and later, followed with the classification of thematic units.

The thematic unit corresponds to a transformation of raw data, which through cutting, aggregation and enumeration allow defining the units of meaning, which lead to an exact description of the relevant characteristics of the content, culminating in categorization. (12)

In compliance with resolution n. 466/2012 of the Ministry of Health (13), which regulates the conduct of research involving human beings, this

research project was approved by the Research Ethics Committee under protocol CAAE 65991417.0.0000.5431 and under opinion No. 1,985,010, on March 27th, 2017.

## RESULTS

The characterization of the participants showed that the mean age was

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35.4 years and the length of experience in the FHS units was 6.8 years. As for specific training, (3) nurses were specialized in Family Health and (4) revealed that they were trained in cases of violence against children and adolescents.

At the end of the process of analyzing the collected material, the following thematic categories emerged: knowledge and perception about child violence, positioning and actions

taken in relation to child violence in the units, and ethical aspects and responsibilities of the professional nurse.

## Knowledge and perception about child violence

In this category, the concept built on the term 'child violence' and the perception of nurses working in the FHS units was investigated.

The professionals' reports show that the presentation of signs, symptoms and behaviors in children and adolescents are the most cited factors as a way of recognizing violence.

I suspect when there are signs of violence through the child's behavior. It may present gestures that something is not right, look of sadness, fear, fear; I look at the profile of the family; as the mother treats this child, the parents often do not even let the child talk (Diamond – E1).

Violence poses a powerful threat to the right to life and health of children and their families. The exposure of the child to any form of violence, whether physical, sexual or psychological, as well as neglect and abandonment, especially in the early stages of their lives, can compromise their lives as a whole. (Emerald – E2).

Characteristics are variable from child to child, from case to case; in the case I was aware of: the child was hyperactive, agitated, with the need to draw the attention of everyone around him. (Ruby – E3).

I noticed during a hot day, in which the child was all covered; the child was very talkative and the responsible adult would not leave him alone with the health professional (Topaz – E4).

I can identify it from the moment I see the child frightened, afraid to speak and with apparent physical signs of violence (Amethyst – E5).

Nurses in the FHS units are constantly in contact with children, adolescents and their families, and thus are able to apply their skills and technical skills in identifying possible cases of intrafamily violence.

In this context, the professionals were approached as to their role in suspected and/or confirmed cases of child violence, thus configuring the other category.

#### **Nurse's position regarding child violence**

In this thematic nucleus, the research participants exposed their experiences and actions regarding cases of violence against children and adolescents.

At first I ask the community agent to carry out a greater number of visits in this home, I ask them to observe the child even better. And if the professional [community agent] finds a strong suspicion or is sure of what happened, I ask him to tell me where, and I call the Guardianship Council and the Surveillance.

(Diamond - E1)

We usually try [the team] to talk [with the child] with the family, observe the child, communicate with the Guardianship Council and visit the child's home, involving all professionals. (Emerald - E2)

When it comes to our knowledge, we do a multidisciplinary follow-up for the family, each professional within their skills and area of expertise, with confidentiality and ethics. (Ruby - E3)

I advise the caregiver to observe sudden changes in the child's behavior, as, in some way, it will call the attention of the caregiver. If confirmed to violence, I must notify the competent authorities and offer rapid test exams: HIV I and II, VDRL, Hepatitis B and C (Topaz – E4).

## **Nurses in the FHS units are constantly in contact with children, adolescents and their families, and thus are able to apply their skills and technical skills in identifying possible cases of intrafamily violence**

I request support and investigation from the Guardianship Council (Amethyst – E5).

Based on the reports, it is clear that the collaborative and interprofessional approach has facilitated the identification of signs or behaviors of violence and the handling of care in cases.

In fact, teamwork is the pillar of the quality of care in the FHS units. However, it appears that some nurses lack a

better understanding of the identification of possible aggressors, often being the responsible person and/or family member and the actions that should be taken.

#### **Ethical aspects and the responsibilities of the professional nurse**

In this category, the ethical aspects and responsibilities of nurses in the face of suspected and/or confirmed cases of violence against children and adolescents were addressed. According to the reports:

I perform notifications often with fear, as it is a delicate situation, involving people's denunciation. But we have our identity preserved and we can continue with our work (Diamond – E1).

Based on the legal support we have, we can develop a more effective work with these victims (Emerald – E2).

We know about the legal support, the actions of the Guardianship Council, the laws in force for victims of violence, but most of the time it depends on the family to follow up (Ruby – E3).

When I notice something different in these children, we enter into a 'doctor and nurse' agreement to carry out the necessary actions in each case (Topaz – E4).

The performance in these cases depends a lot on the commitment and willpower of all professionals (Amethyst – E5).

The reports reveal that nurses have difficulties to operationalize the notification, and show fear to perform it and get legally involved in the cases.

#### **DISCUSSION**

The present study pointed out the conceptions and care practices of nurses from FHS units regarding the phenomenon of child violence.

The speeches revealed that the professionals obtain knowledge about the subject and, mainly, they are able to identify the signs and symptoms of violence in children and adolescents. Another relevant data pointed out refers to the proximity to the subjects and the dynamics of the FHS program, thus expanding the possibilities of investigation, identification and conduct by the professionals. Despite this, the nurses expressed insecurity in the notification process, and showed fear to perform and get legally involved in the cases.

Violence is a problem of great importance worldwide, so monitoring and analysis become extremely important. Mainly, in epidemiology, knowledge about the cases allows us to scale the magnitude of the problem and make it possible to define effective measures for intervention, according to the profile of the affected population. (14)

In 2019, 159,063 allegations of abuse were registered on the Human Rights Hotline (Disque 100), revealing an increase of 15% compared to the previous year. Of these indications, 86,837 were related to violence against children and adolescents (55%), of which: 38% were related to negligence, 23% to psychological violence, 21% to physical violence, 11% to sexual violence, 3% to exploitation/child labor and 3% associated with other violent injuries. The most frequent location of occurrences was the victim's home. (15)

In 2020, with the COVID-19 pandemic, the impact of violence against children and adolescents was even greater. The Data Panel of the National Human Rights Ombudsman revealed that there were 95,247 complaints and 368,333 violations, making it the vulnerable group with the highest number

of complaints reported in the country. (16)

The most perceived signs of violence in the assistance provided by primary care health professionals in the municipality of Belém in the state of Pará were related to physical signs on the victim's body (46.69%), especially bruises (28.30%), and behavioral signs (28.19%), showing aggressive or withdrawn behavior. (17)

The high proportion of recurrence of violence in childhood is worrying, it points out the social vulnerabilities to which these children and their families are exposed, and also the measures that should be taken to protect them. (18) However, the literature emphasizes that violence against children and adolescents is difficult to unravel, mainly because it often occurs in the private and domestic sphere, being protected by silence and fear, by the impunity of its agents and by the different forms and classifications. (19)

It is known that the Primary Health Care (PHC) health services, especially the FHS units, have great potential in terms of dealing with violence. The actions developed in the FHS are directed towards health interventions with a focus on the family and community approaches. These possibilities can expand the dialogue, map the risks, create and implement protocols for surveillance and monitoring of violence.

However, some researches have shown that professionals in the FHS units are unprepared to deal with this issue. (20-22) The study (23) revealed that in practice, nursing professionals demonstrate fear of notifying cases of intrafamily violence, delegating this function to other professionals, and this type of behavior is linked to the fear of health professionals of exposing themselves to the aggressor, as they feel themselves unprotected and helpless. (23,24) Both have similarities to the challenges pointed out by the nurses interviewed in this study, referring

to fear, insecurity and weaknesses in the support network, which need to be overcome.

Fear of legal involvement in cases, precariousness in academic training and in the municipality's support network, as well as the lack of protection for professionals involved in monitoring cases are some examples that involve the low rate of notification of cases of violence against children all over the country. (25)

Early detection is essential and necessary for effective intervention and breaking the cycle of violence. The research (26) carried out with higher education professionals working in the FHS units, identified that they had difficulties in identifying the signs of abuse and violence, did not know how to file a complaint and needed continuing education on the subject. Other investigations found that FHS professionals make greater reference to physical manifestations of violence, not mentioning situations of psychological violence(20) and they stated that they only report cases of physical and sexual violence, demonstrating how difficult their less explicit manifestations are reported. (27)

In view of this, it is important that professionals who can detect the signs of abuse and violence, such as those who work in the field of Health and Education, are trained to deal with this problem in their daily lives, enabling the realization of rights and welcoming of the victims. (28)

In any context, it is essential that nurses are qualified and prepared for the clinical and psychological management of cases, and that they have full knowledge of the legislation that ensures these rights. It is the nurse's responsibility to act in the prevention of domestic violence among children, diagnose the risks in the areas where they work and, when identifying and diagnosing, report them in a timely manner, so that they can guarantee the

physical and emotional integrity of these children and adolescents.

## CONCLUSION

The results of this study allowed the identification that the nurses interviewed have knowledge about the theme of violence against children and adolescents, and mainly, they are able to identify the signs and symptoms for suspected and/or confirmed cases. However, the nurses expressed insecurity in the notification process, and

showed fear to perform and get legally involved in the cases. Added to this is the need to understand the notification of violence, as a relevant instrument for monitoring, confronting and building public policies.

Therefore, it is necessary to think about expanding educational practices for better knowledge and approach, as well as reformulating actions of the protection network of professionals and victims, as this has influenced the practical work of nurses, reflecting mainly on the number of notifications and in

the conduct of cases.

It is argued that, even with the limitations regarding the sample size and type of methodological approach, the results point to the need to carry out targeted continuing education. And finally, it is also suggested to expand discussions with other competent bodies in order to organize a network of care and protection for these children and adolescents and professionals involved in the municipality studied.

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