

Flow of Violence against Children and Adolescents in the Healthcare Network: Challenges and Needs

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The historical context of violence against children and adolescents was a naturalized behavior because it was believed that physical violence in the form of punishment was an educative process for repressing attitudes that were not accepted by society (Sanchez; Minayo, 2004). The centuries XVI and XVII were marked by exploitation and different forms of violence against children, who were considered burdens, that is, non-essential to the family structure (Matins; Jorge, 2010). Only in the century XIX protective organizations and associations emerged to fight the violence against children in the United States of America, then culminating in the Declaration of the Rights of the Child in 1959, which was proclaimed by the United Nations General Assembly (Gotlieb; Laurenti; Mello Jorge, 2002).

Brazil's Federal Constitution states, in its Article no. 227, that '*it is duty of the family, the society and the state to ensure to the child and adolescent, with absolute priority, the right to life, health, nutrition, education, leisure, profession, culture, dignity, respect, freedom and family and social living, as well as the right to protection against any form of negligence, discrimination, exploitation, violence, mistreatment and oppression*'. The Statute of Child and Adolescent (ECA), which completed 33 years

of existence, includes articles guaranteeing protection and penalties for any form of violence against the child and youth population, with the Tutelary Council being established as an autonomous and permanent agency, but with no judicial power. The Tutelary Council was created according to the *ECA's* Article No. 132, in which the municipalities are responsible for choosing five councilors after a public election to perform this service. There are no specific criteria regarding the councilors and no higher education is required. The *ECA's* Article No. 134 states that the municipality must provide education to the councilors permanently.

In cases of complaint, the police does not accept it and refer the victim or complainant to the Tutelary Council, which however has limitations in its ability to intervene according to what is established in law due to its lack of judicial power. Absence of authority on the part of this agency often impedes that the councilor enters into the buildings or houses without permission by the victim's family. When access to the victim and family is achieved, non-ethical and outdated approaches are used due to lack of specialised formation for doing so. This weakens the confidence of the family on the service.

Concerning health and education professionals, when they suspect situations analogous to any type of violence, they are supposed to contact the Tutelary Council to denounce and report the situation by filling in the notification of domestic violence (Garbin *et al.*, 2015). This notification form is used for recording any neglect and/or disease, including domestic and sexual violence and others, on the Compulsory Disease Information System (*SINAN*) created on January 25th, 2011, through Ordinance No. 104.

This type of notification favors segments of vulnerable populations (i.e. women, children, adolescents, and elderly) to break out of invisibility, in which characteristics such as severity, typology, types of individuals involved, and localization are described, thus contributing to the culture of peace, and combating any type of violence. However, domestic violence-related indicators remain centered on information systems and epidemiological surveillance professionals only, which makes it difficult for other related professionals and researchers to investigate updated data and widen the knowledge about the topic.

The flow of violence within the health care network (HCN) begins in the primary (i.e. basic health units) and tertiary health care (emergency units and hospitals). Once the victim of domestic violence is identified, the responsible

agency is contacted. Identification, denunciation, and notification of the cases of domestic violence reportedly found at schools and healthcare units seldom follow the healthcare network's protocol flow, thus ending up underreported. Among the main causes of under-reporting, one can cite a lack of familiarity on the part of some professionals with using the notification form, fear of retaliation on the part of the perpetrator of the violence against the child, and lack of support from responsible agencies, such as the Tutelary Council (Assis *et al.*, 2012).

In short, the situation of child violence requires a reformulation of the law and implementation of solid public policies aimed at achieving a better resolution of the cases of violence against children and adolescents as well as at interconnecting the involved areas within the HCN.

Some crucial points to better address child violence include standardization of the actions, access to data from information systems, and research investments for specific qualifications of professionals who directly and indirectly act on this social phenomenon. Based on this premise, it is undeniable that violence against children and adolescents is included in the list of neglect and diseases in the context of public health as a result of the impact of such an issue individually and collectively.

In this way, the notification of violence is considered an instrument of behavior breach, which reinforces the need to have professionals prepared to assist and perform the notification process involving these cases. In the national context, there is scarce investigation addressing the frequency of cases of violence against children and adolescents in the healthcare services as a result of the conflicting implementation of the notification process in different states of the country as well as the lack of knowledge on the part of health professionals about the flows of services given such situations.

The process of identification of the offender within the family context is somewhat complex when one considers the different vulnerabilities of children and adolescents, which makes it difficult to identify the offender. Culturally, the act of notifying someone is more related to punishment than to assistance, care, and support, which undermines the coverage of cases as the offender tends to hide the act or even escape. Therefore, it is necessary to guide the approach to domestic violence under another view by emphasizing that an individual who commits violence against a child or an adolescent replicates the same experiences as those he or she suffered in childhood, thus naturalizing the situation (Silvia; Pereira; Andrade, 2023).

Working on an emotional bond with the parents allows for a preventive dialogue aimed at reducing domestic violence and breaking a chain of violence throughout generations as well. One can infer that the current format for notification of violence against children is obsolete regarding the resolutions of the cases, welcome, and awareness of family members.

In conclusion, studying the phenomenon of violence against children and adolescents is a social and ethical commitment between the scientific community, public authorities, and health and education managers at the municipal and state levels.¹

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Note

¹ M. M. Campoamor: writing and textual analysis. E. Z. Martinez and C. B. dos Santos: textual analysis.

