

**Attention network to adolescents in situations of violence: perceptions of health professionals\*****Rede de atendimento ao adolescente em situação de violência: percepções dos profissionais de saúde**Cláudia Fabiane Gomes Gonçalves<sup>1</sup>, Lygia Maria Pereira da Silva<sup>2</sup>, Ana Carolina Rodarti Pitangui<sup>3</sup>

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<sup>1</sup> Nurse, Master in Adolescent Medicine. Professor of Basic, Technical and Technological Education at Instituto Federal de Ciências e Tecnologia de Pernambuco. Pesqueira, PE, Brazil. E-mail: [cfabianegg@hotmail.com](mailto:cfabianegg@hotmail.com).

<sup>2</sup> Nurse, Ph.D in Nursing. Adjunct Professor at Universidade de Pernambuco (UPE). Recife, PE, Brazil. E-mail: [lygia.silva@upe.br](mailto:lygia.silva@upe.br).

<sup>3</sup> Physical Therapist, Ph.D in Public Health Nursing. Adjunct Professor at UPE. Petrolina, PE, Brazil. E-mail: [carolina.pitangui@upe.br](mailto:carolina.pitangui@upe.br).

**ABSTRACT**

The study aimed to comprehend perceptions of health professionals about the configuration of links between health services and institutions involved in the network to cope with violence against adolescents. An exploratory descriptive study of qualitative approach, conducted in 2013. Service managers of a reference hospital that attends violence cases participated in the study. The hospital was located in a capital at the northeast region of Brazil. Data were collected by filling the map of connections and semi-structured interviews, analyzed through content analysis technique, theme analysis. The subjects recognize health service in the attention network as relevant, however they identified political and structural limits. In conclusion, the attention network is valued, but considered insufficient and lacking specific technical norms. The strengthening of institutional links is necessary in a way that networks will effectively contribute to actions of integral, inter-sectoral and interdisciplinary character.

**Descriptors:** Adolescent; Social Networking; Health Services; Protection; Violence.

**RESUMO**

O estudo objetivou compreender as percepções dos profissionais de saúde sobre a configuração dos vínculos entre um serviço de saúde e as instituições envolvidas na rede de enfrentamento da violência contra adolescentes. Estudo descritivo exploratório de abordagem qualitativa, realizado em 2013. Participaram do estudo gerentes de serviços de um hospital de referência para atendimento aos casos de violência, de uma capital do nordeste brasileiro. Os dados foram coletados por preenchimento do mapa de vínculos e entrevistas semiestruturadas, analisados por meio da técnica análise de conteúdo, modalidade temática. Os sujeitos reconhecem o serviço de saúde na rede de atendimento como relevante, entretanto identificaram limites de ordem política e estrutural. Conclui-se que a rede de atendimento é valorizada, mas considerada insuficiente e carente de normas técnicas específicas. É necessário o fortalecimento dos vínculos institucionais, de forma, que o trabalho em rede, contribua efetivamente com as ações de caráter integral, intersetorial e interdisciplinar.

**Descritores:** Adolescente; Rede Social; Serviços de Saúde; Proteção; Violência.

## INTRODUCTION

Violence was recognized by the World Health Organization as a public health issue of great magnitude and transcendence, as it provokes a strong impact in morbidity and mortality of populations due to the high prevalence and losses of cognitive, social, emotional and behavioral development of individuals<sup>(1)</sup>.

An international analysis about homicides of adolescents between 15 and 19 years occurred from 2008 to 2009, points that Brazil is in the fourth position and reveal the severity of the problem<sup>(2)</sup>. In 2014, many cases of violence against youngsters of 15 to 19 years were registered in the country, totalizing 15,963 against individuals of 10 to 14 years; and 24,276 against youngsters of 15 to 19 years. In the state of Pernambuco occurred 3,824 cases<sup>(3)</sup>.

Due to the complexity of the violence problem, the work to cope with it needs an intervention integrated among diverse sectors, in the macrostructural (and policies) aspects as well as in the internal articulation of services, to mobilize interventions, demanding inter-institutional and inter-sectorial interactions that extrapolates the limits of the health sector<sup>(3-4)</sup>. A study corroborate that in the inter-sectorial action it is fundamental to work in net including health, educational, legal, safety, social assistance sectors within others, in an articulate and responsible way<sup>(5-6)</sup>.

The history of infant and adolescence protection networks in Brazil was boosted by mobilizations of nongovernmental organizations at the end of 1980's decade<sup>(7)</sup>. Coping with violence request articulation of a network to attend the needs to approach the problem in its complexity, with plans and public policies directed to interdisciplinary and inter-sectorial actions<sup>(5)</sup>.

Support services networks or social support networks can be represented as "the conjunct of meaningful systems of people that compose relationship links received and perceived by the individual"<sup>(8)</sup>. We can mention education, social assistance, guardianship

council, social defense secretary, family and health as support network.

Integration of institutions acting in the attention network requests mutual knowledge. Such knowledge have been approached through evaluation of links between services using mapping of institutional links, that allows the diagnosis representing the generator element of interventions<sup>(9-10)</sup>. Health professionals perceive attention networks to adolescents as a co-responsibility work with other sectors and, care and protection services, revealing itself, as an interdisciplinary and inter-sectorial professional action.

Considering the described situation, it is perceived a need of studies allowing comprehension of the attention network, within its structure, as well as in the specific qualification of professionals to act in the network.

This study aimed to comprehend the perceptions of health professionals about the configuration of links between a health service and the institutions involved in the network to cope with violence against adolescents.

## METHODS

A descriptive and exploratory study with a qualitative approach<sup>(11)</sup>. The location was the Hospital da Restauração (HR) which is a reference health service to attend children and adolescents victims of violence, and it is considered the larger hospital unit in the public network, located in Recife, Pernambuco state, Brazil<sup>(12)</sup>.

The data collection was conducted between May and July of 2013. The subjects were 15 health professionals defined in accordance with the convenience criteria or accessibility<sup>(13)</sup>, characterizing all managers existing in the service. The study objective was explained and the interview was individually scheduled, in a place and time respecting participants' availability and privacy. All managers participated and signed the Free and Informed Consent.

The inclusion criteria were to occupy a management position in the service and to work in the position for at

least 12 months. The exclusion criteria were to be on vacation or in permit leave during data collection.

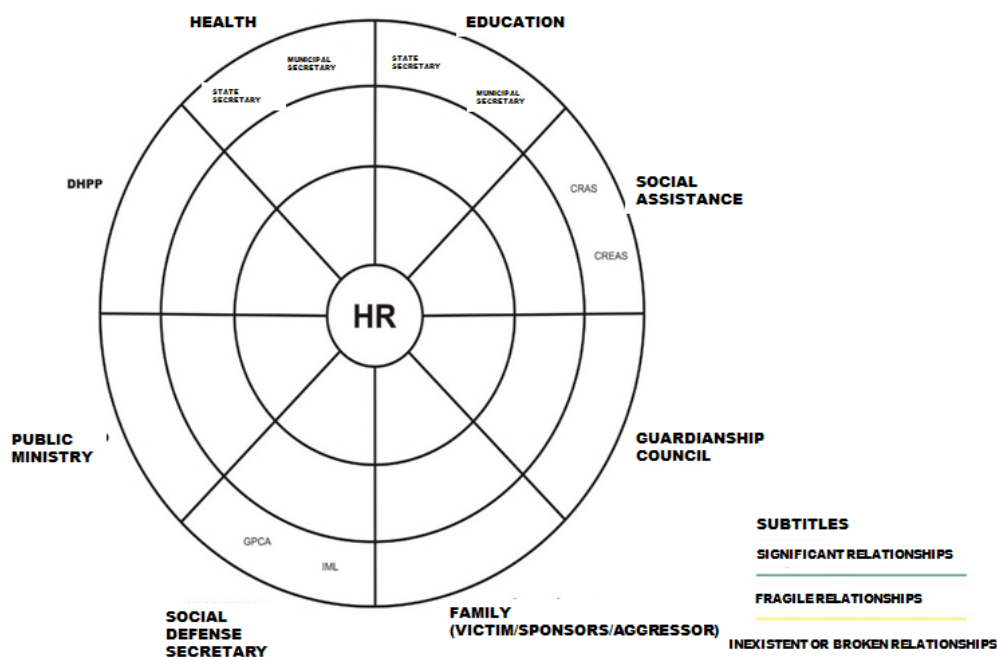
For data collection two instruments were used, being the first a graphic scheme to fill the minimal map of institutional links<sup>(9)</sup> and adapted by the authors and, in accordance with the semi-structured interviews.

The referred graphic scheme is composed by a circle and within it, quadrants represent diverse services composing the institution and they are related, and quadrants are intentionally left in white so that subjects

could add institutions considered important to them. After, lines were drawn to indicate the quality of existing links between the studied service and others<sup>(10)</sup>.

The graphic representation can be done by lines of different colors. The schemes in which the green color represent significant links, the yellow fragile links and the red inexistent or broken links. Relationships represented in yellow and red characterize gaps in the network, as in the following graphical scheme and subtitles.

**Figure 1:** Graphic scheme to build the map of institutional links of HR, 2013.



Source: UDE<sup>(9)</sup> – Adapted by the authors.

In accordance with the scheme, the network can be assessed by its links: 1) Size: the number of institutions are assessed, it is verified the quantity of established institutional connections. It is classified as reduced, medium or broad. 2) Density: the quality of links observed in the institutional level are assessed, regarding the lines drawn – significant, fragile, broken or inexistent. 3) Distribution/composition: refers to the number of institutions placed in each quadrant, denoting gaps and existing resources in the net. 4) Dispersion/access: it refers to the geographical distance between professionals and institutions. 5) Homogenous or heterogeneous:

assess institution characteristics, with the intention to verify the diversity and similarities composing the net<sup>(10)</sup>.

Initially, the explanation about how to fill the map was offered to participants. After, they filled the map and there was a discussion about the links in the net from the health service<sup>(9)</sup>.

In the following moment, a semi-structured interview was conducted individually<sup>(14)</sup>, in which the given information was problematized by the subjects in the occasion of map filling.

The data analysis was conducted through content analysis technique, thematic modality<sup>(15)</sup>. To present the

speeches in this text, each subject was identified with the letter S, numbered from 1 to 15 (S1, S2, and so on).

The study was approved by the Ethics in Research Committee of Universidade de Pernambuco (UPE), protocol nº 199.969 in 2013; under CAAE: 06601012.8.0000.5207.

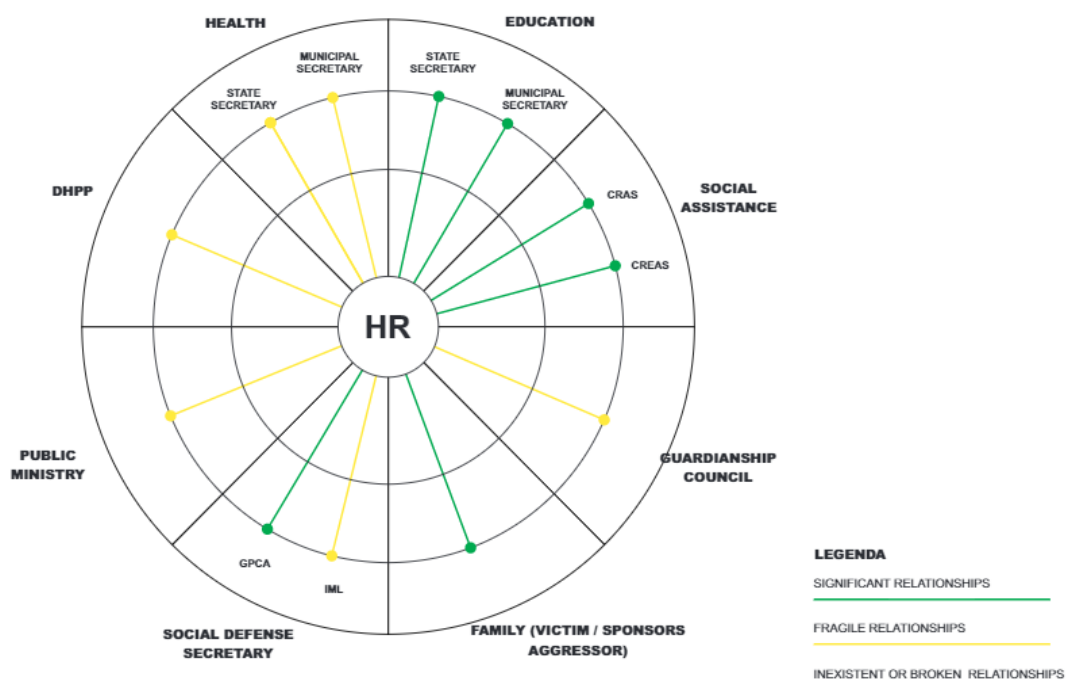
## RESULTS AND DISCUSSION

Fifteen subjects participated in this study, ages between 30 and 58 years, being 12 females and three

males. They all completed university courses, and had at least three and maximum of 38 years of work. Regarding the time working with the violence theme, 12 had significant experience, varying from 10 to 24 years.

For the diagnosis of institutional links, the map was built by the subjects having the hospital as starting point and other institutions composing the attention network to victimized adolescents, presenting the following configuration<sup>(9)</sup>.

Figure 2: Map of institutional links created by subjects of the HR study, 2013.



As it is shown in the subtitle, the map represents significant, fragile and inexistent or broken relationships.

As observed in the map of institutional links between the hospital and external institutions, when the size is medium, considering the number of institutions that are linked to the hospital to attend the protection network. Regarding the density, the net presents itself in the following way: pairs between significant links and fragile ones, with absence of inexistent or broken links.

The access, that is the geographical distance between institutions, was not considered in the present study as an impeding element, because the hospital is located in a central region of the city. At last, regarding

characteristics, these can be assessed as heterogeneous, presenting tendency to openness, that can be strengthened<sup>(9)</sup>. It was inferred that the net heterogeneity is due to the complexity of the violence problem, resulting in action demands of varying sectors, regarding the articulation ability of the studied health service.

### The emergence of categories

From the semi-structured interviews to problematize the map filled by subjects, the thematic data analysis allowed identification of two categories: "Health service performance in the protection of the victimized adolescent" with the subtheme "Intra-sectorial and inter-

sectorial network performance” and “Challenges to act in network” with the subthemes “Lack of knowledge of services composing the attention network structure” and “Flux between services composing the attention network”. Once these empirical categories were identified, testimonials were cut and grouped according to their content and meaning, which guided the discussions.

### **Health service performance in the protection of the victimized adolescent**

The health sector constitutes an important entrance door for violence cases, because this is the space to where converges the majority of occurrences<sup>(6,16-18)</sup>.

#### **Intra-sectorial and inter-sectorial network performance**

The hospital constitutes a reference space to attend the victimized adolescent.

*[...] We detect the risk situation of physical, psychological and social vulnerabilities in which the adolescent can be found, independently of his symptomatology. And, the referral to all professionals that can guarantee the rights of these adolescents to integral assistance. (S1)*

*[...] These connections that the hospital have with the health services constitute a strong link from my point of view. (S9)*

S1 recognizes diverse needs presented by the victimized adolescent, and the referral to the objective health network attends such demands.

The map shows fragile links with the Health State Secretary and the Health Municipal Secretary. Such representation is divergent to the testimonial of S9 regarding difficulties to guarantee the effectiveness of rights from the attended adolescents.

The assistance integrality demands a well-articulated inter-sectorial network. Thus, to promote articulations and partnerships is a process depending in a series of factors linked to each institution<sup>(17)</sup>.

*[...] I would say that this relationship with diverse institutions is very good, because when the social service needs anything from them (CRAS) [Social Assistance Reference Center], they request, the Guardianship Council (CT) is actioned, they try to solve cases and vice versa. (S13)*

*[...] In the education field, the school has a fundamental role in the training of youngsters. This relationship with the hospital is really a reference, because everything that happens there comes here. (S1)*

Fragile relationships can result in more difficulty to materialize actions by professionals and vulnerability for the adolescent, once the necessities stop being attended in its integrality<sup>(18)</sup>.

In the quadrant referring to Social Assistance, significant relationships are observed from the hospital with the CRAS as well as with the Social Support Specialized Reference Center (CREAS) that are designated to provide services and implement basic socio-assistencial programs to families and individuals and attention through the continuing services of Social Protection<sup>(16,19)</sup>.

It is expected that conditions for full scholar, psychological and sexual development will be given at school. The school also has the function to protect students against any violation of their rights<sup>(20-22)</sup>. The Brazilian government instituted the Scholar Health Program, created with an inter-sectorial policy, between the Health and Education Ministries<sup>(20)</sup>.

### **Challenges to act in network**

The interviews point limits for the effective integral protection of victimized adolescents.

### **Lack of knowledge of services composing the attention network structure**

The subjects revealed their comprehension about the work in net and identified limits.

*[...] A point that I would highlight was to know which organs works with violence. (S4)*

*[...] adolescent victim of aggression in Caruaru and the Caruaru Council said that we needed to attend from the council here. (...) So, it is not ours, people! It needs to send it to Caruaru. (S3)*

It is necessary to comprehend that nets are politic articulations between pairs that, to be established, requires: to recognize; to know; to collaborate; to cooperate and to be associated<sup>(23)</sup>.

Many subjects pointed the lack of knowledge of many social actors about objectives and service functions. The map reveals the fragile link with the CT, which converges with the testimonial of S14.

According with the Child and Adolescent Statute (ECA), of the Article 131, the CT is the organ responsible for the society, to zeal for the fulfillment of the child' and adolescent's rights<sup>(24)</sup>. The fragility of this link compromises actions to protect victims.

#### **Flux between services composing the attention network**

The subjects refer to communication problems and information circulation between health services and other services.

*[...] Lack of communication between services composing the network of violence coping, so that protection measures will be secured and followed for an adequate intervention. (S15)*

*[...] The Public Ministry (PM) should be more present, it is as if they worked isolated, the link if fragile, they are stronger, understand? (S9)*

Testimonials show lack of articulation, communication, and interaction between services in the attention and other institutions composing the protection network. Similar problems were found in a study developed in five Brazilian capitals, that pointed barriers for inter-sectorial articulation and eventual difficulty to

establish inter-sectorial fluxes to attend and lack of knowledge of health managers about sectorial policies for violence coping<sup>(15)</sup>.

The Public Ministry has an active and fundamental role to defend adolescents, considering the complexity of situations in which they deal with in their routine<sup>(23-24)</sup>. Subjects refer to fragile relationships with the Public Ministry, even when pointing its importance to protect the adolescent<sup>(6,24)</sup>.

In the quadrant referring to safety/social defense, the map reveals fragile relationships with some social defense organs, as the Medical-Legal Institute and the significant relationships with the Child and Adolescent Police Management.

The link designated to families denotes a significant relationship. Family members have responsibilities when facing violence situations. However, studies demonstrate the focus in coping with violence should not be in finding guilty ones and, yes, alternatives for its prevention<sup>(9,22)</sup>. The State and the family perform similar roles, as the regulate, standardize, impose property rights, protection power and duty and assistance<sup>(16,25)</sup>.

#### **CONCLUSION**

The study identified the map of institutional links between hospital and the internal and external institutions of the health sector as being medium, heterogeneous and shows parity in the quantity of significant and fragile links, not presenting inexistent or broken links.

The subjects in the study recognize the attention role of health services in the attention network, as relevant, however they identified limits of policy and structural nature.

It was found intra- and inter-sectorial difficulties to attend as network model, in the representation of fragile links with SMS and SES. The network presents parity between the significant and fragile links, especially with institutions from the justice system. Such findings are

worrying when considering the importance of these institutions to protect violence victims.

Besides, when dealing with the victimized adolescent, professionals also deal with their own feelings and emotions that appear when facing the care, in accordance with their pre-conceptions, knowledge, and formation as people.

From the findings of this study, the conjunct and integral work is recommended through the dialogue promotion and services integration. The promotion of

management practices and participation to guide professionals and health services to cope with violence are indispensable.

The results of the present study contribute for the advance in knowledge, at the measure that it was presented a contribution founded in the importance of the resignification of the action in the tertiary health care, and the articulation of different actors in areas composing the integral and inter-sectorial attention in this phenomenon.

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