



THE FACING OF VIOLENCE IN THE HEALTH FAMILY STRATEGY: A PROPOSAL OF INTERVENTION

O ENFRENTAMENTO DA VIOLÊNCIA NA ESTRATÉGIA SAÚDE DA FAMÍLIA: UMA PROPOSTA DE INTERVENÇÃO

ENFRENTAMIENTO DE LA VIOLENCIA EN LA ESTRATEGIA DE SALUD DE LA FAMILIA: UNA PROPUESTA DE INTERVENCIÓN

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This paper presents an experience report about the actions and the main results of a research-action project, which was developed at *Zona da Mata Pernambucana*, and it was directed to the prevention of violence in the Basic Health Care. First, it was done the situational diagnostic followed by the sensitization of community and of the professionals who form the health family team. Next, there were workshops based on the methodology of problematization with emphasis on precocious identification and adequate routing of people in situation of risk or violence. The developed actions contributed to the promotion of peace culture, fortification of social support network to face the local violence, critic formation of students, as well as the building of an attention model which priorities the community quality of life.

Descriptors: Violence; Basic Health Care; Social Support; Social Support Network.

Trata-se de um relato de experiência acerca das ações e dos principais resultados de um projeto de pesquisa-ação, realizado na zona da mata pernambucana, voltado para a prevenção da violência na atenção básica de saúde. Realizou-se, primeiramente, o diagnóstico situacional seguido pela sensibilização da comunidade e dos profissionais que compõem as equipes de saúde da família. Em seguida, ocorreram oficinas de trabalho pautadas na metodologia problematizadora, com enfoque na identificação precoce e adequado encaminhamento das pessoas em situação ou risco de violência. As ações desenvolvidas contribuíram para promoção da cultura da paz, fortalecimento da rede social de apoio para o enfrentamento da violência local, formação crítica dos discentes, bem como, para a construção de um modelo de atenção que prioriza a qualidade de vida da comunidade.

Descritores: Violência; Atenção Básica à Saúde; Apoio Social; Rede Social de Apoio.

Se trata de un relato de experiencia acerca de las acciones y los principales resultados de un proyecto de investigación en la zona da mata pernambucana, Brasil, vuelto en la prevención de la violencia en la atención primaria de salud. Se llevó a cabo el diagnóstico de situación, seguido de la concientización de la comunidad y los profesionales que componen los equipos de salud familiar. Luego, hubo talleres guiados por la metodología de resolución de problemas con enfoque en la identificación precoz y adecuado encaminhamento de las personas en situación o riesgo de violencia. Las acciones tomadas han contribuido a la promoción de la cultura de paz, fortalecimiento de la red de apoyo social para enfrentamiento de la violencia local, formación crítica de los estudiantes, así como para construir un modelo de atención que prioriza la calidad de vida de la comunidad.

Descritores: Violencia; Atención Básica de Salud; Apoyo Social; Red de Apoyo Social.

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INTRODUCTION

Violence affects everyone regardless of color, social class, religion or education. It is a phenomenon of multicausal nature, and in 1993 it was recognized by the World Health Organization (WHO) and the Pan American Health Organization (PAHO) as a serious public health problem of great magnitude and importance, as it has been provoking strong impact on morbidity and mortality of the population, especially in the young population⁽¹⁾. It is also more severe in peripheral and developing countries, such as Brazil, especially if we consider the multiple social inequities and inadequate solving public policies.

In the past, violence was seen in capital cities, metropolitan areas and large cities. Nowadays, changes in its dynamics are reflected in the phenomenon of 'internalization'⁽²⁾. In spite of the alarming numbers and evidence of an epidemic of violent deaths, we do not know the true extent of the problem. The daily violence that victimizes children, adolescents, women and the elderly remains hidden inside the homes of millions of Brazilians.

As it involves different factors, coping with it demands systematized and coordinated efforts of various government sectors and social segments of the population in general. The Family Health Strategy (FHS), in the network support, has a privileged position in the diagnosis of domestic violence cases, because of its essential characteristics: it has focused attention on the triad of individual-family-community and prioritizes prevention and integration with the community⁽²⁾.

Violence is a phenomenon that must be recognized and integrated into health as it affects living conditions, interpersonal relationships and quality of life⁽³⁻⁴⁾. However, facing it has been a challenge in the trajectory of health, especially in the context of primary care.

Study conducted in Fortaleza emphasized the importance of health professionals in recognizing potential situations of violence, aiming to guide and lead victims to reference units in order to prevent the occurrence of new cases of violence⁽⁵⁾. However, findings indicate that the FHS professionals do not feel prepared for a real action on this problem. Thus, violence becomes a source of frustration and impotence, which makes reference to the historical gaps in training and organization of health services⁽⁶⁻⁸⁾.

The professionals live daily with the difficulties imposed by handling the situation of violence victims, namely: technical difficulties in obtaining solving assistance, lack of preparation by the teams, lack of inputs and systematization of services. Since their formation, they have not been exploited with specific technologies to address complex problems that escape the logic of the biological health care⁽⁶⁾.

In spite of the alarming numbers and the various interventions already tried successfully in other places of the world, measures that lead to the reduction of violence in Brazil are sporadic and discontinuous. In this context, universities have a key role, not only as providing professionals, but as generators of models and practical experiences that can serve as a model for public policies. They should, in their social role, incorporate research and teaching in a systematic way and return them in the form of benefits to society. This can be accomplished through the actions of university extension, which provides services to the community associated with research projects and knowledge generation⁽⁹⁾.

Thus, it is necessary that the university also acts as a partner and subject of social networks for support and protection to people in or at risk of violence and is continuously open to the incorporation of new demands

and challenges, since education, research and extension should constitute the pillars of action. It must increasingly be aware of its social role, constantly returning to society the result of knowledge gained, financed by taxes of the entire population.

It is with this focus that the Academic Center of Victoria (CAV), Federal University of Pernambuco (UFPE), through their actions and health studies has sought to act. During the theoretical and practical internships in the courses Nursing in Obstetrics and Gynecology and Nursing in the Newborn, Child and Adolescent's Health, developed in the Family Health Units (USF), it was found that interpersonal violence (inside the family and the community) is an everyday problem experienced by health professionals of the city of Vitoria de Santo Antao/PE. Often, it was observed that they present difficulties to identify, diagnose and carry out necessary and indispensable measures in violence situations.

Moreover, there have been cases where the health team revealed prejudices, reiteration of gender inequalities and ended up by victimizing again the assaulted person, who was hoping to find a friendly listener, support, assistance and guidance. Then, it was clear the need to invest in actions to promote the culture of peace, violence prevention, and especially strengthening the social support networks, which is a request from the community attended, as well as from the family health teams.

The recognition of the high levels of violence as an important worsening to the health of the population and as a violation of human rights, especially women, children, adolescents and the elderly, has demanded a rapid response from the services and also from training institutions.

Regarding this approach, research and university extension are considered essential experiences to the

effective professional training of the students. They enable, besides professional citizen training, new relationships between university and society, operating the return of academic potential and contributing to social change.

The extension actions represent a unique opportunity for interdisciplinary work. The ability to plan actions to deal with these problems requires a broader view, able to flow between disciplines and relate to all, understanding that there are areas of overlap that should not be seen as empty of responsibilities, but as joining of forces⁽⁹⁾.

Given the context presented, the objective was to report experience in conducting study project, addressing the importance of teamwork and intersectoral networks, in view of a proposal for comprehensive care based on prevention and health promotion.

THE LIVED EXPERIENCE

This is an experience report of the actions proposed by the study project entitled '*Strengthening social support networks to deal with violence in Vitória de Santo Antao / PE*'. After its approval, it was taken to the Ethics in Research Committee from the Center for Health Sciences (CCS) UFPE under permission number 404/10, following the rules and guidelines of Resolution 196/96 of the National Health Council⁽¹⁰⁾.

The project's actions are developed in the city of Vitoria de Santo Antao/PE, region in the forest zone of Pernambuco, located 51 km away from the capital. Its geographical area is 372 km² and it has a population of 126,399 inhabitants. The primary health network of the municipality is composed of 26 USFs acting in the Family Health Strategy (FHS), 2 units of rural Community Health Agents Program (PACS) and 3 teams in the Nucleus of Support to Family Health (NASF).

The USFs Lydia Queiroz and Cajueiro were chosen to participate in the project. The criterion for selection of units was because they were considered the most vulnerable areas and also had physical and organizational structure to hold meetings with the community. The target population was managers, health professionals and community workers of these health units, besides the community who lives in the area.

The activities of the project were developed according to the following steps: situational diagnosis, awareness and training, implementation and evaluation of actions. The first step was tracing the situational diagnosis of the community, followed by community and professionals' outreach that comprise the family health teams on the projects' objectives.

Initially, we chose ten scholarship holders and volunteers. The criteria for selection of scholarship holders were: student of the Undergraduate Nursing Course, have responsibility to perform tasks related to graduation and have schedule availability.

Then the group of professors met to plan the scientific activities and the proposed work. Training was conducted with selected students to acquire knowledge in the area of research and for subsequent data collection, totaling 40 hours. In that occasion, we used dialogic discussion and analysis of problem situations, with active methodologies that allowed greater teacher-student interaction.

Concomitantly, meetings were held for the construction of instruments for data collection and implementation of pilot test seeking their validation. They also used a field diary for notes of possible complications during data collection.

Even having high levels of occurrence, violence can become invisible in its entirety, both by underreporting due to the difficulty in diagnosing it and register it, and by its devaluation as a social problem⁽⁶⁾.

To deal with any kind of violence we must initially recognize its existence. This requires the establishment of public policies, the enforcement of laws already in force and the participation of all citizens⁽¹¹⁾. In this sense, characterization studies can contribute for a better knowledge of the nature of violence in the population providing subsidies for proposals of intervention and prevention.

Currently, in Vitoria de Santo Antao-PE there is not an epidemiological profile of this event because of the weaknesses concerning the implementation of the notification by the '*Notification/Investigation Form of Domestic, Sexual and/or Other Violences*'⁽¹²⁾. This project has as one of its goals to characterize the cases of violence against children, adolescents and women, as to the profile of the offender, the victim, the circumstances in which the violence occurred and its psychosocial effects.

To consolidate the implementation of the notification form, recommended by the Ministry of Health, the project has conducted several workshops in partnership with municipal epidemiological surveillance in order to guide and train professionals who work in primary care to fill this data collection tool. It is hoped, therefore, to facilitate the reporting and contribute to the greater availability of information that supports the development of integrated and intersectoral public policies that effectively promote health and quality of life to the local people.

For this, a joint was made with the various forms of organization, such as associations and community groups, the Municipal Health Surveillance, Ministry of Social Action and Development, Center of Specialized Reference for Social Assistance (CREAS), Guardianship Council, City Council for Promotion of the Rights of the Child and Adolescent (COMDICA), Special Secretariat for Women, Regional Hospital and nongovernmental

organizations (Women's Center of Vitória), which aim to connect the protection local network, organize the flowchart of attendance to the victims, deploy the compulsory notification file of suspected or confirmed cases of violence, build new partnerships and provide unbiased spaces for discussion about the issue.

The work in the area of violence requires integrating intervention across multiple sectors, in both macrostructural aspects (policies), and in the internal articulation, for mobilization of the interventions. The action becomes more effective when promoted by a group of institutions acting in a coordinated manner.

It is clear that the multiplicity of mechanisms that interfere positively and/or negatively to the proper growth, development and social integration demands the interinstitutional and intersectoral interaction that goes beyond the health area. In this sense, networking has become an essential action to confront violence⁽¹³⁾.

This strategy allows the decentralization of work on the decision making and implementation of actions. This research confirms that for the intersectoral action to deal with violence it is fundamental networking, including healthcare, education, legal, safety and welfare areas, among others, in an articulate and responsible way⁽¹⁴⁾. Given the different levels of complexity and specificities of each sector involved, this network enables the aggregation of proposals and responds to the needs, rights and guarantees the global attention of those at risk or in situations of violence.

Thus, when speaking about the "safety net" work, one understands the basic notion of binding around a cause (phenomenon, event), working in a dynamic way, acting and interacting with this performance, building opportunities for improvements as to the necessary conditions for protection, particularly those living with multiple risk factors in macro systems (social and

economic) and micro environments (family, school, friends, community)⁽¹³⁾.

The practice of networking against violence has been a requirement considering the need of mobilization around the main factors of social vulnerability that can harm the quality of life, future prospects and integrity of thousands of women, children and adolescents. Poverty, exclusion, drug dealing, among others, are examples of problems that work together, causing damage, such as family and social violence, as well as compromising the security and life expectancy.

It is also noteworthy the role of interinstitutional and intersectoral "safety nets", in the training and implementation of "social networks" that, unlike the former, are informal, appear spontaneously by the linking of individuals and reference groups, enabling sharing of common cultural values and attitudes⁽¹³⁾.

The dimensions that compose the social network are: size (number of people with whom they have social contact); geographic dispersion (the greater the proximity, the greater the likelihood of contact); strength of connections (degree of intimacy, reciprocity, expectations of duration and availability, emotional intensity); integration and density of contacts (number of close people); composition and homogeneity of members (degree of similarity between individuals such as age, socioeconomic status, etc.); symmetry (degree of reciprocity of relationships) and social embeddedness (identification of the individual with his environment)⁽¹⁵⁾.

The work in "safety net" enables the creation of "social networks", encouraging the development of integrated practices at community level, and contributing to the awareness and social mobilization, with families and community leaders. The continuity of these practices is seen as an important indicator of the positive impact of the proposals directed to the

protection, promotion and intervention in facing the phenomenon of violence ⁽¹⁶⁾.

However, achieving these networks represents a challenge to be overcome. For primary care services to be part of intersectoral networks to attend people in a situation of violence, it is necessary not to reduce them to a set of points of screening and / or referral, but make them act in a comprehensive and integrated way. Therefore, it is paramount to adopt evaluation methods that support the analysis of results and impacts, in order to correct, improve performance and enhance changes ⁽¹⁷⁾.

Continuing in another phase of the project, there were four workshops, two held with the community and its representatives, and two with health professionals from USF, place of the project for awareness, training, identification and intervention in incidents of violence against children, adolescents, women and the elderly.

These activities were about different topics related to the phenomenon of interpersonal violence, namely: national policy to combat violence, gender concept, nature and types of violence, identifying signs and symptoms, ethical and legal aspects, main myths, importance of reporting, instructions about filling the questionnaire, biopsychosocial repercussions, health promotion and prevention of violence, vulnerability, culture of peace, resilience, among others.

The approach used in the project was the questioning that centered on daily reflection, stimulated the process of deconstructing, reworking of existing concepts and knowledge exchange. One proposed integrative experiential activities through group dynamics, flipchart, posters, fun games, sociodrama, reflective theoretical activities, textbooks and dialogued exposure.

The workshops focused on discussion with preventive basis, involving all cultural and social

elements of the community, with emphasis on the gradual creation of awareness, inspiring transformative practices, supported by the skills and training of a web of social support.

It is important to conduct these educational activities in family health services in order to root the discussion of violence in society and promote greater awareness of health professionals. It creates, therefore, places to listen, understand, help people in situations of violence to look for help and overcome situations which are difficult to be faced alone ⁽¹⁸⁾.

Among other activities, the project staff and the local community participated in the mobilization of the 16 days of activism promoted by the Special Secretariat of Women, as well as in a walk against sexual abuse and exploitation of children and adolescents, sponsored by the Guardianship Council. Studies have shown that the existence of social cohesion resulting from the practices of community participation is an important protective factor in combating violence. Popular mobilization awakens values that encourage citizenship and culture of peace among individuals ⁽¹⁹⁾.

It is felt that the project has enabled the process of interdisciplinarity as a pedagogical practice, promoting rapprochement and integration of various disciplines of the undergraduate nursing course/UFPE-CAV, besides community leaders and professionals from USF in order to be a cooperative project with the working process of family health teams.

In a last moment, two evaluative meetings were held, one with the professors and local managers, when problems for operationalization of agreed targets and actions were identified, and another with the other professors and students in order to evaluate the performance of students, promote the exchange of experiences, evaluate the methodology and receive the

partial report, which is built at the end of each semester and which is considered an assessment tool.

It is noticed that the link with the university network of primary health led to a discussion about the issue of violence, a topic of relevance to society and also collaborated in mobilizing social movements. In this sense, this experience has allowed the democratization of knowledge, the qualified participation of the community, academic production resulting from the confrontation with reality, the dialectical process between theory and practice and the notion of extension as interdisciplinary work. And that has brought as results the possibility of collective actions and agreements between the university and society.

Identifying the complexity of situations of domestic violence starts demanding training of health professionals focusing on knowledge, research and extension activities, which are able to contribute to a greater awareness and commitment to the protection of rights to life and health, requiring an active and helpful attitude with the social movements that organize themselves in pursuit of strengthening a network of support for them⁽²⁰⁾.

In the project, the learning process of the students started to be based on their own observations, reflective and questioning attitudes, which resulted from dialogue and interaction with the reality of the community, to understand it and transform it. Thus, one creates conditions for the education of the undergraduate student not to be restricted to technical, biological and formal aspects, but also to include social and political issues, promoting critical awareness.

Thus, through this common effort one has aimed to rescue the knowledge acquired in the classroom and its application to serve the community in order to promote the health of individuals and to provide opportunities for students with an education that goes

beyond teaching, especially considering that vocational training does not end in the classroom activities, but assumes the essential linkage with research and extension activities.

FINAL CONSIDERATIONS

The Family Health Strategy is a privileged area of the Unified Health System (SUS) for the identification, care, attention, notice, care and protection of people in situations of violence.

Thus, the actions taken by the action research project showed that promoting the prevention of violence in the family and community must compose priority lines of action of basic health care. It needs to be a welcoming and clarifying place of interventions, aimed at the safety net for people in situations of violence or social vulnerability.

One realized the importance of teamwork, with the community and community leaders, contributing, through guidance, to identify families in situations of violence, combined with a network of care and social protection in the territory of the health units involved.

In the project activities were organized in a pedagogical way, from the perspective of transdisciplinarity and intersectoral approach, seeking to stimulate the strengthening of social support networks, discussion of public policy, quality of life in communities served by health facilities in the municipality of Vitória de Santo Antão / PE and improved training of students.

The university extension highlights the need to train health professionals with profile aligned with the tenets of SUS (universality, fairness and integrity) to act in the intersectoral network of prevention and care in situations of violence.

Finally, the work has shown that society has established, increasingly, networks of knowledge and practice, in order to cope with different situations that

perpetuate exclusion. This new form of articulation requires the inclusion of partner institutions and actors to mobilize around an issue that affects negatively the everyday, for better recognition of their causes, as well as their potential solutions.

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