

THEORETICAL PERSPECTIVES ON CHILD VIOLENCE IN BORDER REGIONS AND THE ROLE OF NURSING PROFESSIONALS IN PREVENTION

Data da submissão: 06/10/2023

Data de aceite: 01/11/2023

Thiago Araújo dos Reis

Instituto de Ensino Superior de Foz do
Iguaçu (CESUFOZ)
Foz do Iguaçu - Paraná
ORCID: 0009-0003-4210-0472

Fátima Regina Cividini

Instituto de Ensino Superior de Foz do
Iguaçu (CESUFOZ)
Foz do Iguaçu - Paraná
ORCID: 0000-0003-4129-7915

Sandonaid Andrei Geisler

Instituto de Ensino Superior de Foz do
Iguaçu (CESUFOZ)
Foz do Iguaçu - Paraná
ORCID: 0000-0001-9346-6624

ABSTRACT: This study focuses on child violence, highlighting its relevance in the Brazilian context, particularly in border regions. In the 1980s, Brazil witnessed an uptick in deaths due to assaults and urban violence, linked to neoliberal policies and escalating social inequalities. Child violence encompasses various forms of abuse, including physical, sexual, psychological, and neglect, with severe repercussions on children's physical and mental health, elevating their risk of developing risky

behaviors during adolescence and adulthood. In border areas, this issue becomes even more intricate due to involvement in drug trafficking, arms trade, and illegal migration. The study employed a literature review methodology using the documentation technique, drawing from sources such as the Virtual Health Library (VHL), Google Scholar, PubMed, and the Digital Library of Theses and Dissertations (BDTD). The process encompassed five stages: textual analysis, thematic analysis, interpretative analysis, problematization of themes, and constructing a personal synthesis. This method enabled a comprehensive analysis, categorizing the selected material into two themes: child violence in border regions and the multidisciplinary role in health for its prevention. Child violence in border areas, deeply rooted in ethnocentrism and inequalities, gravely affects children. The ambiguous presence of the State facilitates activities like drug trafficking. Health professionals play a pivotal role in prevention, but they encounter challenges such as inadequate training and fear of reprisals. Compulsory case reporting is mandatory in Brazil, but trust in the protection network and interdisciplinary collaboration are pivotal. A multidisciplinary approach is

imperative, encompassing individual, family, and community dimensions. The responsibility lies with health professionals, necessitating curriculum inclusion, ongoing education, and protocols. Addressing historical roots is paramount to enhancing the well-being of children in these regions.

KEYWORDS: Child Abuse; Border Health; Interdisciplinary Research; Patient Care Team

REFLEXÕES TEÓRICAS SOBRE VIOLÊNCIA INFANTIL EM REGIÃO DE FRONTEIRA E O PAPEL DO PROFISSIONAL DE ENFERMAGEM EM SUA PREVENÇÃO

RESUMO: Este estudo concentra-se na violência infantil, destacando sua relevância no contexto brasileiro, particularmente em regiões de fronteira. Na década de 1980, o Brasil viu um aumento nas mortes por agressões e na violência urbana, associado a políticas neoliberais e crescentes desigualdades sociais. A violência infantil compreende diversas formas de abuso, como físico, sexual, psicológico e negligência, com graves impactos na saúde física e mental das crianças, aumentando seu risco de desenvolver comportamentos de risco na adolescência e idade adulta. Nas áreas de fronteira, essa problemática é ainda mais complexa devido ao envolvimento com tráfico de drogas, armas e migração ilegal. O estudo empregou uma metodologia de revisão de literatura com a técnica de documentação, utilizando fontes como a Biblioteca Virtual de Saúde (BVS), Google Acadêmico, Pubmed e Biblioteca Digital de Teses e Dissertações (BDTD). O processo envolveu cinco etapas: análise textual, análise temática, análise interpretativa, problematização dos temas e construção da síntese pessoal. Esse método permitiu uma análise aprofundada e a categorização do material selecionado em dois temas: a violência infantil em regiões de fronteira e do papel multidisciplinar na saúde para sua prevenção. A violência infantil em áreas de fronteira, enraizada em etnocentrismo e desigualdades, afeta gravemente as crianças. A presença ambígua do Estado facilita atividades como o tráfico de drogas. Profissionais de saúde são essenciais na prevenção, mas enfrentam desafios, como a falta de capacitação e medo de represálias. A notificação compulsória de casos é obrigatória no Brasil, mas a confiança na rede de proteção e colaboração interdisciplinar são cruciais. A abordagem multiprofissional é necessária, considerando dimensões individuais, familiares e comunitárias. A responsabilidade recai sobre os profissionais de saúde, exigindo inclusão curricular, educação continuada e protocolos. Enfrentar as raízes históricas é fundamental para melhorar o bem-estar das crianças nessas regiões.

PALAVRAS-CHAVE: Maus-Tratos Infantis; Saúde na Fronteira; Pesquisa Interdisciplinar; Equipe de Assistência ao Paciente.

INTRODUCTION

The study of violence in the healthcare sector gained prominence in Brazil during the 1980s due to a surge in deaths resulting from assaults and urban violence. These issues were linked to transformations in cities, rural migration, neoliberal policies, and escalating social inequalities. Such problems affected all social strata, necessitating a comprehensive approach. While the economic costs of violence are often measured, it is equally vital

to consider the social and cultural dimensions affecting both victims and healthcare professionals. This is crucial for developing comprehensive public health prevention and intervention strategies (Minayo, 2005).

As emphasized by Minayo and Lima (2013), violence affects individuals across various social strata, with certain groups, such as children, the elderly, people with disabilities, women, and migrants, being particularly vulnerable. These groups face unique challenges in preventing and protecting themselves from violence, emphasizing the need for a sensitive approach to their specific needs to ensure safety and well-being. This study primarily focuses on child violence.

Child violence is a significant global challenge affecting millions of children worldwide, manifesting in various forms and contexts. It encompasses actions or omissions causing physical, psychological, or sexual harm or suffering to children or adolescents. These manifestations include physical abuse, sexual abuse, neglect, psychological abuse, and domestic violence. Physical abuse comprises acts like hitting, kicking, shaking, or causing injury to a child. Sexual abuse involves any form of inappropriate sexual contact or activity with a child, such as touching, fondling, or penetration. Neglect refers to the deprivation of basic needs like adequate food, medical care, and education. Psychological abuse includes humiliation, threats, emotional manipulation, or rejection of the child. Domestic violence can encompass the child's exposure to violent conflicts between parents or direct suffering caused by a parent (Brazil, 1990; Aragão et al., 2013; Conceição et al, 2022).

Child violence can have severe and lasting impacts on children's health and well-being, leading to physical problems like injuries, developmental disorders, and eating disorders, as well as psychological effects such as depression, anxiety, post-traumatic stress disorder, and behavioral and learning difficulties. Exposure to violence can also increase the risk of engaging in risky behaviors during adolescence and adulthood, potentially leading to poor school performance, mental and behavioral disorders, and a perpetuation of violence into adulthood. In border regions, these problems can worsen due to factors such as drug trafficking, weapons, illegal immigration, and limited resources to address them (Minayo, 2001; Castro; Rodrigues, 2012; Aragão et al., 2013).

Preventing child violence is crucial to protect children and promote their healthy development. Strategies include raising public awareness about child violence, creating safe environments, promoting positive parenting and caregiver roles, establishing protection and response systems, and supporting early childhood education (Fabríz, 2019).

Despite these efforts, gaps in knowledge persist regarding how child violence manifests in border regions and how healthcare professionals can effectively address it. Given the increased incidence of child violence in border areas, coupled with the lack of training among health professionals and limited resources, research and a multidimensional, interdisciplinary approach are essential. Researchers should delve into the social issues contributing to violence and connect them to living conditions, the environment, culture, and

access to vital services, including healthcare (Minayo; Lima, 2013).

Considering the above, research plays a pivotal role in understanding child violence in border regions comprehensively and in identifying effective prevention and intervention strategies. The central question that this research seeks to answer is: **“What are the causes, consequences and how to prevent child violence in border areas?”** This research aims to address the causes, consequences, and prevention of child violence in these areas, acknowledging that child violence is a grave problem impacting the lives of countless children worldwide. Therefore, developing effective policies and actions is imperative to protect children’s well-being.

METHOD

To address the research question, a qualitative bibliographical research approach was employed, following Severino (2016) definition, which is characterized by its reliance on existing records from prior research, including documents, books, articles, theses, among other sources. This method involves categorizing the studies based on theoretical discussions previously explored by other researchers, with a focus on their contributions to the analyzed theme.

The research technique chosen for this study was documentation, which emphasizes the organization of data, making it ready for analysis by researchers (Severino, 2016). This methodology was broken down into five stages:

- a) Selection of sources: Relevant sources from databases such as the Virtual Health Library (VHL), Google Scholar, PubMed, and the Digital Library of Theses and Dissertations (BDTD) were chosen to identify authors and terms used. The bibliographical review encompassed both white and gray literature, including scientific articles, academic dissertations and theses, and official documents related to child violence in border regions in Brazil. Inclusion criteria for the studies were: publication between 2000 and 2023, availability in Portuguese, Spanish, or English, presentation of data on child violence in border regions, and the field of study located within Brazilian territory. To locate materials meeting these criteria, keywords from the Health Sciences Descriptors (DeCS) were employed, including Border Health, Child Abuse, and Nursing.
- b) Thematic analysis: This stage involved creating a list of selected bibliographic sources, with a focus on identifying each author’s central concepts related to child violence and the role of health professionals.
- c) Interpretive analysis: During this phase, connections and relationships were established among the dialogues of each author, aiming for a deeper understanding of the perspectives presented.
- d) Problematization of themes: This stage was designed to address the initial research question, promoting a critical and in-depth analysis of the topics covered.

e) Construction of personal synthesis: Finally, reflections were developed on the analyzed categories, contributing interpretations and insights specific to the research.

This methodological process facilitated a comprehensive and in-depth exploration of the topic, ensuring a rigorous analysis grounded in existing studies.

Following the material selection, a thorough and meticulous analysis was conducted, establishing connections between all the collected materials and the theoretical framework. As outlined by Polit and Beck (2019), the analysis of qualitative information involves a comprehensive examination of narrative data to identify prevailing themes and patterns within the identified themes. The content analysis process, following Bardin (2016) guidelines, consists of three fundamental steps: a) pre-analysis, b) material exploration, and c) result treatment, inference, and interpretation. From the examination of the selected material, two discussion categories emerged, organized, and characterized in alignment with the overarching theme: child violence in border regions and the multidisciplinary role in health for violence prevention.

CHILDHOOD VIOLENCE IN BORDER REGIONS

Border regions serve as dynamic intersections encompassing diverse elements such as human interactions, land, nature, and a complex web of political, economic, symbolic, and cultural dimensions. These areas transcend mere geographical or historical divisions, representing stages where ideological and economic confrontations unfold among various ethnic, racial, and culturally diverse groups. However, they are also spaces where contradictions and violence, especially against children, intensify, given that children are the most significant victims and the most vulnerable (Minayo, 2001; Fabriz, 2019).

The colonial history has bequeathed enduring ethnocentric, racist, and patriarchal dimensions that permeate these border regions, creating an environment characterized by conquest, instability, and violence. Capital expansion over indigenous territories and peasant populations resulted in massacres that profoundly affected women and children. These contact zones witnessed cruel forms of oppression, including slavery, servitude, human trafficking, and sexual exploitation. Border regions in South and Central American countries often find themselves entangled in drug, goods, and human trafficking, further exacerbating violence against children. This intensification of violence is exacerbated by the historically ineffective presence of the state in these areas, characteristic of peripheral states subordinated in the international division of labor and marked by racial and gender disparities. Borders are utilized to sustain global capitalism through domination, exploitation, and violence (Tomaz, 2001; Minayo, 2001).

Borders also serve as the backdrop for territorial disputes between countries, which can escalate into armed conflicts and force people to seek refuge in neighboring nations. These migrations introduce new challenges and further increase the vulnerability of already

marginalized groups, such as women and children (Fabríz, 2019).

THE MULTIDISCIPLINARY ROLE IN PREVENTING AND ADDRESSING CHILDHOOD VIOLENCE

Health professionals play a vital role in caring for children and adolescents, whether it involves identifying violence or recognizing conditions that might indicate potential violence. By assessing risks, professionals can intervene to disrupt or prevent abusive situations, potentially altering the course of young lives. In many cases, healthcare professionals can assist families in adopting entirely new approaches to caring for their children. However, it's crucial to underscore the importance of providing psychological support to professionals who handle children and adolescents involved in violent situations (Martins; Jorge, 2010).

In Brazil, the mandatory reporting of child violence cases is a legal requirement in all healthcare services, whether public or private. However, numerous obstacles hinder healthcare professionals from reporting effectively. These challenges encompass a lack of training and capacity building to identify and handle child violence situations, fear of potential reprisals by aggressors, particularly in border areas where trafficking and violence are more intense, and difficulties in recognizing violence cases (Brazil, 2001; Nunes; Sales, 2016).

Many cases of violence go unreported or undocumented, significantly underestimating the actual number of occurrences due to underreporting. Fear is one of the primary obstacles encountered by nursing professionals in violence contexts. This fear often influences professionals' actions, leading to underreporting and inadequate care provision. Addressing and overcoming this fear is crucial to improving care for patients who have experienced violence (Bezerra; Monteiro, 2012; Fernandes; Costa, 2021; Anunciação et al., 2022).

Lack of trust in the child protection network, the absence of specialized services, and an inability to resolve referred cases are cited as reasons for underreporting. Additionally, the lack of engagement from healthcare professionals in reporting suspected and confirmed cases of child violence is common, primarily due to the lack of training in identifying such cases and the fear of potential consequences resulting from reporting. To combat underreporting, establishing well-organized and clearly defined interdisciplinary collaborations is essential, ensuring each professional understands their responsibility and role to facilitate effective referrals (Reichenheim et al., 2011; Guimarães; Villela, 2011; Fabríz, 2019).

The absence of follow-up for cases referred to the Guardianship Council or the child protection network presents a challenge, leaving victims and their families unsupported. This hindrance complicates the development of intervention plans aimed at preventing recurrence, improving family dynamics, and minimizing trauma (Brazil, 2001).

While reporting is a critical step in stopping violent behavior within families and by aggressors, it represents only the initial phase in caring for child violence victims. Nurses,

who often have initial contact with abused children, must collaborate with multidisciplinary teams to develop continuous care plans and strategies to minimize trauma and prevent recurrence (Brazil, 2018; Anunciação et al., 2022).

Addressing child violence is a multidisciplinary responsibility, with professionals from various backgrounds, including doctors, dentists, nurses, social workers, physiotherapists, psychologists, speech therapists, pedagogues, and psychiatrists, all playing a pivotal role in addressing cases of child and adolescent violence. Given the complexity of these cases, a multidisciplinary approach is essential, considering individual, family, and community dimensions. Family health teams are well-positioned to provide support when possible, and mental health professionals should be involved from the outset of the assessment and treatment process, either directly or through Family Health Support Centers (NASF), which support family health teams (Egry; Apostolico; Morais, 2018).

Ultimately, the responsibility for reporting suspected or confirmed child violence cases, identifying, and detecting child violence, educating the population on child protection, intervening on child violence risk factors, and providing support and training to staff handling such cases falls on healthcare professionals. To meet these demands, it is essential to include child violence topics in curricula, implement ongoing education initiatives, and establish protocols to guide professionals in these situations (Santos; Yakuwa, 2015; Sá et al., 2016; Pires, 2017).

FINAL CONSIDERATIONS

This study has sought to engage in theoretical reflections concerning child violence in border regions, with the overarching goal of comprehending its origins, repercussions, and the formulation of preventive and intervention strategies. Border regions, marked by intense interactions encompassing material, physical, and human exchanges, often transform into environments susceptible to drug, merchandise, and human trafficking. This dynamic exacerbates violence, particularly against vulnerable groups such as women and children, thereby intensifying the vulnerability of marginalized populations.

Healthcare professionals play a pivotal role in addressing child violence, being well-positioned to identify cases and work towards prevention, representing a unique opportunity to enhance the lives of children. However, within the Brazilian context, the process of mandatory case notification faces significant challenges, including inadequate training and the fear of potential reprisals, resulting in underreporting.

Furthermore, a lack of trust in the child protection network, the absence of specialized services, and the need for effective interdisciplinary collaboration are factors that contribute to this issue. It is essential to underscore that notification is merely the initial step. Healthcare professionals must collaborate closely with multidisciplinary teams, including mental health professionals, to devise comprehensive care plans and prevent the recurrence of violence.

A multidisciplinary approach should encompass individual, family, and community dimensions, as the responsibility for preventing and addressing child violence rests upon healthcare professionals. This demands actions like integrating the subject into educational curricula, facilitating ongoing education, and implementing protocols that guide responses in situations of this nature.

REFERENCES

- Anuniação, L. L. et al. **Violência contra crianças e adolescentes: intervenções multiprofissionais da Atenção Primária à Saúde na escola.** Saúde em Debate. 2022, v. 46, n. Spe 3, pp. 201-212, 2022 Disponível em: <https://doi.org/10.1590/0103>
- Aragão, A. S et al. **Abordagem dos casos de violência à criança pela enfermagem na atenção básica.** Rev Latino-Am Enferm, v. 21, n. spe, pp. 172-179, 2013. Disponível em: <https://doi.org/10.1590/S0104-11692013000700022>
- Bardin, L. **Análise de Conteúdo.** São Paulo: Edições 70, 2016, 279p.
- Brasil. Casa Civil. **Lei nº 8069, de 13 de julho de 1990.** Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Diário Oficial da União. Brasília, 13 de julho de 1990. Disponível em: https://www.planalto.gov.br/ccivil_03/leis/l8069.htm
- Brasil. Ministério da Saúde. **Portaria nº1968, de 25 de outubro de 2001.** Dispõe sobre a notificação, às autoridades-competentes, de casos de suspeita ou de confirmação de-maus-tratos contra-crianças e adolescentes atendidos nas entidades do Sistema Unido de Saúde. Diário Oficial da União. Brasília, 25 de outubro de 2001. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2001/prt1968_25_10_2001_rep.html
- Bezerra, K. P; Monteiro, A. I. **Violência intrafamiliar contra a criança: intervenção de enfermeiros na estratégia de saúde da família.** Rev Rene. 2012; v.13, n.2, pp.354-64, 2012. Disponível em: <https://www.redalyc.org/pdf/3240/324027981012.pdf>
- Castro, J. M; Rodrigues-Júnior, A. L. **A influência da mortalidade por causas externas no desenvolvimento humano na Faixa de Fronteira brasileira.** Cad Saúde Pública. Rio de Janeiro, v. 28, n. 1, pp. 195-200, 2012 Disponível em: <https://doi.org/10.1590/S0102-311X2012000100022>
- Conceição, M. M. et al. **Child and adolescent victims of sexual violence: aspects of physical and emotional development.** Rev Bras Enferm. v. 75, n. Suppl 2, e20200584, 2022. Disponível em: <https://doi.org/10.1590/0034-7167-2020-0584>
- Egry, E. Y; Apostolico, M. R; Morais, T. C. P. **Notificação da violência infantil, fluxos de atenção e processo de trabalho dos profissionais da Atenção Primária em Saúde.** Ciência & Saúde Coletiva, v. 23, n.1, pp. 83-92. 2018. Disponível em: <https://doi.org/10.1590/1413-81232018231.22062017>
- Fabriz, L. A. **Sistema Integrado de Saúde nas Fronteiras entre o Brasil e o Paraguai, no Estado do Paraná: um estudo avaliativo.** 2019. Tese (Doutorado em Enfermagem em Saúde Pública) - Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, 2019. Disponível em: <https://doi.org/10.11606/T.22.2019.tde-22102019-201716>

Fernandes, M. N.; Costa, R. P. **A Declaração dos Direitos da Criança de 1924, a Liga das Nações, o modelo tutelar e o movimento Save the children: o nascimento do menorismo.** Revista Brasileira de História & Ciências Sociais, v. 13, n. 25, pp. 287–313, 2021. Disponível em: <https://doi.org/10.14295/rbhcs.v13i25.11887>

Guimarães, J. A. T. L.; Villela, W. V. **Características da violência física e sexual contra crianças e adolescentes atendidos no IML de Maceió, Alagoas, Brasil.** Cadernos de Saúde Pública, v. 27, n. 8, pp. 1647-1653, 2011. Disponível em: <https://doi.org/10.1590/S0102-311X2011000800019>

Martins, C. B. G.; Jorge, M. H. P. **Maus-tratos infantis: um resgate da história e das políticas de proteção.** Acta Paul Enferm, v.23, n.3, pp. 423-8, 2010. Disponível em: <https://doi.org/10.1590/S0103-21002010000300018>

Minayo, M. C. S. **Violência contra crianças e adolescentes: questão social, questão de saúde.** Rev. bras. saúde matern. infant., Recife, v.1, n.2, pp. 91-102, maio-ago, 2001. Disponível em: <https://doi.org/10.1590/S1519-38292001000200002>

Minayo, M. C. S. **Violência: um problema para a saúde dos brasileiros.** In: Brasil. Ministério da Saúde. Impacto da violência na saúde dos brasileiros. Brasília: Ministério da Saúde, 2005. 340p. pp.9-42. Disponível em: http://bvsmis.saude.gov.br/bvs/publicacoes/impacto_violencia.pdf

Minayo, M. C. S.; Lima, C. A. **Processo de formulação e ética de ação da Política Nacional de Redução da Morbimortalidade por Acidentes e Violências.** In: Njaine, K; Assis, S. G; Constantino, P. (org.) Impactos da violência na saúde. Rio de Janeiro: ENSP, 2013, pp. 43-56. Disponível em: <http://books.scielo.org/id/7yzrw>

Ministério da Saúde. Secretaria de Vigilância em Saúde. **Análise epidemiológica da violência sexual contra crianças e adolescentes no Brasil, 2011 a 2017.** Boletim Epidemiológico nº 27, v.49, jun. 2018. Disponível em: <https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2019/07/2018-024.pdf>

Miura, A. S. **Análise espacial dos casos de violência infanto-juvenil em regiões de faixa de fronteira do Brasil.** 2020. 137 f. Dissertação (Mestrado em Saúde Pública em Região de Fronteira) - Universidade Estadual do Oeste do Paraná, Foz do Iguaçu, 2020. Disponível em: <https://tede.unioeste.br/handle/tede/5071>

Nunes, A. J.; Sales, M. C. V. **Violência contra crianças no cenário brasileiro.** Ciência & Saúde Coletiva, v.2, n.3, pp.871-880, 2016. Disponível em: <https://doi.org/10.1590/1413-81232015213.08182014>

PIRES, A. C. **Papel do enfermeiro frente ao abuso sexual de crianças e adolescentes.** 2017. 21 f. Monografia (Graduação) – Faculdade de Ciências da Educação e Saúde, Centro Universitário de Brasília, Brasília, 2017. Disponível em: <https://repositorio.uniceub.br/jspui/handle/235/11756>

Polit, D. F.; Beck, C. T. **Fundamentos da Pesquisa em Enfermagem.** 9ª ed. Porto Alegre: Artmed, 2019

Reichenheim, M. E et al. **Violência e lesões no Brasil: efeitos, avanços alcançados e desafios futuros.** The Lancet, pp. 75-89, 2011. Tradução. Disponível em: <http://download.thelancet.com/flatcontentassets/pdfs/brazil/brazilpor5.pdf>.

Sá, C. M. Q et al. **Atenção da equipe de enfermagem frente à violência sexual contra crianças e adolescentes.** Mostra Interdisciplinar do curso de Enfermagem, v.2, n.2, pp.1-5, dez. 2016. Disponível em: <http://publicacoesacademicas.unicatolicaquixada.edu.br/index.php/mice/article/view/1142/918>

Santos, J. S; Yakuwa, M. S. A. **Estratégia Saúde da Família frente à violência contra crianças: revisão integrativa.** Rev. Soc. Bras. Enferm. Ped, v. 15, n. 1, pp. 38-43, jun. 2015. Disponível em: <http://dx.doi.org/10.31508/1676-3793201500006>

Severino, A. J. **Metodologia do trabalho científico.** 24^a ed. São Paulo: Cortez, 2016.

Tomás, C. A. **A transformação da infância e da educação: algumas reflexões sócio-históricas.** Paidéia, v.11, n.20, pp.69-72, 2001. Disponível em: <https://doi.org/10.1590/S0103-863X2001000200008>