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Original Article

The role of community health agents in dealing with child violence

Atuação dos agentes comunitários de saúde diante da violência infantil

Acción de los agentes comunitarios de salud ante la violencia infantil

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Abstract

Objective: To identify the role of community health workers in dealing with child violence. **Method:** an exploratory study with a qualitative approach was carried out in health districts 2 and 3 of a city in Minas Gerais. The participants were Community Health Agents who answered a semi-structured questionnaire and whose data was analyzed using thematic analysis. **Results:** most of the Community Health Agents identify child violence through home visits and then report the case to Family Health Strategy professionals. **Conclusion:** it is necessary to systematize the flow of care for cases of child violence, including community health workers who play an active role in family health.

Descriptors: Community Health Workers; Primary Health Care; Child Abuse; Violence; House Calls

Resumo

Objetivo: identificar a atuação dos agentes comunitários de saúde diante a violência infantil. **Método:** estudo exploratório de abordagem qualitativa desenvolvido nos distritos sanitários 2 e 3 de uma cidade de Minas Gerais. Participaram os Agentes Comunitários de Saúde que responderam a um questionário semiestruturado, cujos dados foram analisados utilizando a análise temática. **Resultados:** constatou-se que a maioria dos Agentes Comunitários de Saúde atua na identificação da violência infantil por meio de visitas domiciliares e, após, relatam o caso para os profissionais da Estratégia de Saúde da Família. **Conclusão:** faz-se necessário sistematizar o fluxo de atendimento de casos de violência infantil com a inclusão dos agentes comunitários que têm participação ativa na saúde da família.

Descritores: Agentes Comunitários de Saúde; Atenção Primária à Saúde; Maus-Tratos Infantis; Violência; Visita Domiciliar

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Resumen

Objetivo: identificar la actuación de los agentes comunitarios de salud ante la violencia infantil. **Método:** estudio exploratorio de abordaje cualitativo desarrollado en los distritos sanitarios 2 y 3 de una ciudad de Minas Gerais. Participaron los Agentes Comunitarios de Salud que respondieron a un cuestionario semiestructurado, cuyos datos fueron analizados utilizando el análisis temático. **Resultados:** se constató que la mayoría de los Agentes Comunitarios de Salud actúan en la identificación de la violencia infantil mediante visitas domiciliarias y, posteriormente, informan el caso a los profesionales de la Estrategia de Salud de la Familia. **Conclusión:** es necesario sistematizar el flujo de atención de casos de violencia infantil con la inclusión de los agentes comunitarios que tienen participación activa en la salud de la familia.

Descriptores: Agentes Comunitarios de Salud; Atención Primaria de Salud; Maltrato a los Niños; Violencia; Visita Domiciliaria

Introduction

Law No. 8,069 of 13 July 1990, the Statute of the Child and Adolescent (ECA, in Portuguese), was established to ensure that the damage caused to child development is minimized.[5]

The ECA states that every child has the right to freedom, dignity, and respect like any other citizen, guaranteed by the family, community, and public authorities. To this end, it must be ensured that these children are not subjected to any kind of violation of their right to physical, psychological, and moral integrity, guaranteeing them protection from abuse.[1]

To guarantee guidelines for identifying, notifying, and protecting victims, as well as offering support to other family members, the ECA has been regulating measures to combat child violence since 1990.[5]

Today, child violence can be characterized as any act of omission or mistreatment that causes damage or harm to the child's development and survival. A study shows that interpersonal family violence is increasing among children due to their fragility, and physical and/or emotional dependence, which makes this reality increasingly worrying,[6] especially when it comes to neglect and physical, sexual, and psychological violence.

In a scientific investigation that aimed to find out the perception of health professionals working in Primary Care about child violence in Brazil, it was found that there is a need to invest in including the needs arising from child violence in the work process of the Family Health Strategy (FHS).[7] In addition, nurses point to the Community Health Agent (CHA) as one of the main people responsible for dealing with cases of child violence, but there are no guidelines for the work of this professional.[8]

Considering this reality and the fact that the work of Primary Health Care (PHC) professionals takes place in the community and home environment, where cases of child violence predominantly occur, the question arises: "What is the role of CHA in dealing with child violence?".

In general, the CHA plays a fundamental role in the FHS, allowing professionals to develop health actions according to their assigned population, attending to the particularities of each micro-area with up to 750 people, through personal and interpersonal contact.[9]

This research assumes that the CHA is the professional who has direct and frequent contact with the population, using the bond, which makes them capable of tracking down situations of violence or conditions that indicate that it could happen. In addition, the COVID-19 pandemic has required new routines imposed by the lockdown. These have resulted in an increasing number of cases of aggression and violence against children, especially sexual violence, given that during the school closures, children were more exposed to violent contexts and had no space to speak out.[10]

In this context, the National Program to Combat Violence against Children and Adolescents, created by Decree 10.701 of 17 May 2021, aims to articulate, consolidate, and develop public policies to guarantee the human rights of children and adolescents. This includes ensuring that children and adolescents do not suffer any kind of violence, abuse, cruelty, or oppression.[1] This research therefore aims to identify the actions of CHAs in the face of child violence.

Method

This is an exploratory study with a qualitative approach, which followed the criteria of the Consolidated criteria for reporting qualitative research.[11] It was carried out in a city in the interior of Minas Gerais, where there are health units distributed in three health districts. Specifically, this research was carried out in all 18 Family Health Units and matrix health units in urban and rural areas located in Health Districts 2 and 3. These districts were chosen because they are in areas where social inequality prevails.

CHAs who met the following inclusion criteria took part in the study: they worked in urban or rural areas in health districts 2 and 3 and had been working in the same micro-area for at least 6 months. Those who were on holiday or away from work during the data collection period did not take part.

Out of a total of 157 CHAs working in the FHSs of the units that were the site of this investigation, 97 took part 25 were not included because they did not meet the established criteria and 35 did not want to take part.

Data collection was carried out by three researchers: one was responsible for the urban units in District 2, another for the urban units in District 3 and the third was dedicated to collecting data from rural units in both districts. This stage took place between January and March 2023 and, in order not to jeopardize the activities and care of the CHAs, prior telephone contact was made to schedule the data collection with the nurse in charge of the health unit, who gathered the CHAs to be present on the scheduled date and time. According to the schedule made available by the nurses, the CHAs present were invited to take part after the objectives of the research were presented and those who accepted were asked to sign the Informed Consent Form (ICF) and then handed the questionnaire to fill in.

The semi-structured questionnaire was made up of sociodemographic characterization (gender, age, marital status, schooling, race, family income, and length of time in the job) and questions involving the CHAs' role in child violence ("What is violence to you?"; "what is your role about child violence?" and "throughout your professional career as a CHA, have you received guidance from your family health strategy team about child violence?").

Thematic analysis was used to analyze the data, which is an interpretative method. By identifying, analyzing, and describing patterns or themes, it is possible to present and organize the data in a synthetic yet rich way. We began with pre-analysis, which corresponds to transcribing the interviews, and then carried out exhaustive reading with coding of the recording units, which were grouped into thematic categories.[12] The data obtained was discussed based on up-to-date publications dealing with the two emerging thematic categories, namely: "Community health agents' knowledge of violence" and "Community health workers' strategies for dealing with child violence".

This study was approved on 19/12/2022 by the Human Research Ethics Committee, under opinion number 5.827.860, and complies with the ethical standards required by Resolution 466/2012. To guarantee the anonymity of the participants, alphanumeric coding was adopted (CHA1-CHA97).

To comply with the ICF, the results of this investigation were presented to those responsible for PHC in the municipality where the study was carried out, during a technical meeting held in August 2023.

Results

The characterization of the 97 participants in this research is shown in Chart 1.

Chart 1- Characterization of the participants. Uberaba, MG, Brazil

Variable	n
Gender	
Female	94
Male	3
Age	
20 to 25 years	7
26 to 30 years	10
31 to 35 years	14
36 to 40 years	18
41 to 45 years	11
46 to 50 years	8
51 to 55 years	10
56 to 60 years	10
61 to 65 years	2
Did not answer	7
Race	
Brown	48
White	40
Black	9
Income (minimum wage)	
1 to 2	28
2 to 3	39
3 to 4	15
4 or more	15
Time working as a CHA	
6 months to 5 years	33
6 to 10 years	26
11 to 15 years	26
16 to 20 years	3
21 to 25 years	9

Thematic categories emerged from the data analysis:

Community Health Agents' knowledge of violence

The CHAs' knowledge of violence, in general, correlates directly with the types of this event, as expressed in the reports:

Physical aggression, verbal aggression, and oppression. (CHA3))
Any type of verbal, physical, or psychological aggression. (CHA 6)
Verbal, physical, or moral aggression. (CHA 12)

It's when a person suffers moral, sexual, and psychological violence. (CHA 14)
An act of physical, and psychological abuse and aggression. (CHA 49)
It's an attack suffered by someone, both physical and psychological. (CHA 68)
Any act that uses force, whether physical, moral, or psychological. (CHA85)

However, some of them mentioned, in their definition of violence, the consequences it has on human experience, which is highlighted in the statements:

Violence is any act or intention that infringes on another person's right and space [...] (CHA 63).
It's any situation that violates an individual's dignity. (CHA 71)
The definition of violence is something that assaults a human being, it is an abuse of power that afflicts with words, gestures, and physical threats. (CHA 92)
Any type of act that physically or psychologically attacks, threatens, manipulates, persecutes, insults, and blackmails is also a form of violence, and can be classified as physical, psychological, moral, sexual, economic, and social violence. (CHA 75)

Given the above, the CHAs conceive of violence as an aggravation that harms human dignity, but this concept needs to be detailed to facilitate its identification.

Strategies for community health agents to deal with child violence

Most of the participants said that their work focuses on identifying cases of child violence by detecting physical signs and changes in behavior, as reported below:

The child's manner, bruises, speech, reserved child, fear, shyness. (CHA 7)
When children become quieter, don't talk, don't want to go to school, become quieter, or have marks on their bodies, we ask them if they've fallen and what happened. (CHA 8)
When a child who is cheerful, outgoing, and communicative suddenly becomes withdrawn and quiet in a corner. We need to be vigilant because this could be one of the reasons for sexual, physical, or verbal violence. (CHA 11)

Based on these reports, the participants in this investigation use observation and bonding as strategies to identify cases of child violence, occurring at different times during their work, as they pointed out:

During home visits, when we notice changes in behavior and bruises. (CHA21)
As the family is monitored on a month-to-month basis, we get to know everyone in the house well and we notice when there are changes in behavior, especially in children, because they change a lot. (CHA61)
During home visits, we observe situations that indicate complicated living conditions or neglect of children. It's possible to observe individuals checking vaccination cards, organization, and confident conversations with parents or guardians. We can observe how the parents or guardians react to the visit, as

well as whether the child is physically and psychologically healthy, whether their behavior is strange, whether they are afraid, and, finally, physical aspects. (CHA 83)
We identify them during home visits and when judicial demands come in from the competent bodies. (CHA 35)
As a health agent, I try to observe everything at the time of the home visit. As a tool, a clinical and welcoming look. (CHA 42)
Lack of educational material that can be used. I am aware that there is a flow for child violence and a telephone number for reporting it. (CHA 56)

Based on these reports, home visits are one of the duties of CHAs and an important source for identifying cases of child violence. However, the act of identifying cases of violence does not represent systematic action and, for this reason, this question was explored in greater depth the participants mentioned communicating the cases identified to the nurse and other members of the team, as the reports show:

First, I tell my superiors and we discuss the best course of action. (CHA12)
I pass it on to the nurse so that, together with the whole team, she can find an appropriate way to solve the problem and work as a team to find a way to ensure the child's well-being. (CHA29)
Inform the nurse responsible for the micro-area, backed up by a home visit report, so that the necessary measures can be taken, such as contacting the guardianship council or the children's court. (CHA 37)

In the reports from the CHAs, it became clear that three professionals had already filed a complaint to investigate the suspects, after noticing child violence:

Report to investigate suspects (CHA 6)
Call the social worker, tell the nurse, and report it to the Specialized Social Assistance Reference Centre (CREAS, in Portuguese) via email. (CHA 19)
In the event of suspicion or confirmation - report. Make the team aware and carry out a case study to determine what can be done to help the child. (CHA 50)

Two CHAs replied that they had notified and referred the child to a social worker, as shown below:

Notification and referral to a social worker. (CHA15 and CHA17)

This makes it clear that the support of other FHS professionals is important for CHAs, given that these measures are essential for preventing and combating cases of child violence.

However, notifying and reporting is also a necessary intervention to combat existing violence, which is a practice carried out by a minority of CHAs. The CHAs were

therefore asked if they had received guidance from their family health strategy team on child violence.

Most of the participants in this investigation said that they had received guidance during their work, as described in their reports:

> *We receive it in continuing education and lectures at the health department. (CHA 4)*
> *Yes, we have a lot of training on child violence and how to approach the family if we observe any violence in the family and we always try to guide the children themselves in schools and the Municipal Center for Early Childhood Education, on how to report if they suffer any violence at home or anywhere. (CHA 86)*
> *Yes, at the beginning, when I started working as a CHA, I had some talks on this subject. In my health unit where I work, we've always had continuing education. (CHA 94)*

However, 24 participants said they had not received guidance from their ESF on child violence, as reported below:

> *Never, since my contract period, there has been any such guidance. We ask questions of the social worker so that we are clear on the subject. (CHA 35)*
> *No, when I feel that a person or child is a bit uncomfortable, I try to find out what's going on so that I can take the appropriate measures and make specific referrals for each case. (CHA 39)*
> *No, I've had specific guidance on the subject [child violence]. We had guidance on violence against women. (CHA 44)*

It is therefore clear that it is necessary to address this issue in continuing education, given that professionals, when trained, can recognize and intervene assertively in cases of child violence.

Discussion

In general, in scientific investigations whose participants were CHAs, there was also a predominance of females,[13-14] as was the case in this investigation. The predominant age group among the CHAs who took part in the study[14] was 30 to 40 years old, corroborating the 36 to 40 age group which corresponds to the most frequent in this study. Marital status predominated among the CHAs who took part in this study, which was also the case in other studies whose participants were CHAs.[13-14]

Complete high school education was predominant among the CHAs who took part in this study, as well as in other scientific investigations that had CHAs as

participants.[13-14] The majority of CHAs were brown, which was also found in a study involving these professionals.[14] As for family income, there was a predominance of 2 and 3 minimum wages, which is similar to the national publication of 2020.[15] When analyzing the length of time CHAs had been working, there was a predominance of 6 months to 5 years, which differs from the study,16 in which participants had been working for more than 4 years.

As in this investigation, there was a lack of knowledge among professionals about the concept of violence, and they also only discussed the types of violence, emphasizing physical violence and disregarding the complexity of the other types, which also occurred in other studies.[17-18]

It is justified that CHAs articulate the concept of violence to the type of physical violence because the injuries are visible and this is explicit during home visits, which is the main strategy for identifying cases of child violence, according to the findings of this study and other scientific investigations.[14,19]

However, there is a need for CHAs to know the conceptual basis of violence and its different types. From this perspective, a study carried out in Israel to analyze how health professionals working in community health services assessed the association between a child's clinical condition and violence, identified the need for professionals to recognize the existence of vulnerabilities in the child's life context, as well as the justification of people who participate in this daily life for the child's behavior and/or the presence of injuries.[20]

Among the interventions carried out by the CHAs who took part in this study, case identification stood out and tends to occur predominantly through home visits. Furthermore, research [19-21] points out that it is necessary to use specific tools to help identify child violence, which also needs to be associated with a bond with the family to establish an effective approach.

After identifying cases of child violence, most of the participants in this investigation report the event to the nurse and other members of the team, and a small proportion report, notify, and/or contact the social worker. A similar situation was found in a study that analyzed the actions of CHAs in the face of child violence.[22]

It is important to report the identified case to the nurse and other members of the team, but the whole team must mobilize to provide care, as it is recommended that an assessment be carried out as soon as possible to prevent potential physical and psychological harm to the child.[20]

The fact that the social, legal, and/or notification sectors are involved is also important since practicing health advocacy is essential in community-based services, such as the FHS, in which the CHAs work. This reality is reinforced by a study carried out in the United States of America which addressed the importance of intensifying this practice, especially in areas where there is a higher incidence of child victims of violence.[23] From this perspective, it is relevant that in Brazil, inter-sectoral multi-professional interventions are agreed to favor health advocacy in the face of child violence.

In addition, to ensure that the CHAs acquire information about their role after identifying cases, it is necessary to provide more in-depth training on this subject. This can provide a strategy for community building, dialog, and reflection in the day-to-day work process. It is said that educational actions establish a favorable environment for the discussion of cases, actions, and interventions, to promote the quality of the service and consider the health needs of the community.[24]

In this study, many participants reported having received guidance on child violence throughout their professional practice. However, there is a need for CHAs to be more actively involved in the team's work dynamics and decision-making, through training and information-sharing between the team. Only in this way will CHAs be able to play their facilitating role in the community more effectively, through the following actions: guidance, a clinical eye, observation, and dialog based on technical scientific knowledge, bringing families closer to health services.[24]

It should be noted that the delimitation of two health districts in a city with three districts represents a limitation. However, this did not make it impossible to make contributions to practice by highlighting the need to reinforce guidelines and conduct in the face of child violence in the FHS environment, with an emphasis on preventing and combating child violence. The results also reflect the need to train CHAs to identify and report violence.

Conclusion

The work of CHAs in dealing with child violence is expressed by identifying cases through physical and behavioral signs, especially during home visits. After this identification, these professionals inform other members of the team, most often the nurse, which is a result of the culture that only doctors and nurses make compulsory notifications and contact the intersectoral organizations responsible for caring for child victims of violence.

It was also found that there is no specific instrument to guide the identification of child victims of violence, most of which occurs through home visits.

Finally, it is recommended that this investigation be continued in District 1 to obtain data for the whole city and that a flow of care for cases of child violence be structured, including CHAs who have a high chance of identifying them during home visits, as reported in this investigation.

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