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PECULIARITIES OF PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS VICTIMS OF VIOLENCE

PECULIARIDADES DA ATENÇÃO PSICOSSOCIAL À CRIANÇA E AO ADOLESCENTE VÍTIMAS DE VIOLÊNCIA

PECULIARIDADES DE LA ATENCIÓN PSICOSOCIAL PARA NIÑOS Y ADOLESCENTES VÍCTIMAS DE VIOLENCIA.

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ABSTRACT

Objective: to know the difficulties and facilities faced by professionals of a Child and Youth Psychosocial Care Center in the care of children and adolescents victims of violence. **Method**: this is a qualitative study conducted at a Children's Psychosocial Care Center in southern Brazil, whose data were collected through a semi-structured interview with 10 professionals of the multidisciplinary team and analyzed through thematic analysis. **Results**: the difficulties faced by professionals refer to intrafamily violence, delayed referrals and lack of articulation of the safety net, social vulnerability, while the facilities are related to the bond between professionals, victims and family. **Conclusion**: it is believed that the study may contribute to (re) think assistance strategies in the elaboration of protocols for the recognition and referral of cases of child and youth violence, in the articulation of services that provide assistance to children and adolescents and in support to the professionals working with the issue.

Descriptors: Child; Adolescent; Health services; Violence; Health Care.

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RESUMO

Objetivo: conhecer as dificuldades e facilidades enfrentadas pelos profissionais de um Centro de Atenção Psicossocial Infantojuvenil no cuidado de crianças e adolescentes vítimas de violência. **Método**: estudo qualitativo realizado em um Centro de Atenção Psicossocial Infantojuvenil no sul do Brasil, cujos dados foram coletados por meio de uma entrevista semiestruturada com 10 profissionais da equipe multidisciplinar e analisados por meio da análise temática. **Resultados**: as dificuldades enfrentadas pelos profissionais referem-se à violência intrafamiliar, à demora nos encaminhamentos e à falta de articulação da rede de proteção, vulnerabilidade social, enquanto as facilidades relacionam-se ao vínculo entre profissionais, vítimas e família. **Conclusão**: acredita-se que o estudo possa contribuir para (re)pensar estratégias de assistência na elaboração de protocolos para o reconhecimento e o encaminhamento dos casos de violência infantojuvenil, na articulação dos serviços que prestam assistência à criança e ao adolescente e no respaldo aos profissionais que trabalham com a questão.

Descritores: Criança; Adolescente; Serviços de saúde; Violência; Atenção à saúde.

RESUMEN

Objetivo: conocer las dificultades y facilidades que enfrentan los profesionales de un Centro de Atención Psicosocial de Niños y Jóvenes en la atención de niños y adolescentes víctimas de violencia. **Método**: este es un estudio cualitativo realizado en un Centro de Atención Psicosocial para Niños y Jóvenes en el sur de Brasil, cuyos datos fueron recolectados a través de una entrevista semiestructurada con 10 profesionales del equipo multidisciplinario y analizados mediante análisis temático. **Resultados**: las dificultades que enfrentan los profesionales se refieren a la violencia intrafamiliar, derivaciones retrasadas y falta de articulación de la red de seguridad, vulnerabilidad social, mientras que las instalaciones están relacionadas con el vínculo entre profesionales, víctimas y familiares. **Conclusión**: se cree que el estudio puede contribuir a (re) pensar estrategias de asistencia en la elaboración de protocolos para el reconocimiento y derivación de casos de violencia infantil y juvenil, en la articulación de servicios que brindan asistencia a niños y adolescentes y en Apoyo a los profesionales que trabajan con el tema.

Descriptores: Niño; adolescentes; Servicios de salud; la violencia; Atención a la salud.

INTRODUCTION

Child and adolescent violence is considered a violation of human rights and generates serious consequences in the individual and social spheres.[1] In Brazil, in 2014, numerous cases of violence against children and adolescents were recorded, totaling 62,645 reported cases, of which 5,648 were reported against children under 1 year of age; 8,546 against children aged 1 to 4 years; 8,212 against children aged 5 to 9 years; 15,963 against individuals aged 10 to 14 years; and 24,276 against young people aged 15 to 19. [2]

Thus, in recent decades, the recognition that violence is a public health problem has expanded, being necessary to

protect children and adolescents before the situation demanded by the current situation.[3] In the daily work process of health care professionals working in the care of children and adolescents who have suffered some type of violence, several difficulties and facilities are listed for performing this task.

Among the difficulties faced by professionals, the presence of the aggressor in the daily life of the victim stands out, and may have an affective relationship with the child and/or adolescent, impairing legal referrals from the moment the case is notified. Moreover, when violence goes from the intimate jurisdiction to other areas, such as the judiciary and the therapeutic, the victim's discourse gains social status.[4] Nevertheless, in view of the disarticulation of health services, referrals and care in different points, in addition to the insufficient number of professionals to work with this public, There is the inefficiency of health care in this population.

Currently, socioeconomic vulnerability is considered a complicating factor for distancing children from the environment where victimization occurs. However, there are also facilities in the care provided to children and adolescents victims of violence, such as proximity and connection between professionals and victims, with a view to child growth and development and mental health in adulthood[5]. Furthermore, the multidisciplinary approach to cases of violence is emphasized, aiming to provide quality care, in favor of the care of the victim and his/her family[6] and the resolution of the cases.

The originality of this study is related to the approach of the theme in the context of psychosocial care and aims to contribute to improve the quality of care for children and adolescents victims of violence assisted in this context, as well as contribute to the elaboration of public care policies for this population.

Health professionals working in the care of victims of violence, due to the nature of the mission they have embraced, are undoubtedly strategists promoting the care and protection of children and adolescents with violated rights, prioritizing respect, protection and guarantee of their rights.[7] In this context, the importance of conducting studies aimed at knowing the specificities in the health care of children and adolescents victims of violence is justified to help qualify professionals in the identification of difficulties and facilities involved in the care provided, considering all obstacles that emerge from a care system, often disjointed, which impairs comprehensive care.

The interest in the study is established by the importance and need to know, with greater depth, the phenomenon, and from then on, develop strategies for intervention in this reality, such as the creation of actions to facilitate the work process of professionals who work in the promotion of care and protection of children and adolescents victims of violence.

To this end, the research question is: What are the difficulties and facilities faced by professionals at a Psychosocial Care center in the care of children and adolescents victims of violence? Aiming to: know the difficulties and facilities faced by the professionals at a Psychosocial Care Center for Children and Adolescents in the care of children and adolescents victims of violence.

METHOD

This is a descriptive, exploratory research with a qualitative approach, carried out in a Psychosocial Care Center for Children and Adolescents located in a municipality in southern Brazil. Data collection occurred between May and June 2017, with professionals working in the multiprofessional team of the service.

For the selection of participants, the following inclusion criteria were used: being a professional of the multiprofessional team of the service and working in the service during the period of data collection. Exclusion criteria: professionals were on sick leave or during the vacation period, and participants who did not agree with the recorded interview or with the disclosure of the data. However, no participant was excluded, because the saturation of the information was achieved with the participants approached.

Therefore, the participants were 10 multidisciplinary team professionals working in the service (corresponding to all the professionals present at the service during data collection), namely: a psychiatrist, two nurses, a social worker, three psychologists, a physical educator, a superior technician in arts and a superior technician in music.

The collection began after approval of the project by the Research Ethics Committee at the Medical School of the Federal University of Pelotas, with Certificate of Presentation for Ethical Appreciation number 67048217.4.0000.5317. Data collection was performed individually in a reserved environment, and, during the interview, only the researcher and the interviewee were present, lasting roughly 30 minutes each. For the interview, a semi-structured

guide containing questions related to the characterization of the participants, the facilities and difficulties found in the daily work of professionals in the care of children and adolescents victims of violence was used.

In this study, all ethical precepts of Resolution 466/2012 of the National Health Council (CNS)[8] were respected, and all professionals agreed to participate voluntarily by signing an informed consent form. In addition, the anonymity of the participants was maintained, identifying them with the letter "P" followed by the sequential number of the interview (P1, P2, P3...).

This research used a thematic analysis, a qualitative analytical method that is widely used to identify, analyze and report patterns, called 'themes' within the data. Thus, it organizes and describes the dataset in rich details.[9] A theme captures the most important points about the data in relation to the research question, and demonstrates a level of response or standardized meaning immersed in the dataset.[9]

Thus, the participants' statements, from the recorded interviews, were fully transcribed manually and submitted to the analysis following six steps proposed by the method: familiarization with the data, from the reading and rereading of the data, the basic structure of the information is composed; generation of the initial codes; search for themes, grouping the relevant encoded data extracts in each identified theme; review of the themes, selecting the most relevant ones; definition and naming of themes; and the final analysis and production of the report relating the content of the themes to the literature.[9]

RESULTS

Results are presented in two themes and their respective subthemes: a) Difficulties faced by professionals in the care of children and adolescents victims of violence (Family involvement and vulnerability in the violence against children and adolescents; Legal barriers, disarticulation of the protection network and insufficient professionals in the care of children and adolescents victims of violence); and b) Facilities pointed out by professionals in the care of children and adolescents victims of violence (Bond as a tool in the work process of professionals of the Psychosocial Care Center; Performance of the multidisciplinary team in the care of children and adolescents victims of violence).

Difficulties faced by professionals in the care of children and adolescents victims of violence

The care of children and adolescents victims of violence demands a differentiated care within health services, because it depends on factors that enable and provide quality of life to victims and their families. Such factors are related to implications that involve the family context of the victims and implications that directly involve the professional's work process.

Family involvement and vulnerability in the violence against children and adolescents

When questioning the interviewees about the difficulties faced by them in the care of those children and adolescents, they mentioned the fact that the family was generally involved in violence, with the abuses committed by a member with a strong degree of affection with the victims:

> *[...] it is very difficult for this side of the family to be involved [...] whether someone else does it and the other is an accomplice, or the person does not know that the caregiver is doing it and everyone gets disorganized. [...] violence usually comes from those who care, not from the street* (P1).

> *If it happened within the family, it is an even greater difficulty, because we are dealing not only with that child, but also with the whole family, which is probably sick* (P2).

> *[...] when this aggression comes from the guardian or caregiver, it is even more difficult for you to inform and seek help for this child or adolescent, because the one who should protect them is also the aggressor* (P3).

The professionals also highlight the socioeconomic vulnerability experienced by these families that has a direct relationship with the difficulty of coping with violence against children and adolescents.

> *Due to the situation of vulnerability, the social situation we live in, violence and children living in very violent regions, many children have suffered violence even from neighbors, see their parents being assaulted, verbal violence, psychological violence, [...] fear of going out, afraid of being assaulted. It is our country's social issue, this is our great difficulty, the situation of poverty* (P2).

> *I think that poverty is the most complicating thing [...] poverty has so much impact, the issue of money or access to economic conditions [...] the economic issue weighs in many ways [...] the poorer people are, the less access to study and information, the more violence is used in this process* (P8).

Regarding the difficulties faced in cases of child and adolescent violence, there are obstacles in the care process, such as violence perpetrated by family members and/or acquaintances and the social vulnerability that affects the context of child and adolescent victims, being considered a determining hinderer for the

protection and care of this public. In this sense, professionals must be able to deal with such adversities, even in the lack of preparation of services in dealing with cases of violence, requiring the engagement of these professionals to break the barriers faced, aiming to break the cycle of violence.

Legal barriers, disarticulation of the protection network and insufficient professionals in the care of children and adolescents victims of violence

One of the points addressed in this sub-theme refers to the difficulty pointed out by the participants related to legal barriers that impair the resolution of cases of violence, such as the lack of support of child and adolescent protection services.

> *For me, a difficulty is the legal issue, [...] there was a girl who was living chained, a serious assault. We communicated the council, but, until everything is solved, until things evolve [...] protective measures are not so easy, until the situation is proven [...] these legal things are a barrier, in my understanding. [...] things happen [...] we communicate, but the aggressor does not leave the house on the first day, the child does not have this support from the first moment[...]* (P4).

> *[...] no service could offer security to the family, it is like "go to the guardianship council", the guardianship council says: "you have to seek the brigade, report to the civil police", but you end up going there, report, but, when the kid in being hit, there will be no police. [...] I feel like there is no network able to protect effectively, in some moments* (P7).

The statements show the lack of support regarding the protection of victims, considering the intersectoral disarticulation in services that have the duty to care for this population. Disbelief in the measures adopted by the protection agencies is frequent among professionals, who fear for the future of the victims after referral:

> *We have some problems also with the council, an example is the case of a girl whose family member was negligent, [...] we reported the guardianship council, which sheltered her. But in the shelter, the same issues continue, [...] she walks on the street, and is suffering violence and it is even worse because at home she had no physical violence, in the shelter she is suffering violence* (P9).

The professionals' discourse refers to the lack of support of the child and adolescent protection network:

> *To give support outside the services and a protection of the network, effectively. I think it is uncommon, [...] I think there are weaknesses in the network* (P7).

> *I do not believe in the network, I think that this network is only theoretical and it stands in the way of our job, because we keep referring and referring, they are always with no service, they solve nothing [...] the child keeps going from place to place, and is not met* (P9).

> *[...] we do need strengthening the network, despite knowing that some people on the other end, elsewhere, are not willing to work [...]* (P10).

Moreover, another obstacle reported by the participants refers to the insufficient number of professionals to assist children

and adolescents victims of violence who seek the service.

> *[...] the team is small and sometimes we cannot handle much.* (P5).
>
> *[...] we have here at CAPSi* [Psychosocial Care Center for Children] *problems with the reduced number of technicians [...] this makes work difficult* (P7).
>
> *[...] I think we lack some professionals, like psychopedagogue, more psychologists would be great and a doctor indeed from the team* (P9).

The statements unveil the existence of several issues that hinder coping with cases of violence, such as legal barriers that generate absence of support of services in the protection of children and adolescents. In this context, the delay in proving the occurrence of violence and the prolongation of the establishment of protective measures for victims prevent agility and immediate protection, increasing the vulnerability of this population. In addition to the disarticulation of the service, which stands out as an important fragility and promotes the disbelief of professionals in the resolution of cases through referrals, the participants point to the need to increase the number of professionals in the team, as well as the inclusion of a psychopedagogue and a doctor exclusively to the service.

Facilities pointed out by professionals in the care of children and adolescents victims of violence.

The care demand for protection and care for victims of violence has strategies that facilitate and allow an effective work process in the resolution of cases. These are related to the construction and strengthening of bonds between victims and professionals, as well as the configuration of a multidisciplinary team in the area of child and adolescent protection.

Bond as a tool in the work process of professionals of the Psychosocial Care Center

Among the facilities in the management of victims and their families, professionals highlight the bond, considering it an important tool for the assistance of cases of child and adolescent violence.

> *[...] after they* [children] *begin to trust, they [...] relax with us, they become very affective, needy [...]. When they come to trust someone, they become more open and respond better [...] I think breaking this ice [...] becomes a facility* (P4).
>
> *For me, the facility is the care centered on the bond, the proximity to the user and the family [...] these violence-related things make us more watchful [...] we manage to provide a more special attention [...]. The bond greatly*

> *facilitates this care issue, I think you need to be close to this mother, this family member, the caregiver [...] this proximity that allows us to plan a better care, you have more tools to build this care* (P5).

The bond established between professionals and victims generates a relationship based on trust, attention, care and proximity. Thus, the bond becomes an essential tool for the effectiveness of psychosocial care for children and adolescents victims of violence.

Performance of the multidisciplinary team in the care of children and adolescents victims of violence

The presence of a multidisciplinary team is pointed out as a facility for the care of children and adolescents victims of violence, because it allows providing comprehensive care aimed at improving the quality of life of this population that suffers or suffered some kind of violence, as well as families.

> *[...] we* [team] *have many meetings to talk about cases of violence, like that boy who had* [referring to a case] *I called my psychologist fellow, we had to intervene, I called the social worker. So we are not isolated in that situation, we can share with the team* (P5).

> *[...] we discuss the cases as a team and see how we can approach them [...] we have a multidisciplinary team, so it is much easier to work with it than alone, also because you can section, leave each one a function [...] multidisciplinary treatment and discussion, discussion* (P6).

The participants' reports point out the multidisciplinary team working in the service as a facility, once the possibility of relying on professionals from various areas in the care of children and adolescents is essential to ensure care integrality. Thus, the debate among professionals from the various areas that make up the team amplifies the perspectives of the singularity of each individual, allowing outlining care and referral strategies appropriate to each case.

DISCUSSION

The statements showed the difficulty of professionals in acting before intrafamily violence, considering that changes in the family and social context of victims impose limitations on psychosocial care. The difficulty of professionals in dealing with cases of violence that occur within the family refers to personal beliefs and the ethical dilemmas to which they refer, which can negatively interfere in the care of children and adolescents victims of violence.[10]

Upon coping with legal barriers within the professional work process, in accordance with the difficulties presented in

the results, the lack of support regarding the protection of victims in relation to aggressors relates to intersectoral disarticulation in services that have the duty to care for these children and adolescents. This disarticulation impairs care in all points of the network, because, although professionals notify cases, protection services often do not make the necessary referrals within the network, or the victim embracement do not occur in the appropriate services. Therefore, they continue to referred to several locations, without solving the cases.

From this perspective, it is important that the health service that recognizes the needs of those users through call/investigation/notification has an effective articulation with the other services, in order to meet this demand with strategies to cope with violence, which mobilize various levels of support that make up the network.[11] Effective chaining between the various sectors of victim protection should ensure comprehensive mental health care, aiming at the well-being of children and adolescents and their families.[12]

Regarding the disbelief in the support offered by the protection agencies, the results showed the apprehension about the future of children and adolescents after referral to protection services by professionals, because, in some cases, when they were removed from the family environment and referred to the sheltering institution, the victim began to suffer more serious violence than those suffered at home. In this context, the sheltering institutions must care for the embraced victims, offering adequate care that favors well-being.

However, even in cases with disconnection from the service network, lack of adequate support by the agencies and obstacles to be overcome to provide assistance, participants do not fail to carry out the notification, as this is part of their legal obligations. In addition to the legal obligation provided by the Byelaw of Children and Adolescents, the notification of cases of violence against children and adolescents is established in the codes of ethics of several professionals.[13]

In this context, a study[13] brings as an obstacle pointed out by professionals the non-articulation and lack of communication between the services that make up the network of care for children and adolescents. There is intra- and intersectoral disarticulation, focusing on the representation of fragile bonds between the services and the Health Bureaus and with the services of the judicial system, a worrying fact considering the importance of these services for the assistance to victims

and their families.[14]

In view of intra- and intersectoral disarticulation, the multidisciplinary team is responsible for performing the bond between protection agencies, meeting legal demands, providing support, for both the victim and the family, as well as developing and conducting prevention programs and participating in trainings to deal with these cases of violence.[6]

For an effective intervention to cope with violence, intersectoral actions should be contemplated with the inclusion of health, education, judicial services, in addition to safety and well-being, in order to allow decentralizing the decision-making. These actions should be thought and carried out jointly and in agreement with the best referral of cases and not assumed only as compliance with an obligation.[14]

Another point addressed and related to the disarticulation of services is the insufficiency of professionals, considered as a recurrent problem in public health services, impairing adequate care to those who need it[15], because it prevents meeting the demands with integrality and quality. Furthermore, the team lacks important professionals for the calls, such as psychopedagogues and physicians exclusively working in that care unit, which brings difficulty to specialized calls.

In this sense, professionals are not sensitized to perceive coping with violence as a priority and indispensable activity in the organization of the health care network. Nevertheless, health services have the responsibility and duty to embrace and support victims and their families, instead of becoming another obstacle to coping with situations of violence.[16]

Among the many obstacles to be overcome, socioeconomic and cultural vulnerability stands out, with emphasis on poverty, unemployment and illiteracy that contribute to situations of violence[17], and may constitute risk factors, since the lack of access, education and information can interfere in the adoption of appropriate measures during the child's education process.

A study conducted with children and adolescents victims of institutionalized violence showed that the sheltered were mostly from low-income families. Therefore, even recognizing that situations of violence are not restricted to economically disadvantaged classes, these children and adolescents are still more vulnerable to suffering abuse, which may jeopardize their development. Nonetheless, concerning negligence, many children and adolescents from families with adequate socioeconomic conditions are victimized.[18]

Thus, although poverty can be a risk factor for child and adolescent vulnerability, resulting in violence, it is not an exclusive or predisposing factor, because among families with better socioeconomic conditions, violence is often veiled, appearing especially when it has become extreme, with the death of the child or adolescent.

In the second theme presented, which addresses the facilities in the care of children and adolescents victims of violence, professionals consider the bond between them, children, adolescents and their families as a priority within the service, because the bond allows establishing relationships of trust. In these cases, it is important that professionals involve victims and their families, providing guidance and support, through multidisciplinary interventions that consider the social, psychological and biological dimensions in favor of comprehensive care.[19]

The bond between professionals, children, adolescents and their families is a facilitator, considering the complexity of the care of children and adolescents victims of violence. In this sense, it corroborates the multidisciplinary approach, with exchanges made between the team professionals: physicians, nurses, social workers, among others. Thus, the quality of care provided improves, facilitating coping with these situations, aiming at integrality and the resolution of cases. Therefore, the care form a multidisciplinary team to the victimized child and adolescent is essential, considering the multifaceted character of violence that can lead to physical, psychological and social harm, thus ensuring full support for the demands that child-adolescent violence imposes.[20]

CONCLUSION

The results allowed knowing the difficulties and facilities faced by the professionals at a Psychosocial Care Center for Children and Adolescents victims of violence. Among the difficulties were the involvement of the family as aggressor or negligent, the delay in referrals of protective measures, the disarticulation of the network of services that assist this population and the absence of specific protocols to identify violence, which interferes in the monitoring of cases and in the commitment of professionals.

On the other hand, there were also some facilities for professionals' calls, such as: the bond established with families and victims, which favors the planning and continuity of care, and multiprofessional work, which enables the integrality of

actions.

The limits of the study regard the fact of investigating a specific scenario of a CAPSi; however, the results may be expanded to other scenarios that meet this population. In this sense, the research contributes to (re)thinking care strategies, such as: the need to develop protocols and training for the recognition and referral of cases of child and adolescent violence, the articulation of services that assist children and adolescents and the support to professionals working with the issue.

Finally, the role of nurses in the care of children and adolescents victims of violence stands out. This professional, as a member of the team working in CAPSi, can assist in the identification and referral of cases by articulating the actions within the network of services that meet this population, in addition to acting to strengthen family bonds, aiming to reduce cases of violence against children and adolescents.

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