

Primary attention as a structuring axis of the reduction of violence indicators against children and adolescents

A atenção primária como eixo estruturante da redução dos indicadores de violência contra crianças e adolescentes

Rachel Amorim Quirino da Costa Marinho¹, Ricardo Saraiva Aguiar²

Como citar:

Marinho RAQC, Aguiar RS. A atenção primária como eixo estruturante da redução dos indicadores de violência contra crianças e adolescentes. REVISA. 2019; 8(2): 228-41. Doi: <https://doi.org/10.36239/revisa.v8.n2.p228a241>

REVISA

1. Universidade Paulista.
Brasília, Distrito Federal,
Brasil.

Received: 10/04/2019
Approved: 7/06/2019

RESUMO

Objetivo: Demonstrar o papel da atenção primária à saúde no enfrentamento da violência contra crianças e adolescentes. **Método:** Trata-se de uma revisão integrativa da literatura, no período de 2010 a 2015, de artigos pesquisados nos bancos de dados BDENF, LILACS e SciELO. **Resultados:** Optou-se pela definição de três categorias para a discussão dos resultados: as políticas públicas, a rede de proteção e as ações desenvolvidas para prevenção da violência. **Conclusões:** Verificou-se que as políticas públicas são instrumentos de Estado que fortalecem as intenções de enfrentamento da violência. Diversas são as instituições da rede de proteção disponíveis, porém as ações ainda são fragmentadas e perpetua o isolamento desses atores. Assim, faz-se necessário maiores esforços no sentido de compor uma rede que atue de forma sistêmica, contínua e articulada com o intuito de garantir a proteção, promoção e prevenção à saúde de crianças e adolescentes para um desenvolvimento pleno e saudável. **Descritores:** Atenção Primária à Saúde; Violência Doméstica; Defesa da criança e do adolescente.

ABSTRACT

Objective: To demonstrate the role of primary care in coping with violence against children and adolescents. **Method:** This is an integrative review of the literature, in the period from 2010 to 2015, of articles searched in the BDENF, LILACS and SciELO databases. **Results:** It was decided to define three categories for the discussion of the results: public policies, the protection network and actions developed to prevent violence. **Conclusions:** It has been verified that public policies are state instruments that strengthen intentions to confront violence. There are many institutions of the protection network available, but the actions are still fragmented and perpetuates the isolation of these actors. Further efforts are needed to create a network that acts in a systemic, continuous and articulated way with the purpose of guaranteeing the protection, promotion and prevention of the health of children and adolescents for a full and healthy development. **Descriptors:** Primary Health Care; Domestic Violence; Child Advocacy.

Introduction

Violence against children or adolescents is an ancient practice that is still perpetuated in nowadays, in all cultures, social classes and education level. In ancient registers, it is known that children and adolescents were always subjects more vulnerable to diverse types of maltreatment and violence. Only on the 60s, in the United States, healthcare started to worry on combating violence against the child-adolescent population, specially Pediatrics, that identified it to be a health issue. Today, it is considered a public health issue by the World Health Organization (WHO) because it can elevate indicators of child morbidity and mortality.¹⁻³

Violence is related to all types of abuse and maltreatment, being physical, psychological, of negligence or sexual. However, in this context, we highlight that domestic violence compromise the growth and development of victims bringing risks to their own health and life. For such, it is important to identify its nature as well as signs that identify it, exposure time and its consequences, so it can be discovered in all aspects and act correctly on caring for these victims. This way, we define necessary interventions and specificities of public policies to effectively fight child and adolescent violence.^{2,4}

An example of relevante on fighting against this type of violence happens in Brazil, where public policies emphasis is backed up on the 1988 Federal Constitution. It regulates health as an universal right and a State duty on creating public strategies and services the reduce risk of aggravation and its byproducts, in addition to maintaining equal and universal access to the whole population with preventive actions, promotion and recovery of health.²⁻³

In this sense, aiming to maintain this objective, the State created the Unique Health System (UHS), after officializing the current Magma Letter. From this system, a comprehensive network of primary health care (PHC) was disseminated, as initial access to the diagnosis of the occurrence of violence and in providing the necessary relief. This way, when there is a suspicion or confirmation of violence in children and/or adolescents, health professionals must legally notify the case. This action is obligatory, considering that it is forseen in the Child and Adolescent Statute, in Professional Code of Ethics and other national legislation.²

Assistance to victims of violence demand distinct knowledge, because they incite on current practices of the health sector, mainly on counselling and on capturing sectoral and intersectoral resources aiming to preserve people that are in this situation.^{5,3}

Prevention on confronting this issue is constantly presented as a central point in Primary Health Care (PHC) by nursing staff, considering fighting child and adolescent violence is under one's responsibility and also of other health professionals. WHO suggests actions to do so, among them, we highlight: acting on strategies linked to reducing incidence and prevalence of violence cases (primary prevention); identifying potential risk in family violence in a community, even in specific assistance, for example: prenatal care or pediatric consultation (secondary prevention); and health promotion to solving problems that were detected (tertiary prevention).⁵

We consider that PHC is the primary link for caring for population's health complaints in general. We observe that this configures itself in a Great complexity of action, seeing that actions, however, do not show effectiveness for being fragmented and particular.

Thus, the present study aims to amplify the perception of the issue of perpetuated violence against children and adolescents, putting the PHC as a central point to care for these families, based on integrality of care, highlighting public policies, attention network and actions developed by the PHC to these victims of violence.

Method

It is an integrative review of literature, based on 12 researches, comprehending available articles on open access electronic scientific database (BIREME and *Scientific Electronic Library Online - Scielo*), published from 2010 and 2015, in Psychology, Pediatric Nursing and Public Health.

Integrative review method enables including theoretical and empirical literature, as well as studies with different methodological approaches, enabling access to recent scientific evidence and favouring knowledge improvement about a specific subject, as well as evidence points that require a greater emphasis of new researches.⁶

In order to determinate which study would be included in this research, we identified relevant questions, as well as information to be extracted in each selected study, initiating the process on defining the guiding question, which is considered the most important phase of the review. This way, we followed the other phases to create the literature review, where it was initiated the first step of the process with the definition and selection of the hypothesis to define the theme. In this phase we obtained the following research question: what is the primary healthcare role on fighting violence against children and adolescents?

The process of review was developed in five steps involving the selection of the theme, seeking scientific databases, analyzing included articles, interpretation and presenting results of review. Articles included in the review were analyzed in a systematic form according data referred to the title, authors, aims, results and year. Also, we established three discussion categories considering the promoted theme.

Results and Discussion

Article search was developed on BDENF (Bases de Dados de Enfermagem), LILACS (Literature of Latin America and the Caribbean) and SciELO (Scientific Electronic Library Online). The data collection period lasted from March to August 2016. Terms used in the search were: Primary Health Care, Domestic Violence, Child Advocacy. We found 3.200 articles related to the central theme of this research, published between 2010 and 2015, excluding those published in foreign languages and that were not available online fully. After analyzing the title, we separated 65 articles, that abstract were read and analyzed to select 12 articles to read fully.

Table 1 - Distribution of articles according to title, authors, aim, results and year of publication.

	Title	Author	Aim	Results	Year
Article 1	Sexual abuse against the child and adolescent: interdisciplinary reflections	Nesse AS, Castro GB, Hayeck CM, Cury DG	To understand the main concepts of violence and the prerogatives that underpin the discussions about the child as a subject of law. To emphasize the importance of structuring the child and adolescent protection network as a horizontalized power strategy with dynamic and effective intra-and inter-relationships	The interdisciplinary and interinstitutional perspective extends the discussion on sexual violence against children and adolescents. Services are still lacking in expertise and search refreshes	2010
Article 2	Notification of domestic, sexual and other violences against children in Brazil	Assis SG, Avanci JQ, Pence RP, Pires TO, Gomes DF	To present how domestic, sexual and other violences are perpetrated against children in Brazil	The number of notifications nationwide is low among those under 10 years. Differences in the distribution of notifications per federation unit. Few municipalities have reported violence in the SINAN	2012
Article 3	Intersectoral practices in public health promotion policies	Azevedo E, Pelicioni MC, Westphal MF	To know how intersectoral practices are being incorporated in foreseen actions in different networks, policies, programs and public plans established between 2006 and 2010 that dialogue with guidelines to promote health	Political and technical unpreparation of managers and health professionals. Lack of recognition of some of the policy issues as political issues as legitimate issues of Collective Health	2011
Article 4	Indicators of Health and Quality of Life in the Context of Primary Health Care	Magalhães ACF, Ferreira AL, Corrêa LP, Rodrigues MC, Viegas SMF	To know the comprehension of professionals from the family health staff and support teams about using indicators of health in primary healthcare in Belo Horizonte (MG)	Knowledge about the real health situation of a population becomes essential for the planning and implementation of actions aimed at improving health conditions	2012
Article 5	Network of protection against childhood violence in light of the concepts of Capra	Fernandes APP, Mazza VA, Leonardt MH	To reflect about the protection network against violence in childhood in the light of the network concept of the theorist Fritjof Capra	Capra's concepts enable us to reflect on the organization of the networks of protection considering practices and actions with a systematic focus	2013
Article 6	Facing the children abuse at Family Health Units: the performance of nurses	Souza RG, Santos DV	To know nurses' actions on Family Health Units facing family violence against children in a city in Bahia	Nurses' training is essential. The notification did not appear in the narratives. Lack of understanding of the targeting of identified cases. Lack of dialogue between the Health Unit and the child protection organs	2013
Article 7	Intervention process on integrated practice of health professionals in assisting children victims of violence	Klippel YAM	To problematize with health professionals their actions towards the child victim of violence	The professionals at the hospital surveyed recognize the difficulty in performing a good job with children who are victims of violence. There is a need for training professionals to better serve this clientele	2013

Article 8	Violence in childhood: perspectives and challenges for nursing	Borges JPA	To describe scientific production about violence in childhood emphasizing perspectives and challenges in nursing	Violence must be treated as a complex and multi-causal phenomenon. The notification is an epidemiological indicator of violence. Continuing education for nurses and other health professionals	2014
Article 9	Networking of families involved in domestic violence against children and adolescents: the perspective of Basic Health Care	Carlos DM	To contribute to comprehend care in a network, directing families involved in VDCCA, structured from PHC, under the view of professional of Health Centers in the city of Campinas-SP	Need to overcome the still current traditional paradigm centered on the biomedical and fragmented model for a transdisciplinary, interdisciplinary and intersectoral care, implying new (trans) formations in the know-how, the centered care of families involved in the VDCCA	2014
Article 10	Health practices to users in situations of violence: invisibility to the integral (un)caring	Guzzo PC, Costa MC, Silva EB, Jahn AC	To know professionals care practices in situations of violence, in the light of integrality	Professionals do not use the integrality as guiding axis of their care practices to the users in situation of violence, since, still, they work by the biomedical model	2014
Article 11	The network of protection for children and adolescents: purposes and possibilities	Oliveira CN	Addressing the importance of networking for the protection of children's rights	Institutional culture is still predominantly endogenous, bureaucratized and referred to routines and protocols that do not favor the exchange, the critical systematization of care, demands and referrals between institutions	2015
Article 12	Coping with domestic violence against children and adolescents from the perspective of primary care nurses	Leite JT, Bezerra MA, Scatena L, Silva LMP, Ferriani MGC	To analyse the actions reported by primary care nurses in the fight against domestic violence against children and adolescents.	Nurses knew about public policies, but could not put them into practice; were unprepared to identify and confront violence; did not participate in training courses and were afraid to report detected cases of violence	2016

Articles found were extensively analyzed and grouped according to the approached theme. Basically, three categories were stabelished according to the articles' central theme: Public policies for children and adolescents; Protection networks; and actions developed on Primary Health Care.

Public policies for children and adolescents

In the 80s, Brazil started to worry with the violence issue against children and adolescents, perpetrated in the domestic scope, and to think in effective responses to this. In this context, there was the awakening in a civil society as a whole and, also, in a State in the sense of protecting child-adolescent population and to appreciate it's growth and development. For such, we highlighted the need to amplify public policies and to discuss strategies turned to this alarming issue.⁶⁻⁸

Federal Constitution of 1988 provoked the most profound change on respecting human rights of children and adolescents, going from the perspective of "child-object" or "of minor", that is, of the correcting vision, to a perspective of this population to be subjects of rights, as determined in the article number 227.^{9-10,7}

It is the duty of the family, the society and the State to ensure the right to life, health, food, education, leisure, professionalization, culture, dignity, respect, freedom and family and community coexistence, and to safeguard them from all forms of neglect, discrimination, exploitation, violence, cruelty and oppression. This determination points to the importance of the implantation and structuring of a network that protects childhood and adolescence.^{9-10,7}

Approved by the National Congress on June 30, 1989, and transformed into Law 8.069, on June 13, 1990, the Statute of the Child and Adolescent (ECA) was implemented as a legal instrument to guarantee the rights of children and adolescents. These subjects now have a legal apparatus that prioritizes, absolutely, the family, society and the State, which transforms the entire conception of care.^{11-13,6}

Based on the specification of rights, the establishment of principles of guidelines for care policies, the definition of the attributions and competences and the provision of judicial procedures involving the child and youth population, by the Federal Constitution and the ECA, a general protection system was established by rights. This system has the objective of an effective implementation of the Doctrine of Integral Protection denominated System of Guarantee of Rights (SGR). This encompasses principles and norms that guide the policies of attention to children and adolescents, which have their actions promoted by the three spheres of Government (Union, States, Federal District and Municipalities) and by the three powers (Executive, Legislative and Judiciary) and civil society in three areas (promotion, prevention and social control).¹¹

The National Plan for Confronting Child and Adolescent Sexual Violence emerged in the 2000s, when there was a significant advance in Brazil regarding the fight against violence against children and adolescents, with the approval of the National Council for the Rights of Children and Adolescents (CONANDA). This plan is an instrument for the defense and guarantee of the right of the infidel-juvenile population that intends to create, strengthen and implement an articulated set of actions and goals to ensure the integral protection of children and adolescents in situations of sexual violence, structured in six axes strategies. They are: situation analysis, mobilization and articulation, defense and accountability, care, prevention and protagonism of children and youth. This instrument became a reference and offered a methodological overview for the structuring of policies, programs and services to combat sexual violence.¹⁴⁻¹⁵

In response to the demands of this plan, the Disque 100, which receives reports of violations of the human rights of children and adolescents, has emerged as a coping strategy and articulated by several actors responsible for guaranteeing rights, and provides guidance on services and care networks and protection throughout the country and the systematization and diffusion of new humanized and integral care practices in the network.¹⁴

The Ministry of Health received the incubations of the Statute of the Child and Adolescent (ECA), through the Unified Health System (SUS) to promote integral health care and seek to respond to the demands based on

strategies for coping with violence in Brazil. These involve actions to promote health, violence prevention and rehabilitation of victims and perpetrators at the three levels of attention.⁸

In response to these demands, the National Policy for Reduction of Morbidity and Mortality of Accidents and Violence was published and published in the Official Gazette of the Union, by the Ministry of Health, on May 18, 2001, as an instrument to guide health sector activity in this area. theme, with suggestions of specific actions for federal, state and municipal managers, whose guidelines are: promoting the adoption of safe and healthy behaviors and environments; monitoring the occurrence of accidents and violence; systematization, expansion and consolidation of pre-hospital care; interdisciplinary and intersectoral assistance to victims of accidents and violence; structuring and consolidation of rehabilitation and rehabilitation services; training of human resources; support for the development of studies and research; Compulsory Notification Form, to health professionals.^{16,9}

All this with the goal of working together in order to contribute to the knowledge of the reality about one of the biggest obstacles that opposes the healthy growth and development of Brazilian children and adolescents: domestic violence and other forms of ill-treatment.^{16,9}

With the objective of acting on the causes of diseases and diseases of the population, the National Health Promotion Policy (PNPS) was launched in 2006, which highlighted the structuring of a style of care that prioritizes quality of life, with actions to the prevention of violence and stimulation of the culture of peace.¹⁴

Approved in 2006, the PNPS presents different spheres of actions that point to its objective of acting in an inter-sectoral way, having as guideline: recognition of the search for equity; the stimulation of intersectoral actions; the strengthening of social participation; the promotion of changes in organizational culture; the promotion of research and the dissemination of initiatives aimed at promoting health, considering participatory methodologies and popular knowledge.¹⁶⁻¹⁷

From PNPS, the Ministry of Health created an ordinance to emphasize the need to integrate the actions of the Family Health Strategy (FHS) with those of Surveillance in Health, Health Promotion and Prevention of Noncommunicable Diseases and Injuries. of the National Plan to Combat Violence - Sexual Violence in Children and Adolescents; Sexual and / or Domestic Violence against Women; Violence against the Elderly and against Trafficking in Persons e. more recently, the Care Line for Integral Health Care for Children, Adolescents and their Families in Situation of Violence.^{17,14}

The Violence and Accident Surveillance System (VIVA), implemented in 2006 by the Ministry of Health, through the Health Surveillance Secretariat, was created with the purpose of enabling data collection through notification forms and data and dissemination of information on violence and accidents. All this would make it possible to know the real dimension of this serious problem of Collective Health.^{6,16}

Based on this, public policies in Brazil aimed at children and adolescents state that children and adolescents have the right to live with their

family and community, so that they can fully develop as human beings. Protecting and strengthening family and community ties has been a constant challenge for the Brazilian State and society, given the current scenario of social inequalities that interfere in social relations and which are expressed in the form of risks and vulnerabilities, in the daily lives of these people.

Since the enactment of the Federal Constitution in 1988 and the Statute of the Child and Adolescent in 1990, the state began to look differently in childhood. This look is not just about family, but about the child in the family. At this time, the slogan was The child's place is in the family, at school and in the community.

However, what happens is a deficit in the Brazilian public policies of protection directed to childhood and adolescence, leading the State to rise with regard to the death of children and young people.

The relationship between a Social State project and society could open doors to a new level of confrontation of the social issue, guaranteeing the social rights of children and adolescents, which are recent achievements in Brazil. It is known, however, that the changes can not be restricted to the endogenous aspects, because, by requiring more financial investments, more human resources and more continuous training, the management of Social Assistance policy is permeated by historical, political and social determinations which are beyond the decision-making power of a single group of actors.

Network of Protection to Children and Adolescents

Networking is important on seeking the protection children and adolescents' rights. Networks emerged in contemporary society and became a common phenomenon observed by different actors, organizations, linked among themselves, using a compatible and fit dynamic. The term network suggests the idea of articulation, connection, links, complementary actions, horizontal relationships between partners, interdependency of services to guarantee integrality of attention to segments, that is found in a situation of social and personal risk, as children and adolescents victims of violence. These networks of protection against violence can be seen as social networks, that are an alive system, with systemic emphasis, that constructs communication webs involving symbolic language, and cultural limits and power relationships. The form systems and actors that the child understands as relationships of support, that start with receiving the violent complaint. This is a delicate moment, because the network composed by unprepared and unqualified professionals offer risk to revictimization.^{9,11}

Structuring the network of protection implies on inclusion of several social actors and institutions of sectors such as: the Child and Adolescent Rights Councils, Guardian Councils, Child and Adolescent Protection Office (CAPO), Prosecutor's Office and Child and Youth Court and, institutions such as schools, health centers, hospitals and shelters.⁶

The adjustment of the language of the different actors and the adoption of practices aimed at a dynamic, flexible and horizontal connection in the development of the network work, favors the amplitude of actions against the

problem of violence. All of this provides a broader field of action for the child protection network, which operates from the reception, notification, family support, guidance, community education and training of professionals. Its purpose is not only to prevent new forms of violence, but also to articulate the institutions included in the network and to reach more appropriate interventions to address domestic violence in children and adolescents.^{11,9}

Among the studies already carried out in this field, one detected that the professionals diagnosed a problem, but in the case management they found difficulties in obtaining institutional support for continuity of care, generating the feeling of loneliness and impotence to break the cycle of violence. It is known that a number of issues, as already mentioned, the limitation of resources for services, lack of public policy incentives, disqualification and even the resistance of professionals to networking can contribute to the permanence fragmented practices. A limited view of the network's possibilities can compromise its real potential for action.¹³

A study carried out to identify risk factors and protection of the network of care for children victims of sexual violence in Porto Alegre, RS, detected that communication between the various institutions that acted in the cases was minimal, compromising all the network work. It was verified that the inadequate circulation of information causes structural and operational losses to the network, which may result in the absence of notifications or damages in the team's performance, with possible negative repercussions for child protection. On the other hand, underreporting may compromise understanding of the magnitude of the problem, prevent the construction of epidemiological indicators, and reduce transfers of financial resources that the municipality or state could invest in violence prevention.^{13,15}

Thus, networks have the task not only of protecting, but also of ensuring that violence, its causes and consequences are recognized as a problem that affects individuals and society. Therefore, there is a need for increased public investment, less bureaucracy in the flow of information and encouragement and more integration among its members. To this end, it is important to understand the concept of a systemic network and the integral protection of the child, which sometimes requires paradigm changes in all spheres.^{9,15}

In this sense, it is fundamental that each municipality organize and structure its health network, especially the basic health care articulated with the social assistance, education and justice systems, public security, Public Prosecutor's Office, Public Defender's Office, Guardianship council and children's and adolescent's rights councils and organized civil society in the territory to strengthen and / or implement the network of care and protection for children and adolescents and their families in situations of violence.¹⁴

Lastly, Motti and Santos (2008) affirm that networks of protection should enable growing knowledge, from studies and researches of the phenomenon of violence (places of occurrence, profile of those involved, types of violence, characteristics, among others); mapping and organizing services, actions, programs and projects through levels of complexity; strengthening the system of guaranteeing rights; constructing new flux for complaints and

notification, care and defense and responsabilization; integration of programs, projects, services and actions that directly and indirectly are related to fighting violence; attention and integral protection; constructing and implementing common instruments to assist, following up cases (files, data bases and information); producing informative materials and articulate the local community in fighting violations of children and adolescents' rights and formative materials for professionals and operators of the operators in social protection network; and improving the flux of communication.¹⁶

Protection networks act in a systemic and energetic way, thus breaking with the isolation of people and organizations. By analyzing the studies already carried out in this area, it is verified that the networks avoid duplication of actions and carry out integrated activities.

The Statute of the Child and Adolescent (ECA) provides for the network in its broadest sense and constitutes an indispensable strategy in the concept of Integral Protection to children and adolescents. The constitution of the Integral Protection network goes through a slow, democratic, participative, negotiated and non-imposing process. Therefore, it is a horizontal organization.

During procedures of constituting the network, rules, decision making mechanisms and forming consense in a hierarchic, democratic and participative way should be respected by all people involved. Because the network is an articulation of actors on a disputed issue that is political, social, complex and profoundly dialectic, its process of creation becomes difficult to be finished.

Protection network to children and adolescents is necessary in cities so that victims, mainly youth, are assisted in an integrated and intersectoral way involving all institutions such as schools, day care, health units, hospitals, among others that develop activities with children, adolescents and their families. Actors in a Integral protection network should reunite themselves not only to exchange experiences, but mainly, and specially, to face concrete and common problems that the solution is on the reach of a team and not isolated.

Actions developed in Primary Health Care to prevent violence

The main proposal of the assistance model of the World Health Organization (WHO) is the Basic Health Care (PHC). This is aimed at improving health indicators, reducing predictable causes of morbidity and mortality, and more rational consumption of biomedical technology, with greater final effectiveness in the health sector. In the Brazilian context, great efforts have been made to reorient the care model, based on PHC, mainly with the implementation in the Unified Health System (UHS) and the Family Health Strategy (FHS).⁸

Nowadays, as mentioned, maltreatment against children and adolescents are considered a serious public health issue. Therefore, it is important for the nurse to work on strategies directed at the population as a whole in the effort to reduce the incidence and prevalence of violence.¹²

The complexity of violence in the family environment is recognized by the nurse and the effectiveness of intervention depends also on following up families that practice violence as a primary factor on children and adolescents'

health, because it is an attempt to restructure the family system and to monitor conditions in which children and adolescents are living in. In order to ensure continuity and effective follow-up of the victim and his/her family, health services and professionals must be equipped for clinical and psychological care, with protocols and flows defined and organized at all three levels.¹³⁻¹⁴

In this context, Primary Health Care suggests as strategies to this follow up discussions in a multiprofessional team, from each case, that are Essentials to evaluate the adherence of families to professionals that are specific needs to each case to create strategies; enable education of the staff to improve interventions and approaches promoting articulation of network professionals and plan counselling groups and guidance to parents and responsables, in order to strengthen family bonds.^{14,16}

As a guiding and preferential strategy for attending and monitoring cases of violence is the cooperation of the oral health team, community health agents, control of endemics and mental health professionals, as matrix support to family health teams.¹⁴

It is important to highlight that health professionals encounter many difficulties in detecting issues related to violence inside the family, due to the many aspects such as: professional unpreparedness on identifying cases; lack of institutional support; not recognizing violence as a health issue; and, feelings of impotence and trivialization of violence. Considering this, it is important to reinforce the ethical and social responsibility of the nurse, that must evaluate limiting factors for his/her work in order to take over his/her role on guaranteeing children's rights prescribed in the Statute of Children and Adolescent.⁸

With regard to prevention and health promotion, health professionals should pay attention to Health Education as a foundation of the Family Health Strategy (FHS). This is one of the essential functions of nurses and should be valued for the possibility of changing the way of life and health of the community. Failure to recognize this role may be an impediment to coping with the problem in the context of work in which the nurses are employed.¹²

It is the responsibility of the Basic Health Care team to carry out the reception, educational and preventive actions that must be both comprehensive and specific, and involve different contexts to reach victims and/or aggressors, promoting a culture of peace with the family, school, community and, in other social spaces.^{8,10,14}

These teams are inserted in a privileged field to identify situations of violence by the great range of possibilities of actions and by the involvement of the professionals with the individual and collective health of the community. Because they are geographically very close to families, primary care professionals are better able to identify signs and symptoms of violence in children and adolescents; hosting; providing care (diagnosis, treatment and care); notify cases and refer to the network of social care and protection.^{11,14}

It is notorious that the health professional plays an important role as a caregiver in identifying a situation of violence or conditions that indicate a risk. The evaluation allows actions to break or avoid abusive family dynamics. In

this sense, these professionals can contribute with the family in the construction of a new model of taking care of the children.

It is recommended that the health team should never act alone, even in case of suspicion, especially the Community Health Agents (CHA). They develop links with the community and, therefore, become more exposed. In order to support decisions made by the health team, the social protection network must be activated.

Finally, several spheres of Brazilian society have been mobilizing in the last decades for the development of knowledge actions as well as strategies aimed at addressing the problematic that deals with violence, involving children and adolescents. It has presented itself with great severity and frequency, especially in the homes.

Therefore, the integral care of the child and the adolescent should be a commitment of the professionals in the Family Health Strategy (FHS), especially in dealing with those in a situation of violence. This means reducing the deleterious effects, the application of measures of promotion, prevention and protection, from the perspective of health education, should be an absolute priority, as defined by the Statute of the Child and Adolescent (ECA).¹²

Conclusion

With regard to public policies in the area of child and adolescent health, the numerous situations of violence were identified as a complex phenomenon, with economic, political and socio-cultural aspects involved in its origin. Nonetheless, these policies have the potential to produce positive and highly impacting effects, as they propose the articulation of public actors and civil society in confronting violence against children and adolescents.

The action in networks proposes actions in a systemic way, in order to break the isolation of people and organizations, in order to avoid duplication of actions and their realization in integrated activities. Today, ill-treatment of children and adolescents is considered a serious public health problem. Therefore, it is important to articulate the nurses' work with the entire safety net, drawing strategies aimed at the population as a whole in the effort to reduce the incidence and prevalence of violence.

In this context, PHC is the gateway to care for families and children under suspicion or confirmation of violence. The Line of Integral Health Care for Children, Adolescents and their Families in Situations of Violence is an important strategy launched by the Ministry of Health with the purpose of sensitizing and guiding professionals to the development of integrated actions of violence prevention, promotion of health and culture of peace. The focus is on the need for work with families, stresses the importance of emphasizing the protective factors and alert on the vulnerabilities and risks of violence against children and adolescents. It also provides guidance to health professionals so that they can contribute to the identification of signs and symptoms of violence, and establish a line of care for the integral attention to the health of children, adolescents and their families in situations of violence.

References

1. Queiroz APDG, Garbin CAS. A violência contra criança e a notificação pelos profissionais de saúde. Universidade do Estado do Rio de Janeiro. *Polêmica*. 2011;10(2):271-277.
2. Garbini CAS, Garbini AJI, Moimazz SAS, Salibaz O, Costas ACO, Queiroz APDG. Notificação de violência contra criança: conhecimento e comportamento dos profissionais de saúde. *Revista Brasileira de Pesquisa em Saúde*. 2011;13(2):17-23.
3. Machado AL. Desenvolvimento e análise avaliativa de uma capacitação em violência intrafamiliar contra crianças e adolescentes para os profissionais do Programa Saúde da Família [Dissertação]. São Paulo: Universidade Federal de São Paulo; 2011.
4. Veloso LUP, Silva LCL, Sousa CR, Rodrigues PLR. Perfil de violência em crianças de 0 a 9 anos atendidas em um hospital público. *Rev Enferm UFPI*. 2015;4(1):97-105.
5. Aragão AS, Ferriani MGC, Vendruscollo TS, Souza SL, Gomes R. Abordagem dos casos de violência à criança pela enfermagem na atenção básica. *Rev. Latino-Am. Enfermagem*. 2013;21(Especial).
6. Borges JPA. Violência na Infância: perspectivas e desafios para a Enfermagem. *Rev. Soc. Bras. Enferm. Ped*. 2014;14(2):154-8.
7. Klippel YAM. Processo de intervenção para a prática integrada de profissionais de saúde no atendimento à criança vítima de violência [Dissertação]. Curitiba: Universidade do Paraná; 2013.
8. Carlos DM. O cuidado em rede a famílias envolvidas na violência doméstica contra crianças e adolescentes: o olhar da Atenção Básica à Saúde [Tese]. Ribeirão Preto: Universidade de São Paulo; 2014.
9. Fernandes APP, Mazza VA, Lenardt MH. Rede de proteção contra a violência na infância à luz dos conceitos de Capra. Artigo reflexivo/ensaio. *Revista Min Enferm*. 2013;17(4):1026-1031.
10. Brasil. Ministério da Saúde. Secretaria de Direitos Humanos. Conselho Nacional dos Direitos da Criança e do Adolescente. Plano Nacional de Enfrentamento da Violência Sexual contra Crianças e Adolescentes. Brasília: Ministério da Saúde; 2013.
11. Oliveira CN. A rede de proteção a crianças e adolescentes: finalidades e possibilidades [Especialização]. Rio de Janeiro: Universidade Federal do Rio de Janeiro; 2014.
12. Souza RG, Santos DV. Enfrentando os maus-tratos infantis nas Unidades de Saúde da Família: atuação dos enfermeiros. *Physis Revista de Saúde Coletiva*. 2013;23(2): 783-800.
13. Leite JT, Beserra MA, Scatena L, Silva LMP, Ferriani MGC. Enfrentamento da violência doméstica contra crianças e adolescentes na perspectiva de enfermeiros da atenção básica. *Rev Gaúcha Enferm*. 2016;37(2).
14. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas e Estratégicas. Fundação Osvaldo Cruz. Linha de Cuidado para a Atenção Integral à Saúde de Crianças, Adolescentes e suas Famílias em Situação de Violência Orientações para gestores e profissionais de saúde. Brasília: Ministério da Saúde; 2010.
15. Ungaretti MA (Org). Criança e Adolescente: Direitos, Sexualidades e Reprodução. São Paulo: Pancrom Indústria Gráfica; 2010.
16. Borges JPA. Violência na Infância: perspectivas e desafios para a Enfermagem. *Rev. Soc. Bras. Enferm. Ped*. 2014;14(2):154-8.
17. Azevedo E, Pelicioni MCF, Westphal MF. Práticas intersetoriais nas políticas públicas de promoção de saúde. *Physis Revista de Saúde Coletiva*. 2012;22[4]:1333-56.

Correspondant author:

Ricardo Saraiva Aguiar
SGAS 913 Building B, Asa Sul,. ZIP 70.390-130.
Brasília, Federal District, Brazil.
ricardo.aguiar@docente.unip.br