Violence against children: Nurses' role in primary health care

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Alane Macedo da Silva
E-mail: macedoalane@gmail.com
LATTES: http://lattes.cnpq.br/8508331295331986

Amanda Regina da Silva Góis
E-mail: amanda.gois@upe.br
LATTES: http://lattes.cnpq.br/2605835094279826

Alda Maria Justo
E-mail: alda.justo@upe.br
LATTES: http://lattes.cnpq.br/1266676334335524

Thereza Christina da Cunha Lima Gama
E-mail: thereza.lima@upe.br
LATTES: http://lattes.cnpq.br/1559938145343196

Marismar Fernandes do Nascimento
E-mail: marismar.fernandes@upe.br
LATTES: http://lattes.cnpq.br/3236634120297145

Isabella Joyce Silva de Almeida Carvalho
E-mail: isabella.almeida@upe.br
LATTES: http://lattes.cnpq.br/9456120828208810

Maria Elda Alves de Lacerda Campos
E-mail: elda.campos@upe.br
LATTES: http://lattes.cnpq.br/9910533271487153

ABSTRACT
Violence is a phenomenon that may be present in the history of some children, configuring itself as a serious public health problem, which can compromise the formation of these developing subjects. We sought to know the role of the professional nurse in cases of violence against children. This is a research with a qualitative approach, whose data collection took place through semi-structured interviews. We used the path of thematic categorical analysis that resulted in three broad categories: "Violence against children, as nurses identify"; "Conducts adopted by nurses in cases of violence" and "Limits and challenges faced by nurses". This serious problem reported here, despite its complexity, requires health professionals to take actions to cope with it, and efforts should be made to make a greater effort to understand, identify and notify the different types of maltreatment, in order to enable a registration system with reliable information regarding situations of violence against children, thus allowing forms of prevention of this social aggravation. The expansion of this study in other realities may increase the visibility of the barriers to the necessary implementation of the notification of violence against children in health services.

Keywords: Nurses, Primary Health Care, Child abuse.

1 INTRODUCTION

Violence is a phenomenon that may be present in the history of some children, configuring itself as a serious public health problem, which can compromise the formation of these developing subjects. (LOPES; LEWGOY; MARQUES, 2020).

Studies conducted by the World Health Organization (WHO), point out that annually, about 1 billion children suffer some type of violence, generating injuries, disability and death (WHO, 2020). In Brazil, according to data published by Dial 100, in 2019, there were 86,837 complaints related to human rights violations against children and adolescents, 14% higher than in 2018 (BRASIL, 2020a).

In 2020, there was an 18% reduction in complaints received by Dial 100, a consequence of the underreporting generated by the SARS-CoV-2 pandemic (BRASIL, 2020b).

The Child and Adolescent Statute (ECA) was established to ensure full protection for children and adolescents. Thus, the ECA (Law n.8.069, of July 13, 1990) determines in article 11 that full access to child and adolescent health lines is ensured through a unified health system that supports the principle of equal access to activities and services of health promotion, protection and rehabilitation.

The health care network has the Family Health Strategy (FHS) as a model of care focused on the family, whose multidisciplinary team provides comprehensive care to the subject. It is the responsibility of the FHS to identify children vulnerable to violence, developing strategies to intervene previously and adopt appropriate measures to cope with this disease (MACHADO, 2014).

The professional nurse, in the care setting, performs the notification of the disease, prevention, identification, guidance and assistance to children victims of violence. By identifying cases of violence, it contributes to overcoming the social consequences of the phenomenon (TAPIA; ANTONIASSI; Aquino, 2014). In areas of greater vulnerability, it can prevent violence against children through health education, development of strategies and control measures (SILVA et al., 2020). Thus, the objective of this study was to know the performance of the professional nurse in cases of violence against children.

2 METHODS

This is a qualitative study of the phenomenological type that characterized the knowledge of Primary Care (PHC) nurses about violence against children.

The phenomenological methods seek to identify and describe the structure and inner meaning of the lived experience (MANEN, 1990). In this way, phenomenology can give meaning to professionals in their collaborative relationships with others. How he perceives things, how he experiences and describes his needs, desires, fears and aspirations (OMERY, 1983).

The research was conducted in the municipality of Petrolina, located in the backlands of Pernambuco, on the banks of the São Francisco River, has an estimated population of 354,317 inhabitants and a territorial area of 4,561,870 km² (IBGE, 2021). In the municipality, there are twenty-nine Basic Health Units (BHU) located in the urban area, where 66 nurses work. Five professionals from the UBS in the urban area were included in this study, because they report violence against children, these nurses work in four UBS in the urban area. The choice of Basic Health Units was made for convenience.

After the signing of the Free and Informed Consent Form, data collection began in the period of April and lasted until July 2022. A semi-structured script was used to mediate the recorded interview

with the participant's consent. Subsequently, the participants' reports were transcribed and systematized for analysis.

The treatment of the data was carried out through thematic categorical content analysis, divided into the following stages: pre-analysis, exploration of the material, treatment of the results and interpretation (BARDIN, 2009). Content analysis, according to Bardin's perspective, consists of methodological techniques that can be applied to different discourses and to all forms of communication. In this analysis, the researcher seeks to understand the characteristics, structures and patterns through the fragments of messages under consideration (GODOY, 1995).

This study was approved by the Research Ethics Committee (CEP) of the Centro Integrado de Saúde Amaury de Medeiros (CISAM) of the Universidade de Pernambuco (UPE), under protocol number 4,786,883. Participants were identified by the letter E and numbers from 1 to 5 in order to ensure total anonymity.

3 RESULTS AND DISCUSSION

The participants of this study have a bachelor's degree in Nursing, most of them were female, 80.0% (4/5), with an average time of 13 years. The average time of effectiveness in the Basic Health Unit (BHU) was seven years.

The meanings underlying the professionals' statements revealed three broad categories: *"Violence against children, as the nurses identify"; "Conducts adopted by nurses in cases of violence" and "Limits and challenges faced by nurses*".

3.1 VIOLENCE AGAINST CHILDREN, AS NURSES IDENTIFY

The nurse is one of the components of Primary Health Care (PHC), present at different levels of health care and characterized by a holistic perspective, which is important to deal with potential victims of violence, especially in primary care (MELO *et al*., 2016).

Violence may be considered as the use of physical force or power, real or threatened, against oneself, against another person, against a group or a community, which results or has any possibility of resulting in injury, death, psychological harm, developmental disability or deprivation (NUNES; Sales, 2016).

The nurses participating in the study classified violence according to their own experiences. The forms of violence enumerated were limited to physical, psychological and negligent violence, as can be seen in the following statements.

> When we talk about violence against children, we see a lot of sexual violence, but that's not all. It is verbal and psychological violence, exposure to work and is not offering the child the period of play (E 1)

> [...] we do not think only about physical and sexual violence, we focus a lot on neglect, providing the care that that child needs, such as leisure, education, good quality food (E 3)
> Sexual abuse, rape of the vulnerable, psychological violence, torture (E 4) (code 52/102)

Galindo; Alexander; Gonçalves (2017) affirm the importance of health professionals in order to raise awareness about the forms of violence, in order to promote early detection, individual support and action to prevent. When faced with a violent event, nurses need to delve into this theme, knowing its peculiarities and acting with propriety to intervene in this scenario.

A study conducted in Norway showed that exposure to violence in childhood was significantly associated with the presence of anxiety and depression in adults, and this presence was more common among those who had been exposed to neglect and psychological abuse than among those who had been sexually abused (THORESEN *et al*., 2015). In addition, children who have been abused or neglected are more likely to engage in sexual activities and delinquent behaviors earlier than children who have not been exposed to such situations (HORAN; WIDOM, 2015).

Nurses need to be vigilant to detect signs of possible violent behaviors and be able to take action when confronted with a suspicious situation. The following statements describe the signs that professionals have identified in children who have been victims of abuse.

> By anamnesis, evaluate the genitals [...] (E 2)
> [...] Sometimes the mother brings it because of a pain, a fall and the child's behavior is different. We ask the mother to leave and the child reveals in a playful way (E 4)
> [...] when I did the evaluation I realized that he had some hyperemic lesions[...] (E 5) (code 52/102)

Silva *et al*. (2020), argue that, among professionals working in primary care, nurses stand out as those who identify situations of potential violence. The importance of a nursing history, a well-conducted physical examination and a complete anamnesis are highlighted, which facilitate the recognition of the physical and psychological characteristics associated with possible violence.

Recurrently, the interviewees associate child follow-up with childcare and as a way of detecting aggression.

> We do childcare, which is the monitoring, development and evaluation of the child, from this we will act, if this child is malnourished, if this child is overweight, if this child has some marks of violence. (E 2)
> In the basic health unit we have the childcare service, on Friday afternoon and is aimed at children under one year and over one year on Wednesday afternoons. (E 5)
> [...] we meet the spontaneous demand, which may or may not come as a child, and has two shifts of childcare (E 4) (code 52/102)

Saraiva *et al.* (2012) emphasize the role of nurses in the promotion and preventive actions against child violence, early detection of suspected cases of violence. In the aggressive situations already identified by the professional, it is crucial to diagnose and monitor the cases, emphasizing the

importance of the professionals from the reception to the victim to the specific care, thus ensuring the emotional and physical integrity of the child.

3.2 CONDUCTS ADOPTED BY NURSES IN CASES OF VIOLENCE

The interviews revealed that the nurses act, in most cases, in an interdisciplinary way, with the collaboration of the medical professional and the members of the Family Health Support Center (NASF), when making the notification and in the unfolding process, such as the referral of cases to the Guardianship Council.

> Here at the UBS we activate the guardianship council and the psychologist, there are even cases that need the social worker (E 2).
> We notified in three ways, one with us to support us, another to the Guardianship Council and another to the health department. In addition, CRAS is communicated to ask for help from professionals and we notify the health department (E 3).
> There is a system of the city hall that is internal, that we have direct contact with the tutelary council and we carry out the notification, we send an e-mail and at the same time the tutelary council carries out the visit, as well as forwards cases of sexual violence to the Dom Malan hospital (E 4).
> I detected it, but I had to call the doctor and we called the police, made the notification and forwarded it to the guardianship council (E 5). (code 52/102)

It was observed that the interviewees act in accordance with the Code of Nursing Ethics, Resolution 311/2007, of the Federal Nursing Council (COFEN), section I- Art.34, which prohibits "provoking, cooperating, conniving or omitting any form of violence". According to the Child and Adolescent Statute (ECA), professionals have the duty to make the notification when they suspect and/or identify cases of child violence.

Study conducted by Albuquerque *et al*. (2019), reports the importance of interdisciplinary work, with multiprofessional care that expands knowledge and provides actions to combat violence to transform this reality beyond health problems.

According to Sommer *et al.* (2017), there is a need to develop health education interventions, seeking to implement effective actions that promote strategies to cope with this problem, in order to reduce and eradicate this problem.

For the participants in this study, child abuse is something that must be worked on under the leadership of the family.

> It is important to guide the mother in relation to the surveillance related to the father and stepfather, to hold lectures and intensify the actions of the PSE (E 2).
> We must guide our children with the companies, in the case of girls I always say that parents should guide their daughters, for example, not to be sitting on a man's lap, not to go to every man who calls, no matter how much it is an uncle, godfather, close people. This is prevention, talking, explaining that no one can touch the private parts, not exposing the child in front of every man. They are the simplest orientations that we can give and talk to family members as well, have patience, observe, accompany, because often parents are inside the house, but they are dispersed, they do not follow the growth of their children (E 5). (code 52/102)

Matoso *et al*. (2014) cite some data and show that 64.5% of aggressions against children occur in their own home and that in most cases the perpetrators are family members and, therefore, close people, constituting the main authors of violence in this group. They also state that in some Brazilian municipalities the incidence of violence against children is increasing, especially in the family environment, and becoming a serious public health problem.

3.3 LIMITS AND CHALLENGES FACED BY NURSES

Nurses do not feel qualified to deal with situations of violence and are not sufficiently trained to address the issue in more depth. It was identified, by the reports of the professionals, that there is a gap in the academic formation in relation to the issues of aggression, which, possibly, hinders its daily practice.

> We nurses are not prepared at graduation for this, but life, experience, studies, extra courses, we end up taking some elements that bring a different look (E 4). (code 52/102)

As a strategy to deal with child abuse, it is clear that professional qualifications for nurses have an impact on solving this problem. In this regard, Apostolic *et al.* (2017) describe the training and qualification of professionals to provide safe and effective care. Finally, they emphasize the need to implement public policies, in addition to training and professional qualification to deal with coping with violence in this vulnerable group.

Dias *et al*. (2013) conducted a study with nurses at the UBS in Uberlândia, MG, and found that these professionals had not attended or could not remember having taken a course on this topic during graduation. Therefore, it is clear that this subject is not part of the undergraduate curriculum.

According to the report below, there is no specific orientation, however, even if a situation of violence against children is identified, the professionals feel insecure about the interventions.

> We need to set up a flow of care to get an idea, a violated patient arrived, so we already know that we notify and refer to such a place, without this we are lost (E 5). (code 52/102)

According to Lobato, Moraes and Nascimento (2012), the teams complain of lack of structure for adequate care in cases of violence, lack of knowledge about flow and difficulties in integrated and intersectoral approaches. The focus of violence in group discussions requires more debate, as well as an integration with the functioning of intersectoral networks.

Another aspect that makes it impossible to cope with this disease is the notifier's fear of suffering reprisal from the aggressor. This difficulty is explicit in the following discourses:

> I am very afraid of having a vengeance, because the guardianship council can take away the custody of the father and mother, even though they are the authors of the aggression, they come to take satisfaction and even came to kill (E 1).

> [...] the guardianship council went to a patient's house and soon after the aunt came here to ask me if I had spoken to the council and I said no (E 2). (code 52/102)

Study conducted by Maia *et al.* (2016) emphasize that the UBS team works directly with the community, allowing the establishment of professional bonds with patients and creating a favorable environment for early detection of cases, identification of risk factors, investigation of suspected cases and preventive actions. However, the lack of laws for the protection of professionals in this situation, leave vulnerable and afraid of suffering violence.

In addition to the fear of the professionals, it was also evident the difficulty of the families and victims in denouncing the aggressors.

> One of the difficulties I have is the resistance of family members to denounce the aggressor (E 3).
> The difficulty is for the child to say that they are being attacked and we do not have this praxis (E 4).
> [...] It also lacks the courage of the family to come here to denounce, often they do not denounce [...] (E 5). (code 52/102)

Study conducted by Miranda *et al.* (2014) emphasize veiled violence, the pact of silence in intrafamily violence, such as: the difficulty of access to family privacy; fear, suffering and guilt of children and ambivalent feelings of love and trust within the family; fear and complicity of spouses who do not denounce violence; fear of spouses who are aware of the situation, But they don't want to reveal their family's privacy.

Another important issue for understanding is the complexity involved in notification, since professionals have direct contact with all family members, including the aggressor, generating underreporting.

> If we had a better support, a guarantee that nothing would happen to the professionals who perform the notification and the approach, having a counterpart that after the case the person would be punished, reeducated, I believe that the underreporting would decrease a lot (E 1). (code 52/102)

According to the Ministry of Health (BRASIL, 2015), underreporting can be attributed to several reasons, from the lack of knowledge of the notification, to the difficulty of working on this issue in welcoming. However, for each record of child victims of violence, 10 to 20 cases are not reported.

4 FINAL CONSIDERATIONS

This study contributed to answer the guiding question and understand the performance of the professional nurse in cases of violence against children and points to the need for further studies on the subject. This serious problem reported here, despite its complexity, requires health professionals

to take actions to cope with it, and efforts should be made to make a greater effort to understand, identify and notify the different types of maltreatment, in order to enable a registration system with reliable information regarding situations of violence against children, thus allowing forms of prevention of this social aggravation. It is noteworthy that violence needs to be addressed in the existing groups in the health units, in social circles, during home visits and in any scenario that allows this dialogue, so that the community reflects and recognizes the extent of the problem.

There are, therefore, several gaps that need to be filled for the prevention and management of childhood violence to be effective and decisive. This requires authorities to invest in courses and training for nurses and other health professionals working in Primary Health Care, incorporating notifications into institutional routines.

There is a weakness in the approach to thematic content in vocational training and a lack of specific knowledge and guidance in training to deal with situations of violence against children. There is, therefore, an urgent need to equip future nurses with the skills and abilities to identify situations of violence against children already in their undergraduate courses.

It is important to emphasize the issue of the availability of the participants, with regard to the interviews, constituting a limitation of the study. The expansion of this study in other realities may increase the visibility of the barriers to the necessary implementation of the notification of violence against children in health services.

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