

## OBSTACLES REGARDING COMPULSORY NOTIFICATION OF VIOLENCE IN PRIMARY CARE: A LITERATURE REVIEW

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notification directly interferes with public investment in health (SOUSA et al., 2020).

## INTRODUCTION

Primary Care is a means of entry to access to health and is responsible, represented by multidisciplinary teams, for notifying the occurrence or suspicion of violence in a legally mandatory manner (RIBEIRO; SILVA, 2018). This form is essential for epidemiological surveillance and in the management of public policies for prevention and social intervention (SOUSA et al., 2020). However, there are challenges in implementing it in this environment, making the system for recording more reliable information unfeasible. Consequently, the creation/maintenance of preventive programs to combat victims of violence in the region are ineffective (RIBEIRO; SILVA, 2018).

This notification is extremely important, given that violence is one of the biggest health problems both in Brazil and in the world, and its consequences can have varying results, ranging from the most serious to death. Among the various bodies competent to report these cases of violence in the single health system (SUS) is the Violence and Accident Surveillance system (VIVA) and the Disease Information and Notification System (SINAN). Therefore, maintaining current and accurate data makes these bodies essential for drawing up an action and prevention plan in the primary care scenario based on an epidemiological and social profile (OLIVEIRA et al., 2020).

Therefore, primary care faces several obstacles in the applicability of the mandatory nature of notification in the routine of the multidisciplinary team. In this context, it is significant to detect the main circumstances that lead to this end. Therefore, it is a notoriously harmful phenomenon, as the lack of quality or poor registration of compulsory

## OBJECTIVES

Identify possible causes that make it difficult for primary care health professionals to carry out compulsory reporting of violence in Brazil.

## METHODOLOGY

The research sought information from the Scielo and Pubmed databases with descriptors “Violence” and “Notification” with the Boolean operator “AND”. 150 articles were obtained, which were submitted to inclusion criteria such as years between 2011 and 2021, and those that did not cover the topic and duplicate studies were excluded. Therefore, 6 studies were selected. Therefore, there was no need for consideration by the research ethics committee (CEP) due to the secondary data being in the public domain.

## RESULTS

It was observed from the selection of articles, including interviews carried out with multidisciplinary teams of Primary Health Care, the main circumstances/causes that result in major obstacles to adequate notification.

It begins with the omission of the procedure by family health teams, claiming that compulsory notification is the same as a police report. The first has epidemiological purposes, sent to the Disease Information System (SINAN), which will aim to develop public policies. The second is an external communication, and must be sent to the protection network such as the Women’s Police Station, Public Prosecutor’s Office, Guardianship Council, among others. Thus, rarely within the APS knew that this document is an epidemiological record as well as the erroneous idea of its use makes it difficult to achieve its purpose (RIBEIRO;

SILVA,2018).

Not only that, but they also demonstrate the lack of adequate understanding regarding: the flow of compulsory notification in the Basic Health Unit; appropriate filling; which bodies to report to; recognition of obligation; which professional is responsible for filling it out (doctors, nurses, community workers). Therefore, there is a gap between a legal mechanism for understanding public policies and its practice.(GARBIN et al.,2015).

Next, there is a restricted understanding of the identification of violence: professionals do not feel confident in knowing whether violence actually occurred, limiting themselves to signsphysicists. (MOREIRA et al., 2013). Generally, the team assumes that these situations require confirmation and/or verification, in order to notify. (RIBEIRO; SILVA,2018). Likewise, there is no adequate training on the topic either during and/or after graduation on how to implicitly and explicitly identify the different nuances of violence. (SOUSA et al.,2020). Therefore, when there is no clarification of the various aspects of violence, its observation or suspicion remains subjective, generating doubt and consequently non-reporting.

Lastly, there is concern about the bond/trust between professionals and patients, compromising future care and treatment monitoring. In addition to the fear and insecurity of not having a guarantee of confidentiality. The patient is afraid of

possible judgment and blame by the doctor and/or members of the ESF team, as well as there is confusion between the concepts of “notification” and “report”. Consequently, the victim fears that the aggressor will discover that information has been shared with the healthcare team. This way, the bond with the patient must be carried out respectfully so that there is mutual trust and, thus, welcoming and helping them. Therefore, the fear of breaking this relationship is yet another obstacle to the issue addressed. (RIBEIRO; SILVA,2018).

## CONCLUSION

Compulsory notification of violence, whatever the type, is an important instrument for epidemiological control as well as for combating cases of violence locally., especially when correctly established in primary care. Therefore, it is clear that training on the subject, generating the completion of the compulsory notification form, well described and detailed in its details, mitigates this public health problem. Therefore, it is essential that the team is well coordinated and trained to meet the needs of patients in the context of ESF and UBS.

Finally, there was an imbalance between legal aspects of public policy and the effectiveness of its practice in Primary Health Care. This problem exemplifies several challenges which clarify the cause of this underreporting.

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