Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Ações de proteção a crianças e adolescentes em situação de violência

Actions of protection for children and teenagers in situations of violence

Acciones de protección a los adolescentes y niños en situación de violencia

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ABSTRACT

Objective: The study aimed to analyze the welfare protection actions carried out to children and teenagers in situations of violence. **Method:** It's a quantitative study conducted in the municipality of Jequié, Bahia, with the collaboration of 29 professionals from The Guardianship Council, The Welfare Reference Center, Women's Police Station and four units of Family Health. The data were collected in 2012 through semi-structured interview. A thematic content analysis was used for data processing. **Results:** The results showed two categories: prevention and educational campaigns where guidance and management of situations of violence, highlighting that the reporting of cases of violence is still not prioritized. **Conclusion:** Despite the actions taken by each service are complementary, professionals still do not carry out the networking. We emphasize the need for training of professional care services to develop more effective and coordinated interventions to face up the violence against children and adolescents. **Descriptors:** Violence, Protection, Child, Teenager.

RESUMO

Objetivo: O estudo objetivou analisar as ações assistenciais de proteção realizadas a crianças e adolescentes em situação de violência. **Método**: Pesquisa qualitativa, desenvolvida no município de Jequié-Bahia, com 29 profissionais do Conselho Tutelar, do Centro de Referência Especializada de Assistência Social, da Delegacia Especializada de Atendimento à Mulher e de quatro Unidades de Saúde da Família. Os dados foram coletados em 2012 através de entrevista semiestruturada. A análise de conteúdo temática foi utilizada para tratamento dos dados. **Resultados:** Os resultados evidenciaram duas categorias: prevenção, onde são realizadas orientações e campanhas educativas e manejo das situações de violência, destacando-se que a notificação dos casos de violência ainda não é priorizada. **Conclusão**: Apesar de as ações desenvolvidas por cada serviço serem complementares, os profissionais ainda não realizam a articulação em rede. Ressalta-se a necessidade de capacitação dos profissionais dos serviços assistenciais para desenvolverem intervenções mais efetivas e articuladas no enfrentamento da violência. **Descritores:** Violência, Proteção, Criança, Adolescente.

RESUMEN

Objetivo: Este estudio tuvo como objetivo analizar las acciones de asistencia realizadas protección a los niños y adolescentes en situación de violencia. **Método**: Métodos de investigación cualitativa desarrollada en Jequié-Bahía, con 29 profesionales en el Consejo de Guardianes, el Centro de Referencia de Asistencia Especializada Social, la Policía Especializada para la Atención a la Mujer y cuatro Unidades de Salud Familiar. Los datos fueron recogidos en 2012 a través de entrevistas semi-estructuradas. Se utilizó el análisis de contenido temático para el procesamiento de datos. **Resultados:** Los resultados mostraron dos categorías: la prevención, que se aplican directrices y campañas educativas y la gestión de los casos de violencia, haciendo hincapié en que la denuncia de casos de violencia no se prioriza. **Conclusión**: A pesar de las medidas adoptadas por cada servicio son complementarias y no profesionales siguen haciendo el trabajo en red. Hacemos hincapié en la necesidad de formación profesional de los servicios de salud para desarrollar intervenciones más eficaces y articuladas en la lucha contra la violencia. **Descriptores**: Violencia, Protección, Niño, Adolescente.

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INTRODUCTION

Violence is recognized as a serious challenge to public health. It is considered this topic relevant to public health because of its magnitude, severity, vulnerability and social impact on individual and collective health, leading to a large increase in morbidity and mortality, and bring serious consequences such as decrease in expectation and quality of life mainly youth and adolescents; increase in healthcare costs, social, emotional and safely; absenteeism at work and school and family breakdown.[1]

The survey by Sentinel Services System Violence and Injury Surveillance (VIVA) in 2009 recorded 54.434 visits resulting from external causes, of which 5.146 were classified as events related to violence. Of the latter, 3.654 attacked males and 1.205 people 0-19 years of age.[2]

As the Map of Violence 2012, Brazil occupies the 4th place among 92 countries analyzed in relation to homicides of children and adolescents. Between 1980 and 2010 the rates increased by 346%, killing 176.044 children and adolescents.[3]

The violence experienced in childhood and adolescence can have devastating physical and psychosocial consequences, affecting directly the quality of life of these individuals, especially their education and their health. In addition, favors the intergenerational transmission of violence, since adults who have lived in situations of violence since childhood tend to play over there if your life.[4]

Aiming to curb violence against children and adolescents, the Brazilian Constitution of 1988 took a big step when in Article 227, recognizing this group as a subject of rights. These rights regulated by the Child and Adolescent (ECA), created by Law nº 8069 of July 13, 1990, which establishes the conditions for children and adolescents are born and live in a healthy and respectful way.[5]

With ECA, the care of children and adolescents began requiring the family, society and state prioritization of their necessidades5, ie this age group as well as being respected, it must be protected by their individual condition in physical development , moral and psychological.[6]

Violence is a phenomenon that has multiple causes, which in turn are complex, involving macro-structural issues that are correlated with social and economic determinants and aspects related to behaviors and culture.[1]

Therefore, taking into consideration that violence is seen as something that traumatizes and leaves deep scars in those who suffer, it is reiterated that this is configured as a public health problem, permeated by various historical and cultural factors. Therefore,

it requires the joint action of various professionals and sectors of society, such as justice, social assistance, tutoring assistance and health.

The health sector should take responsibility through adequate job to the victim, the generation of information and participation in the definition and implementation of intersectoral public policies aimed at violence prevention, health promotion and culture for peace.[1]

Likewise, to confront this problem it is essential that professionals, as well as meet people in situations of violence, develop methods to identify, manage risks and monitor the most vulnerable groups. We must also seek to articulate and talk to family, public services and organizations in general acting in the implementation of inclusive and protective public policies.[6] It is also essential to carry out intersectoral action through the articulation and formation of partnerships[6], ie, the need to form a safety net for these individuals.

It shows that there are few studies describing actions of the various services that assist children and adolescents in situations of violence and to demonstrate the relationship between these, are studies related to organ/isolated and specific sectors which explains the motivation for analysis the protection actions that are developed for services intended to ensure the protection of these individuals who experience or have experienced some violence.

In order to increase the phenomenon of visibility of violence against children and adolescents and broaden discussions about the need for the effective guarantee of the rights of these individuals, this study aimed to analyze the assistance actions of protection to children and adolescents in situations of violence.

METHOD

A qualitative, descriptive and exploratory approach, carried out in the municipality of Jequié/Bahia, with the field of study the Guardian Council, the Reference Social Assistance Specialized Center (CREAS), the Specialized Police for Assistance to Women (DEAM) and four Family Health Units (FHU), services that develop actions in assistance and/ or protection of children and adolescents in situations of violence. The DEAM was included in the research because in the municipality there is a specialized police station to deal with cases of violence against children and adolescents; these are met in that body.

Inclusion criteria were established to FHU that would be part of the study: complete skeleton staff, according to criteria recommended by the Ministry of Health; with a minimum of six months experience; with 80% to 100% of registered and accompanied families; USF with one team and located in urban areas, a total of four FHUs.

The choice of informants was given intentionally, based on the objectives of the study, interest and availability of professionals during the collection period. The sample was composed of 29 professionals, namely: three members of the Guardian Council; a social worker, two psychologists and a lawyer of CREAS; two police investigators, a clerk, a delegate and a psychologist DEAM; four nurses, a doctor, two dentists, two nursing technicians and eight Community Health Agents (ACS) of the USF.

Data were collected between the months of March to May 2012, through a semi-structured interview, conducted randomly and individually. In order to guarantee anonymity, interviewees were identified by the letter "E" followed by the number corresponding to your interview (E1, E2, E3 ...).

For data analysis, we used the content analysis technique, thematic modality, which consists of discovering the core meanings of communication, whose presence or appearance frequency means something to the analytic objective pretendido.7 Data analysis followed the following steps: 1) pre-analysis; 2) exploration of the material; 3) treatment of results, inference and interpretation.[7]

In the pre-analysis was carried out with the construction of the corpus, floating reading and preparation of the material. The corpus consisted of 29 interviews. After transcribing the interviews took place the initial reading, seeking to create greater contact and familiarity with the material.

Proceeded with the exploitation phase of the material, an exhaustive reading of the interviews being conducted, to identify who could be more significant. We used the theme to carry out the delimitation of units of meaning; these were cut by word, sentence or paragraph, according to the semantic criterion. Thus, there was the grouping and classification of thematic units, as well as their number, emerging two categories: prevention and management of situations of violence.

Finally, data were interpreted considering the proposed objectives and the relevant theoretical background to the subject matter.

This study was submitted to the Ethics Committee of the State University of Southwest Bahia, being approved by Opinion nº 064/2011, in compliance with Resolution 196/19968, which establishes the Guidelines and Regulatory Standards in Human Research, current resolution in the period.

RESULTS AND DISCUSSION

The protective actions to violence against children and adolescents can happen before the appearance of it, seeking its prevention, or after their occurrence, in order to cease the violent act and minimize its consequences. In this sense, from the account of the professional participants of the study, these actions were divided into two categories: prevention and management of situations of violence.

Prevention

Despite its complexity and the resulting consequences of violence, it is important to point out that violence can be prevented, that is, it is potentially preventable and amenable to intervention.[9] Much more than that, prevention is essential to control the violence.

Among the thematic units, respondents highlight some actions to prevent violence.

> *[...] We do some campaigns. Distributes pamphlets [...] explaining that many people think that violence is only physical aggression, [...] that there is other ways, which are and the procedures to be taken. [...] Which organs should be sought. [...] (E3).*
> *[...] Waiting room in the unit, covering topics on violence (E17).*
> *It operates in guidance to parents, families, through lectures [...] (E23).*
> *[...] Disclose the most of the rights guaranteed in the child's status and adolescents (E26).*

The interviews show the attempt to disseminate the rights of children and adolescents by conducting educational campaigns for such services, looking up with what the general population to empower knowledge concerning this theme, with a view to preventing violence.

Agreeing with several studies for the prevention of violence, practitioners cite actions such as dissemination of child and adolescent rights and guidance on what is violence and what steps to be taken in its occurrence, by conducting educational activities, such as distributing pamphlets, talk with parents, campaigns, lectures and workshops.[4,10-12] These actions may contribute to the change of family relationships and strengthen emotional bonds, favoring the care and protection of children and adolescents.

It is noteworthy also that the realization of enlightening campaigns is configured as a first step for the protection of violence.[13]

With the advent of the Family Health Program (PSF), the health sector has gained a new ally for dealing with this issue, especially in the effectiveness of preventive measures of family violence, as their action is targeted family. Through the close relationship and the creation of links between the health team and the family, it is possible to identify those at

greater risk of occurrence of violence and impose surveillance protocols and monitoring of the same.[4,14]

In this sense, the FHU are considered privileged spaces for the prevention of violence, by its own characteristics as the establishment of ties and closeness with the families/community, conducting home visits, training of community groups, the emphasis on activities educational and work of ACS.[14]

The professionals of this sector recognize the importance of these features to work with violence:

> *Advantage it has is the affinity with the community, for the confidence they have in me. [...] (E5).*
> *[...] The bond that we create is sufficient for the child or adolescent give you some information. [...] Bond of trust [...] Something that can contribute is the role of the community worker, who has a sense of inclusion that child within that community (E28).*

Reports from the USF professionals show that the way you work end up creating an affinity relationship with the community it serves, which contributes to a trust between them. This relationship allows professionals better know each family and have thus more open to discussions on topics considered by many to be intimate and controversial, such as violence.

Study in Teresopolis pointed out the home visit as one of the strategies used for the detection of family violence against children and adolescents.[4] *In this study, community workers confirm their participation for protection from violence through home visits, "We're going in the house , guides "(E13); "On a daily basis during the visits we will working for it" (E14).*

In addition, the attendance of the child to drive, accompanied by their guardians for the child care consultation, it constitutes a feasible time for health education.[14]

Health professionals study participants also enjoy the moments of consultations, meetings and educational activities done with the team and the community, for carrying out actions aimed at preventing violence:

> *[...] Educational groups [...] one of the subjects is violence (E5).*
> *[...] In the pregnant group and the CD calls [growth consulting and development] (E29).*
> *More educational issue guidance not only to mothers and those responsible [...] also for staff, especially the ACS, they deal more with the everyday life of the community, observe, perceive and instruct us about the family having some problem (E7).*

The ACS are in their day to day work in direct contact with families and can become great allies in preventing violence, so the proper orientation of these professionals in relation to this phenomenon is extremely important.

However, it is noteworthy that for an effective approach to violence, it is important that prevention strategies are carried out not only by some groups, but throughout

society[15],taking into account the multiplicity of factors that are related to the phenomenon of violence.

From this perspective, it emphasizes the speech of one of the interviewees to emphasize:

> *The importance of being a multiplier of knowledge with society, with families where they are inserted and the pursuit of partnership also in society; it takes this awakening of society and family also be perceived as a person and as part of this process (E25).*

The speech of the informant raises the importance of disseminating the theme of violence to families and especially the need for the awakening of society as co-responsible in coping actions of violence, reinforcing once again the importance of the education process for the prevention of this phenomenon.

More than that, to build a society of rights and free of violence, it is necessary to develop interdisciplinary, interprofessional and intersectoral actions that address not only risk factors but also the strengthening of protective factors in that group.[16]

As we bring the World Report on Violence and Health of the WHO[16], approaches violence prevention should be given at four levels: individual, relational, community and social. At the individual level, it should focus on encouraging healthy attitudes in children and youth. The relational level focuses on the interactions that can cause situations of violence, particularly intimate relationships and family.[16,17]

In turn, the community approaches should strengthen local awareness and co-responsibility for preventing violence. Finally, social approaches, one should focus on the numerous situations that violence related to social, cultural, political and economic.[16,17]

Handling of situations of violence

Besides the realization of preventive actions, professionals need to develop actions to control situations of violence they face in their day to day work, because in spite of Article 5 of the ECA bring that "no child or adolescent will be subject to any form of neglect, discrimination, exploitation, violence, cruelty and oppression [...] "[15:10], that is not the reality experienced by thousands of Brazilian children and adolescents. On the contrary, the phenomenon of violence has proven to be a serious social problem.

The first step in the management of situations of violence is to be identified. Means for identifying the known or suspected cases of violence.[11] The study subjects in their day to day work, seek to accomplish this identification:

> *We look at the conditions, if you are having some violence, how the mother treats the child (E13).*
>
> *I make a work of identification of violence (E25).*
>
> *[...] Each with its function can help signaling a change in behavior that child [...] or contact with someone she did not have before and that from that moment on, it was noticed a change (E28).*

For health professionals, the query is a great time to identify the violence. In it, through history and physical examination, one can evaluate the child, their behavior, their routine and integration in the family and thus identify any marks, behavior change or any indication that signals the occurrence of violence.

> *By the time we're evaluating the child, we're evaluating this everywhere, both the physical and the talk, the child's way. The child who is agitated, the child who always appears with bruises (E7).*
> *When we do care, always tries to see the inclusion of it in the family. [...] Trying to identify the relations of proximity, see if you have someone who has some kind of coercion, some form of violence or physical or psychological. It is in conversation, the interview, in proper medical consultation [...] (E28).*

It should be noted that early identification of cases of violence is of utmost importance for the prevention of recurrence, favoring thereby protecting the victim and family care.[13]

After the identification of violence or suspected, the next step to be taken is the notification. Notify violence against children and adolescents is to issue information for tutoring assistance in order to unleash care for the protection of the child or adolescent.[5] From there you can then hold attitudes and violent behavior committed by the aggressor.[18]

We can thus say that the main purpose of notification is to ensure safety and protection for children and adolescents and their families. However, this is not their only purpose, it can also determine the epidemiology of violence, supporting proper planning of the victim care activities; promotes the spread of knowledge of cases of violence by various sectors, summoning them to the development of joint actions to control the phenomenon, assisting thus the development and improvement of safety nets; It is a powerful instrument of public policy and suitability of new proposals for comprehensive care.[5,6,18-21]

The ECA, in its Article 13 says that "cases of suspected or confirmed mistreatment against a child or adolescent must be reported to the child protection agency of the respective locality, without prejudice to other legal provisions".[15:12]

Given the above, it is understood that the notification is a legal and ethical obligation of professionals. However, it is not always realized. In this study, for example, only two professionals reported among its actions, the realization of notification:

> *The first thing we do is report (E4).*
> *[...] We try to report [...] we bring the problem to here, here care about there and then they go to people's homes (E14).*

Besides the little account of the notification of the subjects of this study, these lines depict the professionals still relate the act of notifying the realization of a complaint. It is believed that this idea can be one of the reasons why the professional be afraid to notify, thus seeking not to engage in legal acts.

In agreement with these findings, other authors state that, even with clear diagnosis of violence, professionals are often missing the notification or the few to perform.[5,15,18]

This study identified the fear and lack of professional protection as some of the main reasons related to non-notification: "[...] has no protection. So I just guide, nothing else "(E16).

The lack of protection generates the professionals a sense of insecurity, providing that they often reduce their actions in relation to the control of violence. In this sense, it was suggested in a study by the non-identification of professional and health unit in the notification form, so that through the anonymity was guaranteed greater protection to the individual who performs the notification.[4]

In the literature identified some factors that may contribute to failure to report, among which stands out: the lack of existing legislation, the invisibility of abuse indicators from the professionals it difficult to identify violence, fear of reprisals from attackers, cultural aspects as the consideration that violence against children and adolescents is a family problem that should not be interfered with by third parties or the failure to consider physical punishment as violence, but as an educational practice.[12,13,18,22]

In this sense, so that professionals are able to identify and report cases of violence that arise in their daily work is required such training, with the breaking of preconceptions and the incorporation of the importance of such an act.[21]

However, work to control situations of violence against children and adolescents goes beyond the identification and reporting, requiring more concrete actions, with the involvement of professionals from various sectors - health, social assistance, psychosocial, legal and police.

The health sector has been increasingly recognized as an important space for addressing violence.[23] Health professionals, as well as identify it and treat it biologically can create strategies for the protection of people in situations of violence.[14] Importantly, people in this situation require a more thorough evaluation, seeking to identify problems not as evident and not always reported.[18]

However, the accounts of the measures adopted by health professionals to deal with cases of violence, in addition to identification and notification were only focused on the research and especially referrals, as shown on the units of analysis below:

> *[...] Investigating [...] when we discover some cases, the first thing I do is making a craft and is heading for the CRAS. (E7).*
>
> *[...] Trigger the council [...] refers to psychologist (E23).*

Research are in line with the findings of this study to show that the main actions taken by health professionals range from research and referral .[11,24]

Professionals often because they feel unfit or do not want to get involved with people in situations of violence, conduct referrals seeking in legal institutions better prepared to solve cases.[25]

In general, psychosocial services account for medical, social and educational activities that include individual sessions or group support to other professionals and services, and discussion of cases and follow-up home visit.[26]

In the study this service was represented by CREAS, it professionals perform actions consistent to literature findings:

> *[...] Referred to psychologist [...] makes monitoring [...] welcomes the child and try to seek solutions all the time by the prosecutor, the Forum, the Guardian Council [...] try to solve the best and fastest way possible [...] (E10).*
> *[...] Do service to users, host [...] we receive letters from the Childhood and Youth and prosecutors requesting psychosocial reports and visits; do it too [...] and once a week we do a case study [...] (E24).*

The completion of the reception highlighted in the reports of respondents is a practice of utmost importance to work with violence, since this moment makes it possible to listen to the user, allowing it to open to a relationship of trust with the professional, which facilitate in overcoming barriers and difficulties that may arise during the service.[8]

In this sense, means not host as a space or place, but as an ethical position that demands a knowledge sharing and anguish, where the professional takes on the responsibility to children and adolescents.[27]

It reaffirms the need for the services that work with violence do not become new areas of reproduction of this violence, with calls that enable the professional to assume a listening posture, openness and respect to the person in situations of violence and your family.[28,29]

Regarding the legal and police in this study were awarded the Guardian Council and the DEAM and professionals of these services have reported the development of actions ranging from registration, investigation of cases of violence, internal and external referrals, psychological attention to the search the punishment of offenders, as identified in the following thematic units:

> *We received the complaint and we do count, we started doing the veracity investigation procedure. [...] That is the hearing of the victim, the witness to be able to reach a verdict [...]. When it comes to children, the default is always forward to the psychologist. [...] It is that ends up doing research [...] (E1).*
> *[...] From that crime news we get procedures that is research, go on the site where it happened this fact [...] intimate responsible to reach the offender. It is made the police investigation that is referred to justice and sometimes comes to punishment and even imprisonment in some cases (E2).*
> *[...] We do it with the team, this research're talking to the child together, separated from their parents, going to school, talking to neighbor, seeing how her behavior (E3).*

> *[...] Will at the residence. In children is forensic done to prove. [...] The child is accompanied by a whole technical team psychologist, social worker and given to another family (E12).*

It was evident in the statements of respondents trying to resolve cases of violence coming to services. The professionals start their actions through research, for it demonstrates the need for multidisciplinary work highlighting the importance of a psychologist, as the same has ways to approach that help reveal the unsaid, and skills to deal with children and adolescents by virtue of its own formation.

In addition, to further research professionals go to the place of occurrence of the alleged violence and use dialogue as a powerful tool for gathering information, which is held with family members, schoolmates and neighbors. In turn, the referrals are needed, such as conducting body scans offense and if the violence is committed, the author of imprisonment may be decreed.

In the literature the main role of the organs consists of determining and investigating violence.[26] In turn, these actions must be guided by the ECA and include, referrals to the prosecutor or psychosocial services, removing the child from the home, penalties applications parents and protection measures for children and adolescents.[15,30]

An important aspect to consider in working with violence is that it is a phenomenon which comprises the person in situations of violence, the perpetrator and other family members in this regard for a proper approach to the cases should all be included in the process attendance. 29 In the studied services, family care is specially made by an individual or group work and home visiting, as evidenced in the testimonies of interviewees.

> *Do individual and group care [...]; we conducted home visits to both users and the possible practitioners of violence (E24).*
> *[...] Identifying this violence, we form groups of equals, where this violence will be worked into the specifics. This work is done both individually and collectively [...] to the victim of violence and also family members who are directly connected with violence (E25).*

The professionals of this study, even perhaps in a timely manner, also seek empowerment and family life:

> *That knowledge of being part of a process, that are involved in a network of social assistance and can seek this empowerment, that knowledge that they have become holders to seek help, to have autonomy (E25).*

Despite the difficulty of working with the perpetrator, as this most often causes the professional revulsion, it must remember that such individuals require treatment and monitoring, not only by the act already done and its consequences, but also the possibility of recurrence. More than that, they should be actively involved in the intervention process.[31,32]

This intervention involving the family has not intended to indemnify the adult, but to seek to overcome the purely punitive approach to behavior change. In other words, it seeks to promote with this family and effect positive interventions.[31]

Anyway, the performance of the professionals in violence against children and adolescents requires "innovative practices based on legitimate social values and joints of knowledge and skills from different disciplines and from different institutions and intervention programs."[31:1111]

In this study, we can see that the actions against the violence experienced by children and adolescents developed by health services, psychosocial and legal and police are not held in an articulated manner, but in a piecemeal, ad hoc and isolation. The services carry forwards, but was not noticed an interdependent work between them.

Contrary to what was shown in the study, it is emphasized that the services to develop actions for addressing violence should not work in isolation, as this phenomenon, due to their complexity, requires intersectoral and network interventions.

CONCLUSION

This research provided an opportunity the visibility of actions carried out by professionals who work in the context of health care, social and legal for addressing violence against children and adolescents and therefore better understanding of this phenomenon.

In this perspective, the results demonstrated that the actions taken by these professionals for the protection of children and adolescents are targeted both for prevention and for the management of situations of violence.

Among the preventive actions, the subjects perform guidelines, speeches, campaigns, dissemination of child and adolescent rights, seeking the awareness of parents, guardians, family and the whole society for the care and protection of these population groups that corresponds extremely important stages of human development.

Regarding the management of situations of violence, the identification of cases was specifically cited by health professionals. It is believed that the characteristics of their work, such as frequent contact with children and adolescents in the consultations and home visits, proximity and establishing links with families are issues that favor this identification.

However, it is noted that in addition to identification, health professionals were limited to conduct investigations and referrals without coordination between care services. Some factors may be related to this fact: lack of training of professionals, invisibility towards violence, and fear of offending or interference in their work and lack of support from the competent bodies.

The CREAS professionals reported develop clinical, social and educational activities, case discussions and support to other professionals and services. And the professionals of the

legal and police services, Child Protection Council and DEAM perform registration, investigation and referral of cases of violence, psychological attention and search for the punishment of perpetrators.

However, what drew attention in this study was the little emphasis on reporting by all health care services. It is noteworthy, however, that the notification is configured as a first step so that you can stop the attitudes and violent behavior, because it is giving high visibility to this problem.

In this sense, it is important to train professionals to break preconceived ideas about violence and its notification, so that they are able to incorporate this practice in their day to day work.

In turn, the actions taken in each healthcare service on the one hand, they show that they complement and strengthen each other, however, still fail to develop a networking to combat violence.

It is believed also that the socialization of this study may contribute to the professionals to rethink their actions and be open to new perspectives in search of more effective interventions in addressing violence against children and adolescents.

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Received on: 20/03/2015
Required for review: No
Approved on: 08/01/2016
Published on: 03/04/2016

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