

VIOLENCE AGAINST CHILDREN AND ADOLESCENTS: ANALYSIS OF THE TRAINING OF FUTURE GENERALIST DOCTORS IN THE FACE OF SUSPECTED CASES IN THE MUNICIPALITY OF RIO DE JANEIRO - RJ

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Abstract: Introduction: Child violence is a public health problem and is defined as any type of action or omission that may harm physical or psychological integrity, freedom or the right to child growth and development. In Brazil, as provided for in article 227 of the Federal Constitution and article 13 of the Statute of the Child and Adolescent (ECA), abuse against children are the object of mandatory notification, predicting penalties for professionals who fail to communicate the cases of your knowledge. Since 2011, child violence, regardless of its type, has been part of the list of compulsory notification in Law 4.730/2011, implying the doctor the duty to notify, as well as to assume civil and criminal liability on the case . Objectives: To analyze the training of the students

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of the fifth and sixth year of the medical course regarding knowledge and conduct in the face of a suggestive picture of violence against children and adolescents in the various scenarios of practical action. **METHODS:** This is a quanti-quarter, transverse, exploratory characteristic descriptive study. As a method of data collection, the application of questionnaires containing open and closed questions, adapted from the questionnaire proposed by Dossi (2009), was used. The sending to students of the 5th and 6th year of medicine occurred electronically. The ethical criteria defined by Resolution No. 510 of the National Health Council (CNS), promulgated in 2016, were obeyed on research involving human beings, being respected voluntary participation and anonymity of the study population, using the free and informed consent form (Tcle). The research was submitted to the Research Ethics Committee (CEP) and obtained its approval. **4. Results/Discussion:** A total of 40 (forty) answers was obtained. Regarding the participants' profile, it was observed that 70% of participants are white ethnicity, 72.5% cisgender women and most aged 20 and 30 years old (77.5%). Students defined childhood violence broadly, recognizing it as any kind of physical, psychological and/or moral damage that can directly or indirectly compromise the physical or mental integrity of children. Among the types of child violence mentioned are physical, psychological and sexual aggression. A participant also stressed the importance of considering nutritional, vaccination and educational neglect. One third of the inmates reported having had some kind of experience in their clinical practices with situations suspected of child violence. Although most students (77%) consider themselves able to identify and communicate situations of violence, 95% say they are unaware of flows and protocols to follow. **5. CONCLUSIONS:** Data reveals gaps in the preparation of students to deal with child violence. One third of them did not have classes or discussions on the subject, while 32.5% received only one class and 35% had up to 3 classes on the subject. These findings highlight the need to improve the training of professionals in the field, ensuring that they are prepared to deal with such situations, as well as promote the well-being of children in different situations of violence.

Keywords: child abuse, general clinicians, medical education, knowledge.



INTRODUCTION

The occurrence of violence in the domestic environment is high and internationally recognized as a major social and public health problem (Júnior et al., 2017). In relation to children, there is a crucial aspect that is the power relationship of parents, main caregivers, before their children. This type of violence is usually chronic, invisible and trivialized. However, it represents an important violation of human rights, bringing pain and embarrassment to the victim, which can result in several complex and often irreversible sequelae. The ancient concept of violence as biologically human by nature is no longer accepted. Therefore, any act of violence is rational, intentional and represents a complex, dynamic, biopsychosocial and multifactorial phenomenon (PARENT et al., 2022).

The realization of child violence, as previously exposed, as chronic, invisible and multifaceted makes its management even more difficult, as well as the reversal of this sad reality. Some factors may contribute to this invisibility, such as: the non -recognition of the child as a citizen, bearer of rights; the understanding that abuse stems from the aggressor's disease, motivating judicial decisions favorable to the aggressor; and the victim's blame, generating on the same effect of introspection, retraction, embarrassment and psychic suffering (Pfeiffer, 2022).

According to national legislation (Law 13431/2017), the following types of violence are defined:

- a) physical violence: action that negatively impacts integrity or body health or causes physical suffering;
- b) Psychological violence: discrimination, threats, embarrassment, humiliation, manipulation, isolation, curses, ridicule, indifference, among others, that harm their mental and emotional development. It is also psychological violence to expose the child or adolescent directly or indirectly to violent crime against someone in their family;
- c) Sexual violence: action that forces a child or adolescent to practice or witness sexual act, in person or virtual manner. Sexual violence includes sexual abuse, commercial sexual exploitation, and trafficking in persons;
- d) Institutional Violence: Action practiced by a civil servant who undermines care to the child or adolescent victim or witness to violence;
- e) retention or destruction of personal documents, goods and resources, including those necessary for basic needs



(BRAZIL, 2017)

In Brazil, as provided for in Article 227 of the Federal Constitution and Article 13 of the Statute of the Child and Adolescent (ECA), abuse against children are the object of mandatory notification, providing for professionals for professionals who fail to communicate The cases of his knowledge, according to article 245 (Marin et al., 2015). Since 2011, child violence, regardless of its type, has been part of the list of compulsory notification in Law 4.730/2011, implying the doctor the duty to notify, as well as to assume civil and criminal liability on the case (Júnior et al., 2017)

According to the United Nations International Emergency Fund, (UNICEF - United Nations International Children's Emergency Fund), in recent years, Brazil has had significant advances in ensuring the rights of children and adolescents, but social inequalities still affect many children and adolescents in the country. Therefore, it is up to society to raise awareness of its share of responsibility also in engaging in the fight against child violence through the identification and denunciation of possible acts of violence and education of families in cultivating ethical values, loving bonds and compassion for Next (Oliveira, 2021).

Child abuse brings sequelae such as social problems, difficulty of same -sex relationships of the abuser, psychiatric disorders, inadequate behaviors, use of substances, etc. Many victims children self-coat, feel they contributed so that abuse could happen, and therefore do not always denounce the abuser. Criminals, in most cases, are people close to the victim and mostly family members, leading to a frequency in abuse, and generating a greater trauma in the child/adolescent (Florentino, 2015).

This study therefore proposes to analyze the training and knowledge of the future doctors who are in the fifth and sixth year of medical graduation in a higher education institution in the municipality of Rio de Janeiro-RJ, regarding knowledge and conduct in the face of a suggestive picture of violence against children and adolescents in the various scenarios of practical action. Thus, the objective of the research is to analyze how the cases of violence against children and adolescents in the scenarios experienced by the students are identified, considering how the knowledge of the flows and protocols



established by the Ministry of Health is built against these events.

METHODOLOGY

It is proposed a quanti-qualitative, transverse, exploratory characteristic descriptive study.

For the theoretical basis that guides the discussion and development of this work will be pursued for indexed articles in the Scientific Electronic Library Online (Scielo), Pubmed and Latin American and Caribbean Health Science Literature (Lilacs), published between 2015 and 2022 in Portuguese, English and Spanish languages using the following descriptors: “child abuse”, “general clinicians”, “medical education”, “knowledge”. In addition to the Portuguese language, these descriptors will also be researched in English and Spanish.

In order to achieve the objectives proposed for this research, it was opted for the use of a questionnaire (preliminary version in Appendix I), which was adapted from the questionnaire proposed by Dossi (2009), in the doctoral thesis presented to the Faculty of Araçatuba Dentistry of Paulista State University (UNIFESP). The questionnaire, containing open and closed questions, was sent electronically to students of the 5th and 6th grade of the Medicine Course (inmates) of a private university in the municipality of Rio de Janeiro-RJ.

Included in the survey were the interns of the medical course at a private university of the municipality of Rio de Janeiro-RJ who were in practical activities in the second half of 2023 and/or first half of 2024.

For the analysis of quantitative data, the Google Forms program was used, where the information was compiled in spreadsheets to obtain tables and graphs. For analysis of qualitative data, we opted for the method of content analysis, technique of research developed by Lawrence Bardin, who works with the word, allowing to produce inference of the content of communication, categorizing words or phrases that repeat themselves, inferring an expression that represent them (BARDIN, 2011).

In the development of the research were obeyed the ethical precepts contained in Resolution



No. 510, promulgated in 2016, of the National Health Council - Ministry of Health (MS), which includes the guidelines and regulatory standards of research involving human beings, being respected voluntary participation. and anonymity of the study population. A free and clarified consent (TCL) consent and the confidentiality of the collected information was prepared. The research was submitted to the Research Ethics Committee (CEP) of the educational institution where the research took place and obtained its approval.

RESULTS

Forty academics participated in this research. It was noted that most, ie 72.5%, were cisgender women, while 27.5% were cisgender men. Regarding ethnic composition, 70% of participants identified themselves as whites, 20% as brown and 7.5% as yellow. Regarding the age group, most respondents, corresponding to 77.5%, was in the range of 20 to 30 years. 15% were in the range between 30 and 34 years, while the remaining 7.5% were over 34 years old.

In the academic context, it is noteworthy that the sample has internal medical school. Most respondents, 60%, were in the 11th period of the college, followed by 32.5% in the 9th period, 5% in the 10th period and 2.5% in the 12th period. It is noteworthy that 22.5% of participants had some previous training in areas such as Physiotherapy, Dentistry, Pharmacy, Nutrition, Engineering, Administration and Social Communication.

Research participants shared their perceptions of what constitutes violence against children, and most highlighted any form of physical, moral or psychological damage that directly or indirectly affects the well-being of the child. Although 62.5% claimed to be aware of what is considered child violence, more than a third of future doctors (37.5%) did not feel safe to answer such a question.

Regarding signs and symptoms that raise suspicions of child violence during care, participants highlighted: identification of bruises, marks, behavioral changes such as melancholy, silence accompanied by embarrassment of parents, anxiety, aggressiveness, loss of appetite, low school performance and



retraction.

Regarding their experiences with cases of child violence, only a few students reported having contact with suspected cases of child violence, and most of these cases involved sexual violence. In addition, most participants (90%) could not describe how the procedures for care, notification and monitoring of children in situations of violence are performed in the environments in which they work. About the knowledge of the protocols developed by the Ministry of Health (MS) to address violence against children and adolescents, the vast majority of interviewees (95%) admitted not to be familiar with these protocols.

In view of the little experience reported in their stages and the sense of insecurity about protocols and conduct, many students highlighted the need to develop more comprehensive theoretical and practical classes during undergraduate, as only about 35% of participants reported having theoretical classes. About this approach, aiming to improve training to deal effectively with cases of child violence, both in emergencies and primary health care (PHC).

DISCUSSION

Children's violence is defined as any kind of action or omission that may harm physical or psychological integrity, freedom or the right to child growth and development (SILVA et al., 2021), being recognized as a public health problem, since its consequences affect not only individual but also collective living conditions (JUNIOR et al., 2017). In this sense, any non -accidental damage against a child, caused by their parents or caregivers, who threaten their biopsychosocial development, constitute a scenario of child intrafamily violence (Koifman et al., 2012).

Aggression against children and adolescents can present itself in various forms, whether physical, sexual, emotional or neglect. The infant's exposure to any form of violence, especially in the early stages of your life, can compromise your growth and physical and mental development, as well as generate social, emotional, psychological, and catastrophic repercussions on adulthood behavior in the



behavior . Given this, it is possible to realize that the appeal is a public health problem, which can lead to the development of serious physical health problems and characteristic psychological signs, such as social isolation and learning difficulties, and may even lead to death (Brazil , 2012; NUNES; SALES, 2016).

Children's youth violence is pointed out as one of the main causes of childhood morbidity and mortality, being present in deaths from external causes-accidents and violence-among the 15 main causes of death of children under 5 years, especially in the subgroup of children from 1 to 4 years, becoming a major health problem for families and society (Brazil, 2021).

Violence against children and adolescents is a serious worldwide problem, as on average 3,500 young people are death by mistreatment, whether physical or negligent. In addition, it is estimated that the male child mortality coefficient is 1.8 per 100,000 and female from 2.2 per 100,000 due to different modalities of violence (MARIN et al., 2015).

According to a study by the Brazilian Public Security Forum, between 2019 and 2021, 129,844 occurrences of selected crimes against children and adolescents from 0 to 17 years in 12 units of the national territory were identified. Among these, 56.6% are rape, 21.6% abuse, 18.1% willful body injury in the context of domestic violence and 2.9% of intentional violent deaths. Most of these practices occur within the domestic environment and the aggressors are usually the family circle and intimate coexistence of the victims, showing that children and adolescents remain hostage to their aggressors chronically (Brazil, 2021).

The health professional should, therefore, know the various forms of manifestations of violence, identify suspicious cases in the community, take care of children in situations of violence and vulnerability, seek to expand the care and social protection network for decision making, Perform the follow -up and monitoring of the child and family to continue care, as well as develop health promotion actions and violence prevention (BRAZIL, 2012).



FINAL CONSIDERATIONS

Given the relevance of the theme, the formation of medical professionals able to deal with situations of child violence is considered fundamental and urgent. The results of the research reveal that most students recognize the existence of child violence, associating it with any form of physical, moral or psychological damage to the child. However, the lack of direct experience with cases of child violence was evident, which can generate insecurity of these future health professionals in the management of these situations. Most participants revealed ignorance about service and notification procedures, as well as the MS protocols. There was therefore a consensus on the need for broader training during graduation, with emphasis on theoretical classes, practices, simulations and specific lectures, aiming to prepare future doctors to effectively deal with these situations in different health contexts.

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