

134 - THE VIOLENCE AGAINST CHILDREN: A PUBLIC HEALTH PROBLEM?

CECÍLIA NOGUEIRA VALENÇA;
ALANE DE MEDEIROS SILVA;
RAIMUNDA MEDEIROS GERMANO.
Nursing Post-Graduate Program/ UFRN – Natal/RN, Brazil.
cecilia_valenca@yahoo.com.br

INTRODUCTION

This article contains a reflection on violence against children in Brazil, emphasizing the importance of the family and public health in that context. According to World Health Organization (WHO), violence is defined as the use of physical force or power, in threat or in practice, against oneself, another person or against a group or community that can result in suffering, death, psychological damage development, or deprivation affected (WHO, 1996).

Thus, the overall perception of the term violence is seen as complex, as it involves many aspects and environments, but also presents a strong social impact. The violence is in the social context, showing forms of domination and oppression that may then trigger conflicts.

This practice, today, is not considered human nature, has no biological origin, but a dynamic and complex biopsychosocial phenomenon, whose area of creation and development is life and society (MINAYO, 2008). Violence is characterized by an attitude of domination over a weaker victim, such as children, conceptually defined by Article 2 of the Statute of the Child and Adolescent (ECA) and all persons with up to twelve years of age incomplete (BRASIL, 1990).

Many unexplained and the factors which may cause a person to commit an act of violence against another, especially when the other is a child in some way considered weak, defenseless and naive on the aggressor. Thus, violence against children is a power relationship, under asymmetric domination.

The violence includes child all forms of physical or mental violence, injury, negligent treatment, maltreatment or exploitation and sexual abuse. Such forms, of which there are domestic and sexual violence against children, can be given in various environments, such as domestic, public and private, including schools, orphanages, institutions for care, among other (PINHEIRO, 2007). No child or adolescent, as Article 5 of the CEA, may be subject to any form of violence and that doing so will be punished for their rights (BRASIL, 1990).

However, as the National Council on the Rights of the Child and Adolescent (CONANDA), 6.5 million children each year suffer some form of domestic violence in the country and 18 thousand are beaten daily, showing severe disabilities of action of governments with respect to this problem. With regard to the actions of government, is, however, find the weaknesses of basic support that the development of indices, such as poverty, illiteracy and child violence, which are significant factors in the quota is tied to children who suffer violence (CONANDA, 2000).

This theme is a major public health problem, due mainly to the feeling of insecurity caused in all social spheres and the financial cost that is representing for all (FERRIANI, 2000). When it comes to the performance of public health in this context, it noted that stresses prevention, emphasizing the belief that violent behavior and its consequences can be avoided (DAHLBERG, 2006).

The motivation for this study the reflection on that violence against children, although an old and serious public health problem, yet does not present an adequate solution since its identification to protect the victim and just punishment of perpetrators. Currently, this issue has reached prominence in the media in an attempt to stimulate discussion of the issue in society. In contrast, under technical and scientific health, there are few studies linking violence with child health, and about the role of health professionals involved in hosting and directing appropriate victims, families and perpetrators.

From this perspective, the article seeks think about the importance of family in children's development and understanding the impact of childhood violence in Brazil, identifying the role of public health in that context.

CONSIDERATIONS ON CHILDREN AND FAMILIES

The children and adolescents enjoy all the fundamental rights inherent to human beings, subject to full protection because the law provides opportunities and facilities, to provide them the physical, mental, moral, spiritual and social conditions of freedom and dignity (BRASIL, 1990).

In Brazil, was proclaimed in 1959, the declaration of the rights of the child and, as result of the 1988 Constitution was adopted the Law No. 8069 of 13 July 1990, the Statute of the Child and Adolescent (ECA). The ECA was established from the creation of important bodies for the protection of children and adolescents, such as the police to protect children working in situations of violence or exploitation, in addition to punitive advice. The Guardianship Councils are permanent and autonomous bodies, non-judicial, charged by society to ensure compliance with the rights of children and adolescents (BRASIL, 1990).

However, besides all those victories for the child, they still live in conditions not favorable for their development, as it was not achieved a society that respects individuals, offering employment, education, nutrition, health, conditions of housing and leisure to all the families (MENDES, 2007). In Brazil and other emerging countries, many children are subjected to hard work in the countryside, in factories, besides being subjected to situations of sexual, psychological violence, physical, and various other problems.

Even considering the macro scale, one cannot forget that the family has a significant influence on the child, to that extent, the happiness of this relates directly with the commitment, responsibility, patience, tolerance, time, maturity and especially the love of parents. It is in childhood that self-esteem of the child must be fed, because she needs to feel valuable, since their personality is being formed and this process affects their whole life (CUNHA, 2004).

In spite of all this need for care and attention of children for parents, they often find themselves overwhelmed with daily activities, enjoying a little time with their children, not involved enough in their growth and development. Consequently, the child understands, beyond the people in your family, all the emotional environment that is around you, so she needs a family living environment, to form a good image of itself in order to help her cope the world that the expected (CUNHA, 2004).

With the current change of the Brazilian model of the family often is not seen the figure of the father, and this has a significant importance in forming the personality of the child. The absence of the father may bring negative consequences, especially for the son, both as model and as a setter of limits (LIMA, 2007).

Above all, regardless of family organization that the child lives, it needs to grow in an environment where there is love and affection, and is harmonious, to feel happy, valued and strong. In this context, social change affect the family relationship, there must be dialogue, exchange of experience and flexibility to make possible the growth of members of that family, which is the fundamental basis for human development (SOMMERHALDER; NOGUEIRA, 2000).

During its development, if the baby or the child receiving care, affection, limits, or a good education, especially at the stage of early childhood (from birth to six years-old), will probably have a healthy development. Accordingly, there is evidence that there is a good emotional development offered to the baby or the child influences in a positive way with respect to the possibility that this naturally react to the frustration, seeing a peaceful resolution of problems (FRIEDMAM, 2005).

Thus, as it speaks of the origin of a child according to their natural evolution in the family, related to that assumption that the abused child can today, be the adult who abuses tomorrow.

Whereas the family significantly influences the growth and development of the child, the home environment, or intra-familial, can encourage acts of violence, and 70% of cases affect the young. In such cases, parents are the main perpetrators, but despite the numbers, events suffer high rate of underreporting in Brazil (UNICEF, 2005).

CHILD VIOLENCE IN BRAZIL

Child violence in Brazil has reached a size of large proportions, and is therefore considered infra-political, or closely linked to the current moment of the Brazilian reality, and is at the same time, cause and effect of the environment (MINAYO, 2006).

There are various forms of violence, when it comes to affecting how "directly" children, including those called interpersonal. This type of violence considered abusive act against the other, can occur in various environments, such as family or school.

Examples of interpersonal violence are: intra-family and sexual, this is understood as any act or sexual game where the aggressor is in stage of sexual development later that the victim, using it to get some kind of satisfaction (DESLANDES, 1994). The violence is considered to any act or omission that harms the well-being, the physical, psychological or the freedom and right to the full development of the family and may be committed by any of the family who is in a relationship of power over person assaulted, and could also be any person engaged in this "field" and not blood ties, inside or outside the home (DAY, et al., 2003).

There is also the psychological, which includes the negative interference of the adult on the child and their social competence, may present in isolation, rejection, creation of unrealistic expectations, among other (CAMARGO; BURALLI, 1994); the physical, characterized by the occurrence of a non-accidental injury using physical force or some type of weapon that can cause injury or not (BRASIL, 2001); to neglect, explained when the family ignores its obligations to provide physical and emotional needs of a child or adolescent (ASSIS, et al., 2004); the abuse, child prostitution, the stimulus drugs, among others.

In such cases, where violence is committed by those on whom the child expects love, affection, respect and understanding, there may be a compromise in the development of self-esteem, personal competence and the ability to establish interpersonal relationships, by the child raped.

The violence against children is still an old, serious and prevalent disease to health, is needed not only to intervene with families, but also with the public sector. From this perspective, it is noted that according to Article 4 of the ECA is to the community, family and of public authorities to ensure the realization of rights relating to life, health, nutrition and education (BRASIL, 1990).

These rights are legally guaranteed, including all the growth and development of children and adolescents, however, is valid to emphasize that not enough has no legitimate rights that they are enforced.

THE PREVENTION OF VIOLENCE AGAINST CHILDREN IN PUBLIC HEALTH

It was only in the 1980s that the issue of violence against children emerged as a public health problem, in order to expand the space for discussions on the subject. There was then to develop a social conscience on the subject (LIMA, 2007).

The child violence is the result of factors linked to offending and the individual child, family, community and society or culture (FERREIRA, et al., 1999). Therefore, it is done for some intervention to prevent violence is necessary to have knowledge on these factors.

To understand these factors and their prevention, it is necessary to understand the bio-psychosocial aspects of all persons involved in this process. You must know, for example, as this fact is perceived by the family, is often regarded as natural and every day, only ignored.

This perception may vary from the familiar issue of unconditional love until the right education, the justification for the aggression "is for the good of the child" 24th Perception of children about violence, most often, they want an end to violence, without any punishment of the offender (FERREIRA, et al., 1999).

Towards prevention, three levels are emphasized: the primary, the secondary and tertiary. The primary actions directed to cover the "preparation" of health professionals about the preventive measures of violence so that he can act in the field of education and information with groups and with the wider community. The secondary includes the issues of identification and diagnosis of cases, and early intervention strategies, and is composed of tertiary care hospital services and organization of health services, including a greater degree of complexity with the goal of rehabilitation / treatment of cases of violence (GOMES; SILVA; NJAINDE, 1999).

Therefore, health professionals must be prepared not only to diagnose and treat injuries resulting from physical violence but also to identify problems or situations that contribute to the occurrence of various forms of violence against an individual. Thus, particularly in cases of child violence, it is to listen to the professional conduct of the child both qualified as beaten his family, trying to understand them in their context.

These professionals are facing several challenges before the interventions to be undertaken, among them: the ill-treatment accepted as normal in the family, their own child "accepts" the violence, but we must consider that it has not yet acquired their personal autonomy; besides many times the child does not want to punish the aggressor, for fear of any pressure from family, despite the cessation of abuse aspire (FERREIRA, et al., 1999).

Despite these difficulties, identifying the possibility of a family member is playing or being the victim of violence is a task of responsibility of health professionals, but also of teachers in schools and kindergartens where children learn. This approach should be done through observations of the attitudes, direct or indirect questions and home visits, encouraging openness to dialogue, especially with the family (BRASIL, 2002).

When cases of abuse are suspected or confirmed is required to notify the Guardianship Council area. These councils consist of a space of convergence of information relating to various situations encountered by children and adolescents in a city where all suspected cases and/or proven threat to or violation of their rights must be notified (BRASIL, 1990).

These measures are essential in the management of a case of child violence. Thus, health professionals play a key role, especially the nursing team, as one that is more close to the victim and their family and companions. By reason of this proximity, this team has more room to establish a relationship of support. Your search assistance to awareness the family about the importance of another way to connect with the child in an attempt to extinguish the cycle of violence multibearing (ALGERI; SOUZA, 2006).

It is worth mentioning that when dealing with children, a range of issues are involved, such as their feelings as well as the professionals who deal with them. Therefore, it is very important to observe the child in a holistic, considering its psychosocial aspects, environmental, family and not just solutions to problems pathophysiological.

As for health care professionals, many people touch on feelings of suffering before the routine observed in the small victims, causing discomfort and doubt about their attitudes (LIMA, 2007). Thus, a multidisciplinary approach is essential to support and health care of the child victim of violence, since the consequences of various forms of aggression will affect them beyond their physical structure.

CONCLUSION

In Brazil, children have many rights guaranteed by law, but little has been done to accomplish the protection of child victims of violence due to several factors involved in this issue, especially in the family, which is the main stage for the asymmetric relationship of power between the adult and child abuser assaulted.

Violence against children includes a public health problem of great importance, and its prevention, urgent, necessary and duty of all sectors of society, since there is a growing demand of cases of abused children. However, under technical and scientific health, there are few studies linking violence with child health, and about the role of health professionals in the management of situations involving assistance to victims, families and perpetrators.

It is the duty of health professionals, especially those in nursing to be closer to family and community, to identify cases of violence and notify them, in addition to seeking to understand the bio-psychosocial aspects of all persons involved in this issue.

So urgent is the appropriate host and direction of assistance to victims of violence and the strengthening of inter-sectorial networks in prevention, protection and assistance to children suffering abuse and their families, by the authorities and the population in general, for thus reducing the amount of cases and all consequences caused by this type of criminal behaviour.

REFERÊNCIAS

- WORLD HEALTH ORGANIZATION. **Global Consultation on violence and health. Violence and health. Violence: a public health priority.** Geneva: WHO, 1996 (document WHO/EHA/ SPI.POA.).
- MINAYO, M.C. Violência social sob a perspectiva da saúde pública. **Cadernos de Saúde Pública.** v.10, suppl 1, p.7-18, 1994.
- BRASIL. Lei Federal nº. 8.069 de 13 de julho de 1990. Estatuto da criança e do adolescente. **Diário Oficial da União,** 1990.
- PINHEIRO, P.S. Violência contra crianças: informe mundial. **Ciência e saúde coletiva.** v.11, suppl, p.1343-50, 2007.
- CONSELHO NACIONAL DOS DIREITOS DA CRIANÇA E DO ADOLESCENTE. **Encontros de articulação do CONANDA com os Conselhos Tutelares.** Brasília: CONANDA, 2000. 17p.
- FERRIANI, M.G.C.; GARBIN, L.M.; RIBEIRO, M.A. Caracterização de casos em que crianças e adolescentes foram vítimas de abuso sexual na região sudoeste da cidade de Ribeirão Preto, SP, no ano de 2000. **Acta Paulista de Enfermagem.** v.17, n.1, p.45-54, 2004.
- DAHLBERG, L.L.; KRUG, E.G. Violência: um problema global de saúde pública. **Ciência e saúde coletiva.** v.11, Suppl, p.1163-77, 2006.
- MENDES, L.F.L. Vivendo e aprendendo no ambiente hospitalar: percepções de crianças sobre a doença. Natal, 2007. [dissertação de mestrado]. [Natal (RN)]: **Programa de Pós-Graduação em Enfermagem – Universidade Federal do Rio Grande do Norte,** 2007. 143 p.
- CUNHA, M.L.C. Violência doméstica contra crianças e adolescentes. (Módulo 2 do curso de capacitação). **Centro de combate à violência infantil (CECOVI).** Curitiba: UNICEF; 2004. 80 p.
- LIMA, P.D. **Atuação dos profissionais de saúde no atendimento à criança vítima de violência.** Dissertação [Dissertação de mestrado] [Natal (RN)]: Programa de Pós- Graduação em Enfermagem – Universidade Federal do Rio Grande do Norte; 2007. 154 p.
- SOMMERHALDER, C.; NOGUEIRA, E.J. As relações entre gerações. In: NERI, A.L.; FREIRE, S.A., editores. **E por falar em boa velhice.** Campinas: Papyrus, 2000. p. 33.
- FRIEDMAMA. Primeira infância e origens da violência. **Divulgação em Saúde para Debate, Série Conasems.** Rio de Janeiro: Saúde e Paz. v.33, p.83-92, 2005.
- UNICEF. **Análise da violência contra a Criança e o Adolescente segundo o Ciclo de vida no Brasil: conceitos, dados e proposições.** SILVA, H.O.; SILVA, J.S., editores. São Paulo: Global. Brasília: UNICEF, 2005. 304 p.
- MINAYO, M.C.S.; SOUZA, E.R. Violência sob o olhar da saúde. A infrapolítica da contemporaneidade brasileira. Rio de Janeiro: Fiocruz, 2006. 284p.
- ASSIS, S.G., et al. Violência e representação social na adolescência no Brasil. **Rev Panam Salud Publica.** v.16, n.1, p.43-51, 2004.
- DESLANDES, S.F. **Prevenir a violência: um desafio para profissionais de saúde.** Rio de Janeiro: Fiocruz/ENSP/Claves, 1994. 39p.
- DAY, V.P., et al. Violência doméstica e suas diferentes manifestações. **Revista de Psiquiatria.** V.25, suppl, p.9-21, 2003.
- CAMARGO, C.L.; BURALLI, K.O. **Violência familiar contra crianças e adolescentes.** Salvador: Ultragraph, 1994. 169 p.
- BRASIL. Ministério da Saúde. **Violência intrafamiliar: orientações para prática em serviço. Secretaria de Políticas de Saúde.** Brasília: Ministério da Saúde, 2001. 100 p.
- FERREIRA, A.L., et al. A prevenção da violência contra a criança na experiência do Ambulatório de Atendimento à Família: entraves e possibilidades de atuação. **Ciência e Saúde coletiva.** v.4, n.1, p.123-130, 1999.
- GOMES, R.; SILVA, C.M.F.P.; NJAINE, K. Prevenção à violência contra a criança e o adolescente sob a ótica da saúde: um estudo bibliográfico. **Ciência e Saúde coletiva.** v.4, n.1, p.171-81, 1999.
- BRASIL. Ministério da Saúde. Secretaria de Políticas de Saúde. Departamento de Atenção Básica. Saúde da criança: acompanhamento do crescimento e desenvolvimento infantil. **Brasília: Ministério da Saúde,** 2002. 100 p.

ALGERI, S.; SOUZA, L.M. Violência contra crianças e adolescentes: um desafio no cotidiano da equipe de enfermagem. Revista Latino-americana de Enfermagem. v.14, n.4, 2006.

Autor principal:

CECÍLIANO GUEIRA VALENÇA

Avenida Ayrton Senna, s/n. Condomínio Serrambi V, bloco 08, apartamento 203.

Nova Parnamirim. Parnamirim/RN.

CEP: 59151-905. Tel: (84) 8721-2904.

E-mail: cecilia_valenca@yahoo.com.br

THE VIOLENCE AGAINST CHILDREN: A PUBLIC HEALTH PROBLEM?

ABSTRACT

This study that aims to reflect on violence against children in Brazil, emphasizing the importance of the family and the public health in that context. Having said that, the violence against children is considered an unfair arguing between the adult abuser and child assaulted. In this perspective, it is for health professionals, especially those in nursing, because they are closer to the "family", to identify cases of violence and notify them; and this way, seek to understand the bio-psychosocial aspects of all people involved in that process.

KEYWORDS: violence, care of the child, family, nursing.

VIOLENCE ENVERS LES ENFANTS: UN PROBLEME DE SANTE PUBLIQUE?

Cette étude vise à réfléchir sur la violence contre les enfants au Brésil, en soulignant l'importance de la famille et la santé publique dans ce contexte. Ainsi, la maltraitance des enfants est considérée comme une relation de pouvoir asymétrique entre l'adulte et l'enfant agresseur agressé. Dans cette perspective, il appartient aux professionnels de la santé, notamment les soins infirmiers, étant plus proche de la «famille», afin d'identifier les cas de violence et de les notifier et, partant, tenter de comprendre les aspects bio-psychosociaux de toutes les personnes impliquées dans processus.

MOTS-CLÉS: violence, de garde d'enfants, la famille, de soins infirmiers.

LOS NIÑOS CONTRA LA VIOLENCIA: UN PROBLEMA DE SALUD PÚBLICA?

RESUMEN

Este estudio tiene como objetivo reflexionar sobre la violencia contra los niños en Brasil, haciendo hincapié en la importancia de la familia y la salud pública en este contexto. Así, el maltrato infantil se considera una relación de poder asimétrica entre el adulto y el niño abusador asaltado. Desde esta perspectiva, es para los profesionales de la salud, especialmente de enfermería, estar más cerca de la "familia", para identificar casos de violencia y notificar a ellos, y así tratar de entender los aspectos bio-psicosociales de todas las personas que participan en proceso.

PALABRAS CLAVE: violencia, cuidado de los niños, familia, enfermería.

A VIOLÊNCIA CONTRA CRIANÇAS: UM PROBLEMA DE SAÚDE PÚBLICA?

RESUMO

Este estudo tem como objetivo refletir acerca da violência contra a criança no Brasil, enfatizando a importância da família e da saúde pública nesse contexto. Assim, a violência infantil é considerada uma relação de poder assimétrica entre o adulto agressor e a criança agredida. Nessa perspectiva, cabe aos profissionais de saúde, principalmente os da enfermagem, por estarem mais próximo da "família", identificar os casos de violência e notificá-los; e com isso, buscar entender os aspectos bio-psicosociais de todas as pessoas envolvidas no processo.

PALAVRAS-CHAVE: Violência, cuidado da criança, família, enfermagem.

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: <http://www.fiepbulletin.net/80/a2/134>