

The role of nurses in primary health care in combating intra-family violence against adolescents

El papel del enfermero en la atención primaria de salud en el combate la violencia intrafamiliar contra adolescentes

A atuação do enfermeiro na atenção primária à saúde no enfrentamento da violência intrafamiliar contra o adolescente

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Abstract

The aim was to reflect on the importance of the nurse's role in Primary Health Care (PHC) in confronting intra-family violence against adolescents. This is a theoretical reflection based on scientific articles, selected from a search process in which the controlled terms of the Health Sciences Descriptors were used – “Domestic violence”; “Nursing care” and “Primary Health Care” – as well as the uncontrolled term “Intrafamily violence”, through the Boolean operator “AND”. The search results presented 404 articles, which had their abstracts read and analyzed to carry out a manual scan, based on the study's guiding question. After the entire process of inclusion and exclusion of articles, the final corpus is composed of eight research studies, which highlighted the importance and challenges presented in the role of nurses in PHC services in Brazil and in confronting intra-family violence against adolescents. Nursing plays a fundamental role in the fight against intra-family violence against adolescents in primary care as it is on the front line of health promotion and prevention, in the dissemination and implementation of public policies, due to its proximity to homes and the dynamics of its work in community.

Descriptors: Domestic Violence; Nursing; Primary Health Care; Nursing Care; ADOLEC.

Resumen

El objetivo fue reflexionar sobre la importancia del papel del enfermero en la Atención Primaria de Salud (APS) en el enfrentamiento a la violencia intrafamiliar contra adolescentes. Se trata de una reflexión teórica basada en artículos científicos, seleccionados a partir de un proceso de búsqueda en el que se utilizaron los términos controlados de los Descriptores de Ciencias de la Salud – “Violencia doméstica”; “Cuidados de enfermería” y “Atención Primaria de Salud” – así como el término no controlado “Violencia intrafamiliar”, a través del operador booleano “Y”. Los resultados de la búsqueda presentaron 404 artículos, cuyos resúmenes fueron leídos y analizados para realizar un escaneo manual, a partir de la pregunta orientadora del estudio. Después de todo el proceso de inclusión y exclusión de artículos, el corpus final está compuesto por ocho estudios de investigación, que resaltaron la importancia y los desafíos presentados en el papel del enfermero en los servicios de APS en Brasil y en el enfrentamiento a la violencia intrafamiliar contra adolescentes. La enfermería juega un papel fundamental en la lucha contra la violencia intrafamiliar contra adolescentes en la atención primaria al estar en primera línea en la promoción y prevención de la salud, en la difusión e implementación de políticas públicas, por su cercanía a los hogares y la dinámica de su trabajo en comunidad.

Descriptores: Violencia Doméstica; Enfermería; Primeros Auxilios; Cuidado de Enfermería; ADOLEC.

Resumo

Objetivou-se refletir sobre a importância da atuação do enfermeiro na Atenção Primária à Saúde (APS) no enfrentamento da violência intrafamiliar contra o adolescente. Trata-se de uma reflexão teórica fundamentada em artigos científicos, selecionados a partir de um processo de busca no qual utilizou-se os termos controlados dos Descritores em Ciências da Saúde – “Violência doméstica”; “Assistência de enfermagem” e “Atenção Primária à Saúde” – bem como o termo não controlado “Violência intrafamiliar”, por intermédio do operador booleano “AND”. Os resultados da busca apresentaram 404 artigos, que tiveram seus resumos lidos e analisados para a realização de uma varredura manual, a partir da pergunta norteadora do estudo. Após todo o processo de inclusão e exclusão dos artigos, o corpus final é composto por oito pesquisas, que evidenciaram a importância e os desafios apresentados na atuação do enfermeiro nos serviços de APS do Brasil e no enfrentamento da violência intrafamiliar contra o adolescente. A enfermagem possui um papel fundamental ante a violência intrafamiliar contra o adolescente na atenção primária por se encontrar na linha de frente da promoção e prevenção à saúde, na disseminação e implementação de políticas públicas, por sua proximidade aos domicílios e pela dinâmica de seu trabalho na comunidade.

Descritores: Violência Doméstica; Enfermagem; Atenção Primária à Saúde; Cuidados de Enfermagem; ADOLEC.



Araújo SH, Melo GFC, Silva HKB, Santos BMS, Teixeira LPM, Moraes Filho IM expand knowledge about the performance of health professionals within the scope of PHCs nurses, as they are the main agents responsible for the line of care for children and adolescents in situations of violence, as they are, most the time, in front of PHC services.

Given the magnitude of the phenomenon of intra-family violence against adolescents in Brazil, the present study aims to reflect on the importance of nurses' role in Primary Health Care in confronting intra-family violence against adolescents.

Methodology

This is a theoretical reflection.³⁰ The construction of this material took place in January 2023, based on a survey of scientific articles carried out using the controlled terms of the Health Sciences Descriptors (DeCS) "Domestic violence"; "Nursing assistance" and "Primary Health Care", as well as the uncontrolled term "Intrafamily violence" through the Boolean operator "AND": "Intrafamily violence" AND "Nursing assistance" AND "Primary Health Care"; "Domestic violence" AND "Nursing care" AND "Primary Health Care".

The documents were found via the Virtual Health Library (VHL) in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), CUMED, Virtual Public Health Campus (CVSP), Scientific Electronic Library Online (SciELO), PubMed and Dialnet.

As inclusion criteria, the following were considered: a) the period of publication, so that a time frame of 12 years was established (2010 to 2022) due to the date of publication of the booklet entitled "Line of care for comprehensive health care of children, adolescents, and their families in situations of violence: guidance for managers and health professionals in 2010" by the Ministry of Health; Secretariat of Health Care and the Department of Programmatic Actions and Strategies; b) articles made available free of charge; c) articles in Portuguese; and d) peer review.

The result of this search presented 404 articles, which had their abstracts read and analyzed to carry out a manual scan, based on the following guiding question: "How important is the role of nurses in Primary Health Care in confronting intra-family violence against the adolescent?". Regarding the exclusion criteria, the following were discarded: repeated, inaccessible articles in other languages; and which addressed themes restricted to specific fields, without major contributions to the object of study.

We then proceeded to an exhaustive reading of the articles, from which we identified the emergence of three previously defined thematic categories: 1) Characterization of Intrafamily Violence against Adolescents; 2) The Nurse's Challenges in the Face of Suspected or Confirmed Cases of Intrafamily Violence against Adolescents and 3) The Nurse's Role in Primary Health Care in Coping with Violence.

Results

The collected studies were also subjected to reading of the titles and abstracts to check their coherence with the theme investigated in this reflection. Then, the

Introduction

Intrafamily violence is a serious public health problem in Brazil, generating severe direct impacts on health and quality of life, as well as increases in public spending to meet the great demand for assistance and comprehensive care for victims.¹⁻⁸

The Ministry of Health defines intra-family violence as any action or omission that harms the well-being, physical and/or psychological integrity, freedom, and right to full development of another family member. This type of violence can be committed inside or outside the home, with a family member as the perpetrator, including people who take on parental roles, even without blood ties, and who may have some power relationship over the victim.⁹

Therefore, the phenomenon represents one of the main causes of morbidity and mortality among adolescents, as they are among the most vulnerable groups and prone to having their rights violated.^{8,10} Adolescence is a period of transition between childhood and adulthood,¹¹ representing a period of development characterized by a series of physical, mental, and social changes, which will result in characteristics specific to adulthood.¹²

According to the definition of the World Health Organization (WHO), adolescence is between 10 and 19 years old.^{11,12} Diverging, in turn, from the Child and Adolescent Statute (ECA), sanctioned on July 13, 1990, being considered Brazil's main normative instrument on the rights of children and adolescents, which considers adolescents to be individuals between 12 and 18 years old.^{13,14}

In this context, intrafamily violence places an important demand on Primary Health Care (PHC) services¹⁵ which, in turn, constitutes the main gateway and communication center of the Health Care Network, presenting itself as a strategic point of reorganization of the health services system, placing itself as an axis of articulation in care and coping with intrafamily violence against adolescents.^{5,15-17}

About confronting this violence, nursing has a privileged position within the multidisciplinary team in PHC, as it is in direct contact with the victim and their family.^{1,8} In this way, the nursing professional can act as an active agent in defending the rights of children and adolescents,¹⁶ drawing attention to possible signs indicative of violence to contribute to reducing cases of recurrent abuse, thus preventing the perpetuation of this phenomenon and saving lives.^{1,8,18}

Considering, therefore, the potential role of nurses in PHC in developing articulations in the care of adolescents in situations of intra-family violence, this work was based on the following guiding question: "How important is the role of nurses in PHC in confronting intra-family violence against adolescents?".

Given this prerogative, this research becomes politically and socially relevant, considering that intra-family violence against adolescents constitutes a public health problem in the country, as it causes serious individual and collective biopsychosocial problems, which can have negative repercussions. and definitive in the lives of families and, especially, adolescents.²⁹ Therefore, it is necessary to



abstracts were read to determine whether they were in line with the inclusion and exclusion criteria. In this way, 30 productions were collected, which were read in full. Finally, eight articles were carefully selected, between the publication period of 2014 and 2022, which addressed the importance of nurses' role in PHC in confronting intra-family violence against adolescents.

The selected articles that make up the corpus of analysis and reflection were described and distributed systematically in Chart 1 below, considering their titles, authors, year of publication, methods adopted, samples, objectives, and main results and conclusions.

Chart 1. Systematization of articles published between 2014 and 2022 and captured in electronic databases: LILACS, BDEF, CUMED, CVSP, SciELO, PubMed, and Dialnet. Brasília, DF, Brazil, 2014-2022

	Studies (title/author/year)	Study method	Sample	Objectives	Main results and conclusions
Article 1	Subnotificação de maus-tratos em crianças e adolescentes na Atenção Básica e análise de fatores associados (ROLIM et al., 2014)	This is a cross-sectional study.	1,055 professionals who worked in Primary Care in 85 municipalities in Ceará participated in the study.	Analyze the factors associated with underreporting of abuse in children and adolescents.	The final model showed that having less than five years of work, not knowing the notification form, not having the form in the health unit, not trusting the protection bodies, not knowing where to refer cases, and being afraid of legal involvement increased the chance of professionals not reporting situations of mistreatment in this group.
Article 2	Enfrentamento da violência doméstica contra crianças e adolescentes na perspectiva de enfermeiros da Atenção Básica (LEITE et al., 2016)	Qualitative research was carried out in five Family Health Strategy Units in the State of São Paulo, Brazil. Data was collected in the second half of 2013.	Five nurses who worked in Family Health Strategy Units in the State of São Paulo participated in the study.	Analyze the actions reported by Primary Care nurses in combating domestic violence against children and adolescents.	The main limitations to nurses' practical work are work overload, lack of security, and work dynamics disjointed with the protection network, which lead to underreporting of cases of violence.
Article 3	Violência contra crianças e adolescentes: o olhar da Atenção Primária à Saúde (CARLOS; PÁDUA; FERRIANI, 2017)	This is a qualitative research.	The sample consisted of 41 professionals.	To analyze the care provided by PHC professionals to families involved in intra-family violence against children and adolescents, in a municipality in the interior of the state of São Paulo.	Nurses have the possibility of positioning themselves as agents of change, both in the training of professionals and in the care designed and implemented within communities.
Article 4	A atenção primária como eixo estruturante da redução dos indicadores de violência contra crianças e adolescentes (MARINHO; AGUIAR, 2019)	This is an integrative literature review, from 2010 to 2015, of articles searched in the BDEF, LILACS, and SciELO databases.	The sample consisted of 12 articles.	Demonstrate the role of primary health care in combating violence against children and adolescents.	Greater efforts are needed to create a network that acts in a systemic, continuous, and coordinated way to guarantee the protection, promotion, and prevention of the health of children and adolescents.
Article 5	Violência na Atenção Primária em Saúde no Brasil (MENDONÇA et al., 2020)	This is an integrative review of the literature.	The sample consisted of 18 articles.	Analyze national scientific production on the topic of violence in Primary Health Care.	Studies highlight the invisibility of violence in primary care services in Brazil and the need to reorganize the work process.
Article 6	Rede intersetorial para o enfrentamento da violência contra crianças e adolescentes em contexto de ruralidade (MAPELLI et al., 2021)	Qualitative research, using the Complexity Paradigm as a theoretical and methodological framework. Data were collected through minimal maps of the institutional network and focus groups.	17 health professionals from two rural Family Health Units in a city in São Paulo participated.	Analyze the intersectoral network built from PHC in a rural context to combat domestic violence against children and adolescents.	The absence of networked care was identified, and it soon became evident, the isolation and overload of the basic care unit, which is enhanced by the characteristics of rurality.



Article 7	Notificação de violência infanto-juvenil: percepção dos profissionais da Atenção Primária à Saúde (MUNIZ et al., 2022)	This is an exploratory study, with a qualitative approach. Data were collected in interviews guided by a semi-structured script and analyzed using Bardin's analysis.	14 professionals from two Family Health units in Recife, Pernambuco, participated in the study in 2021.	To analyze the perception of health professionals regarding the identification and compulsory notification of cases of child and adolescent violence in Primary Health Care.	Several challenges interfere with the practical implications of notification in PHC. Investment should be made in strategies to encourage notification, to guarantee technical-scientific support, making it essential for the consolidation of this practice.
Article 8	Violência contra criança e adolescente: atuação do enfermeiro na Atenção Primária à Saúde (MARCOLINO et al., 2022)	This is analytical research, with a qualitative approach. Data were collected using an individual form and semi-structured interviews. received lexicographic analysis from the IRaMuTeQ software organized by Bardin's content analysis.	Thirty nurses participated in the study.	Analyze the actions of nurses in suspected or confirmed cases of violence against children and adolescents in Primary Health Care.	It is inferred that the weakness in nurses' professional training to address situations of violence against children and adolescents produces deficits in comprehensive care for victims.

This study reflects on national scientific production regarding the role of nurses in PHC in suspected or confirmed cases of intra-family violence against adolescents. Chart 1 shows that most articles selected for analysis are available in databases in both languages, English and Portuguese. Of the eight studies selected, six articles 75% (n=6) adopted qualitative research as their methodology, namely articles 1, 2, 3, 6, 7, and 8. Whereas articles 4 and 5 present an integrative review as their methodology of literature 25% (n=2).

All 100% of the studies (n=8) had nursing professionals (nurse, nursing technician, and nursing assistant) as participants. There was also the participation of some professionals from the multidisciplinary team from different areas of training, but who worked together to care for victims. Therefore, in articles 2 and 8 25% (n=2) had nurses as participants exclusively.

Concerning the integrative review articles that made up the sample, article 4 had as its final sample 12 studies published within a time frame between the years 2010 and 2015, with participants in Nursing, Psychology, Pediatrics, Public Health, and Collective. In article 5, the 18 articles published between 2008 and 2014 that made up the final set of analysis identified health professionals as participants.

It is also important to add that most articles presented in the scientific literature address violence aimed at the population group of children and adolescents, and not just adolescents, who are the focus of this reflection. It is inferred that this fact is the result of the recognition of the rights of children and adolescents provided for by the Brazilian Constitution, in 1988, and, later, by the ECA, in 1990, represented a milestone in combating the mistreatment that affects this age group.^{16,23,24}

Furthermore, it was possible to verify that 75% (n=6) of the studies analyzed address violence against adolescents in a generalized way, and do not focus on “intra-family violence” or “domestic violence” exclusively, although article 2 analyzes the actions reported by nurses working in primary care in combating “domestic violence”. Article 3, however, addresses the care provided by professionals in PHC aimed at families involved in “intrafamily violence” against children and adolescents. It is worth noting that the

use of the terms “domestic violence” and “intrafamily violence” will be discussed and distinguished in this study later.

Discussion

Characterization of intrafamily violence against adolescents

The literature uses the terms “domestic violence” and “intrafamily violence” to address the mistreatment of children and adolescents in Brazil. However, domestic violence is distinguished from intra-family violence by including other members in the group of aggressors, for example, those who do not have a parental role, but who live together in the same home space.^{3,9,20,21}

Intrafamily violence is not restricted only to the physical space, where violence often occurs, but also to the relationships that surround and oppose each other. Including in this context employees, people who sporadically live with the victim, and households.^{9,20}

Under this perspective, articles 3 and 6 highlight that the main place where violence against adolescents, be it of any nature, occurs is the home itself, considering that the main perpetrators of aggression are people close to the victims,^{4,8} such as brothers, parents, uncles, and even people attached, but who maintain some type of relationship with the family group.⁸

In turn, it appears that adolescents are easy targets of intra-family violence because they live with their aggressors in environments whose proximity to the victim/aggressor leaves them vulnerable to aggression.²⁵ It is added that the physical and personality fragility intrinsic to adolescents makes them become, in most cases, incapable of defending themselves in the face of acts of violence,^{12,21} contributing to the chronicity of such abuse in the intra-family environment.^{12,18}

According to the empirical literature, intra-family violence practiced against adolescents represents a major challenge for public health, given the series of consequences and damages it can cause to them, which are harmful to their physical, psychological, and social development, and can have repercussions throughout life.^{4,11,18,21}

From this perspective, the WHO recognizes this violence as a health issue and proposes multi and



transdisciplinary approaches, especially within the scope of collective health, as a strategy for its prevention, in addition to trans-sectoral interaction and different levels of care within the scope of public health policy.^{6,7} Given the growing number of reported cases, intra-family violence has been the subject of research and debate in the health sphere.⁷

In Brazil, since the beginning of the 2000s, reported cases have been increasing to the detriment of chronic degenerative diseases and infectious diseases.⁷ Such problems require interventions that are capable of removing adolescents from their victim status,²⁶ which highlights the need for greater engagement in monitoring and monitoring by authorities and health professionals,^{1,4} to prevent and tackle this phenomenon through identification and notification of the problem.²

The topic of public policies relating to combating violence against children and adolescents was addressed in articles 1, 2, and 4, which report that legal aspects were implemented in Brazil after the promulgation of the 1988 Federal Constitution, but, mainly, with the advent of Child and Adolescent Statute.^{10,13,14,19,22,23,27}

Following these legal aspects, suspected or confirmed cases of violence must be reported to the Guardianship Council or other bodies, as part of the intervention process that involves handling situations of abuse.^{7,13,14,26}

It is worth mentioning that, according to Art. 245 of the Child and Adolescent Statute, failure to communicate to the competent authority cases of which one is aware is an administrative infraction, subject to a fine of three to twenty reference salaries, involving suspected or confirmed abuse of a child or adolescent.^{10,13,14}

In this regard, article 2 reveals that, although intra-family violence is still considered a problem that involves the social and legal areas, health professionals did not act, for many years, in favor of its prevention and detection, nor did they intervene in its occurrence.²²

From this perspective, these professionals, especially nurses, have become essential for the production of epidemiological data,⁶ contributing significantly to changing the scenario in the fight against violence by assuming legal responsibility for reporting cases, in addition to providing nursing care to victims.²⁸ With the regulation of notification of cases of abuse, there was greater visibility of the problem, which resulted in improvements in surveillance and in combating intra-family violence against adolescents in Brazil.^{7,27}

Article 1 also highlights that, among the strategies to guarantee the rights of the child and youth population, the notification of mistreatment consolidates an opportunity for early intervention, which aims to interrupt situations of violence, minimizing the negative repercussions of mistreatment on biopsychosocial development of the victim.²³

Therefore, completing the Notification Form (Individual Investigation of Domestic, Sexual and/or Other Violence) represents an indispensable tool in the management of cases of abuse¹⁰ bearing in mind that, from the implementation of this resource, it was possible to

In this sense, notification contributes to the epidemiological dimension of the problem, allowing knowledge of the dynamics of this violence and, subsequently, the development and creation of specific programs and actions, as well as the improvement of public policies aimed at prevention, care, promotion, and protection for victims.^{6,12,18}

The role of nurses in primary health care to combat violence

Nursing plays a fundamental role in assisting adolescents who are victims of intrafamily violence. In this sense, articles 2, 3, 6, and 8 reinforce the relevant role of the nursing team, especially the nurse, in confronting this phenomenon, by recognizing a suspicious situation or confirming cases.^{15-17,22,24}

Article 3 corroborates this idea by stating that these professionals assume a privileged position within the multidisciplinary team, as they work directly to assist the victim and their family, favoring the bond between professional and user. This position allows them to identify signs indicative of violence more easily, minimizing recurrent damage from mistreatment and preventing the reproduction of violence against this public.^{1,8,18,24}

From this perspective, article 8 analyzed the actions of nurses in the face of suspected or confirmed cases of violence against children and adolescents in PHC. The study highlighted that these professionals constitute a central element in the face of demands for violence, as they are often the first contact of the support network, especially for those who work in primary care. Therefore, when identifying situations of abuse, nurses must promote links with the victim assistance network, enabling referral to appropriate care programs for comprehensive care for victims.¹⁵

Nevertheless, the role of PHC was discussed in articles 4, 5, 6 and 7, 8, highlighting it as the main gateway to the Unified Health System (SUS), intended to provide essential services, representing a central and strategic in the health network, since the space makes it possible to articulate partnerships between comprehensive health care and the different social sectors (education, social assistance, and justice) aiming at prevention, identification, notification and coordination of care and assistance to adolescents in situations of violence.^{5,15-17,19,25}

Concerning assistance to victims of intra-family violence, article 7 highlights reception as the main stage in the nurse's work with adolescents.¹⁵ However, it is essential that, when welcoming these victims, judgments and accusations are avoided by professionals who work in the face of any case of mistreatment. At this point, an empathetic relationship must be established, letting the victim know that the main objective of nursing care is their protection.¹ It is noteworthy that this care needs to be planned to promote safety, acceptance, and respect, in addition to meeting the adolescent's integral and individual needs.⁴



Article 7 also emphasizes the relevance of the nurse's role in combating violence against adolescents as they understand their role in identifying and reporting cases of intra-family abuse. Such understanding can contribute to this professional's search for ever more training in dealing with the challenges faced with suspected or confirmed cases of violence, thus promoting the connection with the assistance network, so that the case can be continued and monitored. identified through a victim-friendly program.¹⁵

Therefore, care becomes the fundamental basis of this professional category, focusing on promoting patients' quality of life, which requires nurses to make a constant effort to improve knowledge, considering the complexity and human fragility from the perspective of integrality and responsibility of care.²⁹

The challenges faced by nurses when faced with suspected or confirmed cases of intra-family violence against adolescents

As can be seen in the section above, several studies highlight the relevance of nurses' actions in combating intra-family violence. However, according to article 8, the work of these professionals still presents many challenges in this context, among them: adequate identification, notification, and referral of suspected or confirmed cases of violence to the competent bodies. The difficulty in identifying cases of intra-family violence may be related to the environment where the abuse takes place.¹⁵

Although this phenomenon is considered a serious problem in the health sector, it can also be characterized as a social problem, since several factors can become obstacles to its confrontation and resolution. Among these factors, the following stand out: the lack of reports, often due to the fear that victims feel concerning their aggressors, as well as the omission of the victim or the family itself, whether due to fear, coercion, or trauma.²⁹

Regarding the sociocultural issue, article 2 reveals that violence is a secular problem, that affects all social classes, ethnicities, religions, races, and cultures, affecting human beings in their integrity.²² Article 4 corroborates this statement by revealing that it is an ancient practice, which is still perpetuated to this day, regardless of the aspects that promote it.¹⁹

In Brazil, it is reported that physical violence against adolescents is widely disseminated, being passed down from generation to generation, so it has always been present in the history of society, often due to the historical process of naturalization of the problem. This is the reason behind nurses' difficulty in intervening in the intra-family context, becoming a barrier to adequate care and taking measures.⁶ For this reason, intra-family violence is rarely identified. Often, reporting is limited to only the most serious cases, such as those involving beatings or more severe assaults.⁶

Therefore, it appears that notification may be influenced by some personal issues (due to the particularities of each recognized case), relating to insufficient service structures or questions about preserving the privacy of the victim and family.⁶

Still through an analysis of national scientific production, article 5 reveals that several studies highlight the invisibility of cases of violence in PHC services in Brazil.⁵ Under this bias, article 8 reports that subjectivity is often observed when identifying violence within the family environment and presents itself as a complex and imperceptible phenomenon, requiring careful assessments from health professionals, in addition to constant changes in practices. every day.¹⁵ The study also highlights that the main means of investigation to be adopted by nurses when faced with violence against adolescents is the physical examination during childcare consultations, which unquestionably promotes the opportunity to better check the physical aspects marked by violence.¹⁵

However, the literature points out that, over the years, care for victims of violence has focused only on obvious injuries resulting from aggression, directing attention only to the most serious cases of physical violence.⁸ Often, the practices adopted by some nurses have been exclusively to check vital signs, apply dressings, and apply medications, when necessary, limiting their activities to meeting the physical needs of victims.²⁶

From this perspective, it is necessary to emphasize the importance of these professionals paying attention to subjectivities, so that it becomes possible to identify signs that are not physically evident, such as, the victim's withdrawn behavior and contradictions between the stories told by the family and the victim.⁸ Therefore, nurses are advised to consider non-lethal violence, which frequently permeates intra-family relationships.³⁰

Some factors such as these have often made it difficult to confront intra-family violence against adolescents, not only in PHCs, but at different levels of health care, since, generally, nurses are afraid of reporting, in addition to the lack of knowledge of the true severity of the problem and the impacts of this phenomenon on society, which can have negative and definitive repercussions on the lives of families, but mainly on the adolescents themselves.²⁹ In this context, article 3 reinforces that nurses have the possibility of positioning themselves as agents of change in confronting intra-family violence, both in the training of other professionals and in providing care to communities.²⁴

Although this professional is on the front line in the fight against violence, the inability to identify and report it has already been reported in several studies.^{18,30} Regarding this, article 1 analyzed the factors associated with underreporting of abuse in children and adolescents: the short time of the professional working in PHC; lack of knowledge about notification procedures; the lack of records available at the health unit; lack of trust in protection bodies; lack of knowledge of how to forward cases; and fear of legal involvement.²³

In these circumstances, it is important to consider the perception and actions reported by health professionals regarding the identification and compulsory notification of cases of child and adolescent violence in PHC. On this subject, articles 2 and 7 revealed that professionals know public policies and recognize their ethical responsibility in the notification process.^{22,25} However, both articles reported



that many challenges interfere with nurses' legal responsibility in reporting. And, for this reason, they are unable to put them into practice, since they are unprepared when dealing with cases of intra-family violence, both due to lack of training and fear of reprisals when reporting suspected or confirmed cases.^{22,25}

Therefore, nurses find it difficult to deal with social issues, since many of them report that they do not feel safe to make a complaint because they fear suffering some type of reprisal from the aggressor, becoming one of the main challenges that permeate the confrontation of intra-family violence.⁸

Even in the face of legal determinations regarding the obligation and recognition of the relevance of notification, many professionals resist adopting it as a conduct.⁶ In addition to the lack of safety, article 2 mentions other limitations in the nurses' performance, such as work overload and work dynamics disjointed with the protection network, which also lead to underreporting of cases of violence.²²

Still regarding the work dynamics of nurses, it is worth mentioning that there are, in Brazil, several protection network institutions available, however, article 4 reveals that the actions, which should be articulated, are also fragmented, making it possible to perpetuate of isolation of victims. Therefore, more commitment from public policies is necessary in organizing the composition of the network, so that they act in a systemic, continuous, and articulated way, to ensure the protection and promotion of adolescents' health.¹⁹

Above all, articles 5 and 6 address the need to reorganize the work process in PHCs so that notification is adopted as an ethical and legal conduct in the functions of nurses, as well as the integrality of care and intersectionality in actions, to guarantee a resolute care network in the case of adolescents in situations of violence.^{5,16}

However, nurses need to be prepared to identify and confront intra-family violence against adolescents.²⁸ In this sense, article 8 warns that the weakness in nurses' professional training in terms of approaches to situations of violence produces deficits in care. integral to the victims.¹⁵ Therefore, it is essential to develop the process of permanent education and with this reflection, continuing education so that professionals can better understand the

Furthermore, the importance of addressing the topic during nursing graduation is highlighted, ensuring quality care,⁸ as well as promoting foundations for filling out and generating consistent epidemiological data and, consequently, reducing the alarming numbers of registered cases.⁶ From this perspective, article 7 suggests investing in incentive strategies for health professionals, so that notification is part of their daily conduct, in addition to guaranteeing the technical-scientific support necessary to support the practice.^{25, 31, 32}

Given the type of study presented, it is considered important to highlight that the questions for reflection proposed remain based on the results of new evidence, seeking more specificities regarding the care provided by nurses in PHC when faced with intra-family violence against adolescents. Even so, this reflective research provides a broad discussion and understanding of the importance of nursing action regarding identification, notification, and, consequently, the reduction of cases of intra-family violence suffered by adolescents.

Conclusion

Nursing plays a fundamental role in reducing cases of intra-family violence against adolescents as it is on the front line of health promotion and prevention, assisting in the dissemination and implementation of public policies, as well as its proximity to homes and the dynamics of your work in the community.

However, there are many challenges reported in the scientific literature, which interfere with the legal responsibility of nurses in reporting suspected or confirmed cases of violence, since these professionals are generally unprepared to deal with cases of mistreatment, either due to lack of training and/or fear of reprisals when reporting such events.

It is suggested to reinforce measures that can ensure nurses perform their duties. This can be accomplished through the implementation of micro policies that ensure and validate the work of nursing professionals. And to improve training and reflections in professionals in practice and the training process so that they can better understand their role concerning the problem.

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