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RESEARCH

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FAMILY VIOLENCE AGAINST CHILDREN: APPROACH TO NURSING THROUGH GENOGRAM AND ECOMAPA

Violência familiar contra criança: abordagem de enfermagem através do genograma e ecomapa

Violencia familiar contra niños: enfoque para enfermería mediante genograma y ecomapa

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ABSTRACT

Objective: analyze the family organization in the face of violence and the strategy of the genogram and ecomap in identifying the risk of family members in this situation. **Method:** descriptive study, such as a case study carried out in the pediatric sector of a Municipal Hospital of Baixada Litorânea in the state of Rio de Janeiro. The Calgary Family Assessment Model Applied. **Results**: i hrough the genogram and ecomap, family organization, family relationships and the various situations of violence experienced by children and their families were identified. **Conclusion:** i his study confirms the role of nursing in the identification of cases of violence, the importance of these professionals in understanding the magnitude of this situation and its consequences in the family environment. The nurse must develop skills that protect the child and his family in matters of intrafamily violence.

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DESCRIPTORES: Child abuse; Patient care team; Domestic violence

RESUMO

Objetivo: analisar a organização familiar frente ao caso de violência e a estratégia do genograma e ecomapa na identificação de risco de familiares nessa situação. **Método:** estudo descritivo, do tipo estudo de caso realizado no setor pediátrico de um Hospital Municipal da Baixada Litorânea do estado do Rio de Janeiro. Aplicado o Modelo de Calgary de avaliação de famílias. **Resultados:** através do genograma e ecomapa identificou-se a organização familiar, as relações familiares e as várias situações de violência vivenciadas pela criança e seus familiares. **Conclusão:** este estudo ratifica o papel da enfermagem na identificação de casos de violência, a importância destes profissionais em compreender a magnitude desta situação e seus desdobramentos no ambiente familiar. O enfermeiro deve desenvolver habilidades que protejam a criança e sua família em questões de violência intrafamiliar.

DESCRITORES: Maus-tratos infantis; Equipe de saúde; Violência domestica.

RESUMEN

Objetivo: analizar la organización familiar ante la violencia y la estrategia del genograma y ecomap en la identificación del riesgo de los familiares en esta situación. **Método:** estudio descriptivo, del tipo estudio de caso realizado en el sector pediátrico de un Hospital Municipal de Baixada Litorânea en el estado de Rio de Janeiro. Se aplicó el modelo de evaluación familiar de Calgary. **Resultados:** a través del genograma y ecomap se identifica la organización familiar, las relaciones familiares y las diversas situaciones de violencia que viven los niños y sus familias**. Conclusión:** este estudio confirma el papel de la enfermería en la identificación de casos de violencia, la importancia de estos profesionales en la comprensión de la magnitud de esta situación y sus consecuencias en el ámbito familiar. La enfermera debe desarrollar habilidades que protejan al niño y su familia en asuntos de violencia intrafamiliar.

DESCRIPTORES: Maltrato a los niños; Grupo de atención al paciente; Violencia doméstica.

INTRODUCTION

According to the WHO, the conceptualization of child maltreatment falls into the category of interpersonal family violence, being defined as: abuse and neglect directed at individuals under eighteen years of age, including all types of physical and/or emotional abuse, sexual abuse, neglect or negligent treatment, commercial or other exploitation, resulting in actual or potential harm to health, survival, development, or dignity, in the context of a relationship of responsibility, trust, or power.[1]

Maltreatment in children is a strong stressor, due to the negative experience in the life of this population, generating consequences in their normal growth and development process. It is worth mentioning that the child's ability to overcome situations of this nature will depend on some protective factors such as: the legislation protecting children, the removal of the child from the circle of violence, the support of social institutions, and a well-structured and prepared health team to support the child and the family. However, it must be addressed in its entirety, for its full recognition, so that effective measures can be implemented to solve the problem of violence.[2]

In the period from 2011 to 2017, the Sistema de Informação de Agravos de Notificação (SINAN) recorded 1,460,326 cases of interpersonal or self-inflicted violence. Of this total, 219,717 (15.0%) notifications were registered against children. It is noteworthy that these epidemiological data may not yet portray the daily life faced by children, since the underreporting of violence in childhood is still a Brazilian reality. The increase in the number of cases of child violence, according to Brazilian epidemiological data, demonstrates the need for control measures, through preventive actions with involved social sectors, such as health professionals, guardianship councils, schools, among others.[3]

Given the complexity of this problem, it is the responsibility of health professionals to notify and investigate cases of violence in order to help bring about changes in the comprehensive health care of this population. Although fear and misinformation about cases notified to the courts contribute to keeping the victims silent, this communication is extremely necessary, because it is through this communication that the profile of the victims and aggressors can be identified, making the situation of violence more visible.[4]

The Calgary Model of Assessment and Intervention in the Family, proposed by researchers at the University of Calgary, Canada, enables the achievement of a comprehensive care. According to this model, it is necessary to evaluate the internal and external structure and the family context through the genogram and the echomap.[5]

The genogram and the ecomap are instruments that can be used by professionals in several areas, mainly for the understanding of family processes. The genogram is a graphic representation of the family composition and the basic relationships in, elaborated by means of symbols. The ecomap is a diagram of the relationships between the family and the community, helping in the evaluation of available supports and their use by the family.[6]

Due to the benefits and applicability of these instruments in assessing the complexity and dynamics of the family structure and relationships, this study aimed to describe the family organization facing a case of violence and analyze the strategy of the genogram and ecomap in identifying the risk of family members in situations of violence.

METHODOLOGY

This is a qualitative, descriptive research of the case study type.

The case study is a structured research method that can be applied in several situations to contribute to the knowledge of individual or group phenomena. According to Stake,[7] the case study focuses attention on aspects that are relevant to the research problem, at a given time, to allow a clearer view of the phenomena through a dense description.[8]

This research method does not accept a rigid script for its delimitation, but it is possible to define four phases of its

design: 1) case delimitation; 2) data collection; 3) selection, analysis, and interpretation of data; 4) report writing.

Despite its limitations, the case study is the most appropriate method to understand in depth all the nuances of a particular organizational phenomenon. In this sense, even if a single case is conducted, some generalizations can be attempted when the context involves decisive, rare, typical, revealing, and longitudinal cases.[9]

As a strategy to get to know particularities of the family, which is the object of this case study, the Calgary Model of Assessment and Intervention in the Family was used, along with the construction of the family genogram and ecomap[5], in order to know the outline of the family and family relationships in a scenario of violence, in addition to social relationships and support networks. These data were collected from the institutional medical records through the records of the multiprofessional team during the hospitalization period, with the elaboration of the child's family history and complementary data.

This case was selected due to the complexity in the evolution of the events, initially only the child's case was observed, but with the evolution of the hospitalization other situations of violence that occurred in the family were identified.

The study was carried out in a public hospital located in the Baixada Litorânea in the state of Rio de Janeiro, Brazil, which provides medical and hospital care to children in the region. The hospital has a wing for emergency care in a pediatric ward, as part of the services offered by SUS, which generate epidemiological information for the municipality in question.

As a limitation of the present study, we highlight the existence of gaps in the records about violence in the medical records, making it difficult to collect data. It is noteworthy that the way health professionals approach the study shows that they still have some difficulty in identifying cases of violence, notably because some cases leave no marks and because it is a sociocultural phenomenon.

The potential risks of this study are quite small, because the data were researched in medical records. However, it should be taken into account that the student needed to be sheltered by her counselor due to the emotional impact caused by the case.

The results of this study contributed to the identification of the family organization in the case of violence against children and analyzed the risk of family members in this situation using the genogram and the ecomap as analytical tools. This study will bring benefits and add knowledge to health professionals who deal with cases of violence in their daily work, and will also add to the development of new research in the nursing field.

The study was submitted and approved by the Ethics and Research Committee (CEP) of the Hospital Universitário Antônio Pedro (HUAP), under CAE No. 29159119.0.0000.5243, according to opinion No. 2.244.17. The research complied with the requirements established by Resolution 466/128 that regulates ethics in research with human beings. This study is a part of the research project entitled "The abused child: knowledge and practice of health professionals". The anonymity and confidentiality of the information obtained about the family will be assured, thus avoiding personal harm as well as harm to the institution.

In the first moment, the case was delimited by reading the child's medical records; in the second moment, data regarding socioeconomic, clinical, and family relations issues were collected; in the third moment, the genogram and the ecomap (Figure 1) were elaborated according to the recommendations of the Calgary Model with families, and in the fourth and last moment, the analysis and interpretation of the collected data were performed. With this process, it was possible to understand the situation of violence of the child and family members studied, through socioeconomic, clinical and family data during their stay in the hospitalization unit.

RESULT

This case was selected because of the history of a child who was admitted to the pediatric emergency department with suspected traumatic brain injury (TBI) and his mother who was chaperoning, and the increasing evolution of particularities.

The case:

A 1-year and 4-month-old, white male infant was admitted to the pediatric emergency department with suspected traumatic brain injury (TBI) due to trauma received from his half brother, a 14-year-old adolescent. On physical examination, he presented with hematoma in the right cephalo-parietal region, mild bilateral cervical region scratching, hematoma and edema in the cephalo-frontal region. Weak and hypoactive crying to pain stimuli. Accompanied by his 29-year-old mother, who informed that after the aggression the child lost consciousness for a few seconds. Imaging exams were requested, and hospitalization was indicated because the mother reported fear of returning home.

After the child's hospitalization, the mother informed that she lived in the region, in a house of four rooms, with running water, septic tank, and dirt yard, located on an unpaved street. The family was a stable union, consisting of a 45-year-old father, who worked informally as a bricklayer, a 29-year-old mother, a housewife, and a one-year-old child. The father was in his second relationship. The father's first family was composed of a 40 year old woman and 3 children, a 23 year old female child, and two male children, ages 18 and 14 respectively. The father had a good relationship with his children and a troubled relationship with his former partner. The children have always had difficulties living together in the family, because the ex-wife had been subjected to violence perpetrated by her ex-spouse, which was never reported. The mother who accompanied the child during her hospitalization reported that after the birth of her son her husband started to be more aggressive with her, and the fights became more frequent, with small aggressions and many restrictions imposed. She restricted her communication with her family members that live in the state of Espírito Santo, her communication with acquaintances was allowed only

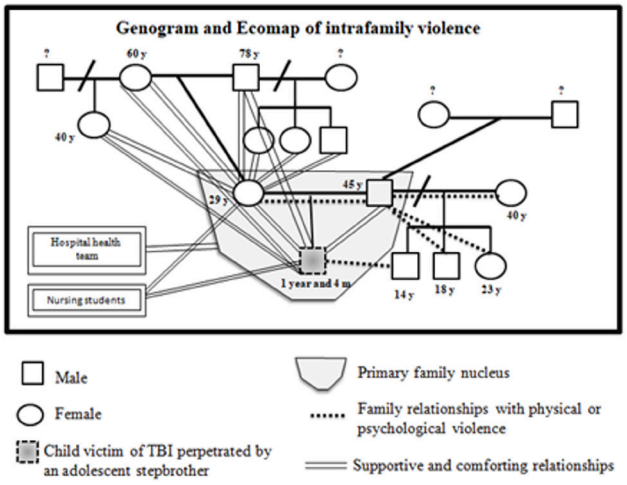
with the presence of her husband. The access to money is almost nil, because when she needed something she would buy it at the market near her home, and at the end of the month her husband would pay her. The mother had no support network. She referred to a neighbor who was her conversation partner at the gate, whom she also strictly forbade to approach. She had no contact with her husband's family, because her two brothers live in another town and never made contact, and she is unaware of her husband's family life.

The situation with her 1 year and 4 months old son occurred because she was careless with the child and her husband's 14 year old son entered her house without her noticing and threw the child out of the stroller onto the living room wall. The mother reported that she never leaves the two alone, because the teenager when he visited the family always claimed that he couldn't accept that his father had left home and abandoned his family. The mother and the baby are constantly threatened by this teenager, while her husband only softens the threats.

Faced with this report, the professionals of the multidisciplinary team of the pediatric ward of the hospital got together and outlined some procedures, among which are: evaluation of the case by the psychologist and the social worker, hospitalization for as long as the mother needed to feel safe, organization of the support network of professionals and nursing students for the planning of new conducts, guidance on violence and the rights of children and women, offering emotional support, observation and monitoring of the husband's visits, and availability of a communication network with the mother's relatives in Espírito Santo.

From the case report a Genogram and Eco-map of the family was prepared (Figure 1).

Figure 1 - Genogram and Eco-map of intrafamily violence of the case report. Rio das Ostras, RJ, Brazil, 2020



DISCUSSION

According to the Statute of the Child and Adolescent (ECA), in its 5th article, no child or adolescent shall be subject to any form of neglect, exploitation, violence, cruelty, discrimination, and oppression, or even punished in the form of law for any violation, by action or omission, of their fundamental rights. Violence afflicts all social classes and in several scenarios, whether on the streets or in homes through maltreatment, disguised as "correction" and/or "punishment".[11]

During childhood, the child explores several interpersonal relationships, in the family and at school, which are configured as psychosocial modulation of this individual and reflect in his cognitive evaluation. Childhood domestic violence interferes significantly in the child's growth and development, producing non-adaptive behaviors, emotional deficit, and even serious mental disorders, such as impulsive attitudes, hyperactivity disorder, school learning problems, as well as conduct disorders and substance abuse in adolescence.[12]

Therefore, it is important to recognize child maltreatment by health professionals, with emphasis on nurses, and that, based on this recognition, goals should be set in order to intervene in order to rescue this child from the violent context in which she lives, with health education measures and continuously, in the socialization of the actors involved and in stimulating the development of social policies to combat violence.[2]

It can also be affirmed that, in face of the survey of this family's history, domestic violence was present in numerous times, since it is characterized as a violence that is usually exercised by one or more members who are part of the household, and may have a parental relationship or not, including parents, stepfathers, stepmothers, brothers, uncles, grandparents, close friends, and other relatives. Due to the degree of kinship present in most cases, there is some difficulty in reporting the case of violence, for fear of retaliation and acceptance that the aggressor is someone dear to the family, so the aggression remains hidden.[13]

According to Nunes and Sales[2], the home environment is the place where most of the violent events take place, and this is an appropriate environment for the occurrence of aggression and abuse against children. It is interesting to emphasize that any member of the family can become, under certain circumstances, victim or perpetrator of violence.

As identified in the intra-family relationships through the genogram and the echomap, other violent relationships were observed, such as the relationship of the 29-year-old woman with her partner. Violence against women, many times, does not appear in the form of physical aggression, it can appear in acts such as restricting communication and interaction with family and friends and financial control, as reported by the woman herself. It is frequent that women do not realize that they are living in an abusive relationship and that they have difficulties in identifying their partner as an aggressor, since such attitudes constantly occur gradually and are sometimes disguised as caring attitudes. It is noteworthy that this type of attitude tends to intensify over time.

According to the authors, the aggressors are mostly in the women's family and affective environment, and there is a stimulus for the victims to get used to living in a violent

environment. This way, new episodes of violence can be repeated, if the violence is not repressed, the aggressive acts intensify and become more and more damaging to the woman.[14]

The World Report on Violence Prevention1 shows that one in three women worldwide have experienced physical or sexual violence by an intimate partner at some point in their lives. Any act of gender-based violence that results in physical, sexual, emotional harm, or suffering to women, including threats, repression, or arbitrary deprivation of liberty, whether in public or private life, can be considered violence against women.[15]

Often the violent act is disguised by an "act of love" within intimate relationships. Generally, the person perpetrating violence is very demanding and has very rigid ideals about his behavior and the behavior of the victim. Psychological domestic violence is difficult to identify and investigate, since it does not leave scars on the body, but can cause deep scars in the soul, which will certainly reverberate in the physical body and may lead to the development of physical and mental pathologies. The home that used to be considered a safe environment, welcoming, supportive, and loving, has become a place of fear and apprehension within four walls. One can then consider that home is often the most fearful and insecure environment for the subject.[15]

The family members in this case study lived with several types of violence, which are often veiled by fear, financial dependence, or even shame in denouncing it. It is noteworthy that in certain family environments violence is seen as a normal, everyday occurrence.

Women's reactions to violence perpetrated by their partners can lead them to present themselves in front of society with high rates of fear, shame, feelings of guilt, and social isolation. They may also present anxiety and insomnia, somatic symptoms, severe depression, and social dysfunction.[16]

The women's silence in relation to the violence to which they are submitted includes some factors, such as emotional, due to the affective relationship between the aggressor and the victim, economic, due to the woman's financial dependence, or still, due to social aspects, fearing the judgment and incomprehension of the family or the community in which they live.[17]

According to Amorim, Nader[17,] there is a triad of silence-denunciation-confrontation, which is part of the process experienced by women who suffer the several types of violence. This process consists of three phases: 1) the silencing phase, when the woman experiences several types of violence without reporting the aggressor; 2) the reporting phase, when the violence becomes unbearable and is reported either by the victim or by a neighbor, friend, or relative; and 3) the confrontation phase, which consists of the post-reporting moment, when the woman has to live with protective measures and must rebuild her life.

When relating the case presented to the triad silence-denunciation-confrontation, the woman who had experienced violence, from the moment she created a bond with the nursing students, started to report the aggressions she had suffered. It is worth pointing out that this is not an easy process; several factors may contribute to the establishment of this relationship of trust. The nurse, being one of the professionals with a greater presence in the care settings, closer to the patient, has the greatest opportunity to perform actions of identification, prevention, guidance, assistance to victims, and notification of injuries. The creation of bonds associated with communication, listening, and welcoming skills developed by nurses are fundamental to provide adequate assistance to victims of violence.[18]

As for the deficient support network, due to the impediments in the woman's communication with her family members who lived in another state, as well as with some neighbors, it has direct effects on the woman's autonomy and decision-making processes. The support network developed in the hospital environment with the nursing students and the health professionals awakened in the woman comfort and a possible reduction of suffering. It can be said that the health professionals and students offered, through sensitive listening, the creation of a bond of trust.

The support network is understood as the relationships that connect people, groups, or institutions to an individual. This network is essential in care, since the human being needs interpersonal relationships, having a direct effect on well-being, especially the improvement of psycho-emotional aspects. In this sense, it is known that the support network is extremely important for those who are being confronted with difficult situations, functioning as an important support for coping with the problem and minimizing suffering.[19-20]

It is important to highlight that health professionals can be the first to detect cases of violence. Given this, there are several obstacles that can interfere with the performance of health professionals and the development of a network of protection against the issue of violence, such as: misinformation, denial, prejudice, and fear of legal obligations.[21]

It can be highlighted that in this case, health professionals offered support for the woman to deal effectively with the situations experienced and to take courage to break away from the violent environment. However, despite the support received from the multiprofessional team, it was not enough for the woman to break the cycle of violence. According to Durães et al[22], most women still choose not to break this situation of violence, justified by the shame in admitting that they are a victim of violence, followed by concern about raising children, lack of economic conditions to live without their partner, fear of greater aggressiveness from their partner, shame of exposure, and concern about the impression that other people might think.

It is also noteworthy that despite the recognition of their obligations, health professionals have shown difficulties in handling the cases, because it is intrafamily/domestic violence. It is suggested the training of the multiprofessional team in order to deepen the theoretical and practical knowledge about the legislation in order to favor the identification and notification of the cases of violence.It is essential the

permanent training of health professionals and an effective performance in the network of care with a humanized handling of the cases identified in the work routine. For health professionals to be able to act effectively, based on ethical and legal principles in this situation, it is crucial that they have knowledge about domestic violence and its consequences, as well as the legislation that involves the theme, so that they can strategically intervene in the promotion, prevention, and rehabilitation of individuals, being a facilitating agent.[13]

This case of violence against a child shows the possibility of using the genogram and the echomap in situations of violence by health professionals, especially nurses, allowing them to know the family environment, the relationships among its members, and to identify families at risk of violence. Through the use of these tools, it was possible to identify other facets, besides the violence against the child who was admitted to the hospital with TBI.

CONCLUSION

This study was based on the use of the tools, genogram and the ecomap, through which visibility and understanding about violence in the family environment were conferred, establishing from then on the relationships that made it possible to compose effective support networks for this family. The situations of violence emerged from the physical violence perpetrated against the child. It was identified that the mother lived situations of physical and psychological violence, being economically dependent on her partner.

This report ratifies the role of nursing in the face of cases of interpersonal family violence, contributing greatly to the nurse in the pediatric clinic, who must understand the magnitude of the situation, emphasizing the importance of an individualized care, in order to know the dynamics of the family and the context in which it is inserted. The training of health professionals on the issue of violence, contributes to the effective identification of cases of violence, and in the care of children and their families in situations of family violence, making the process less painful, through the reception.

From this study, one can highlight the possibility of the use of the genogram and the ecomap by health professionals, especially nurses, in situations of violence, allowing them to know more deeply how the family deals with this situation, identifying the possible internal and external resources, strengthening the support network to sustain and support it in decision making.

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