

# "I don't have it, I didn't have it": experiences of families involved in violence against children and adolescents

*"Não tenho, não tive": vivências de famílias envolvidas na violência contra crianças e adolescentes*

*"No tengo, no tuve": vivencias de familias envueltas en la violencia contra niños y adolescentes*

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## ABSTRACT

**Objectives:** to characterize and analyze the experiences of families involved in domestic violence against children and adolescents, based on the Paradigm of Complexity. **Methods:** qualitative research, in which data of 15 families was collected through documentary research, open interviews and field diary. The data were analyzed through thematic analysis. **Results:** two categories "I don't have it" and "I didn't have it" emerged, revealing the historicity that marks the violence experienced in the present. They include social vulnerability, maternal burden, associated with urban violence to which families are exposed. At the same time, stories of violence by the intimate partner, as well as intergenerational violence and drug abuse have impacted the current moment. **Final Considerations:** nursing can contribute to attribute new meaning to violent stories woven by families, as well as to the interdisciplinary construction of perspectives and interventions that consider the multiple violence and adversities to which such a population is exposed.

**Descriptors:** Domestic Violence; Family; Child Abuse; Adolescent; Qualitative Research.

## RESUMO

**Objetivos:** caracterizar e analisar as vivências de famílias envolvidas na violência doméstica contra crianças e adolescentes, com base no Paradigma da Complexidade. **Métodos:** pesquisa qualitativa, sendo a coleta de dados realizada com 15 famílias por meio de pesquisa documental, entrevistas abertas e diário de campo. Os dados foram analisados mediante análise temática. **Resultados:** emergiram duas categorias "Não tenho" e "Não tive", desvelando a historicidade que marca as violências experienciadas no presente. Fazem parte a vulnerabilidade social, a sobrecarga materna, associadas à violência urbana a que as famílias são expostas. Ao mesmo tempo, histórias de violências pelo parceiro íntimo, bem como a violência intergeracional e o abuso de drogas impactaram o momento atual. **Considerações Finais:** a enfermagem pode contribuir na (re)significação das histórias violentas tecidas pelas famílias, bem como na construção interdisciplinar de olhares e intervenções que considerem as múltiplas violências e adversidades a que tal população está exposta.

**Descritores:** Violência Doméstica; Família; Criança; Adolescente; Pesquisa Qualitativa.

## RESUMEN

**Objetivos:** caracterizar y analizar las vivencias de familias envueltas en la violencia doméstica contra niños y adolescentes, con base en el Paradigma de la Complejidad. **Métodos:** investigación cualitativa, siendo la recogida de datos realizada con 15 familias por medio de investigación documental, entrevistas abiertas y diario de campo. Los datos han sido analizados mediante análisis temático. **Resultados:** emergieron dos categorías "No tengo" y "No tuve", desvelando la historicidad que marca las violencias experienciadas en el presente. Hacen parte la vulnerabilidad social, la sobrecarga materna, relacionadas a la violencia urbana la cual las familias están expuestas. Al mismo tiempo, historias de violencias por la pareja íntima, así como la violencia intergeneracional y el abuso de drogas impactaron el momento actual. **Consideraciones Finales:** la enfermería puede contribuir en la (re)significación de las historias violentas aducidas por las familias, así como en la construcción interdisciplinar de miradas e intervenciones que consideren las múltiples violencias y adversidades la cual tal población está expuesta.

**Descriptor:** Violencia Doméstica; Familia; Niño; Adolescente; Investigación Cualitativa.

## INTRODUCTION

Children and adolescents are depicted as potential victims of violence. Such a situation is understood as a severe public health problem in Brazil and worldwide. Violence involving these actors usually occurs in a setting of trust, affection, and power - the domestic environment. Most of the time, it affects people with blood and emotional ties, who live together with this population, understood as a family in the current study<sup>(1-2)</sup>.

Violence can be defined as the intentional use of force or physical power, real or as a threat, against a person, group, or community, which results or is very likely to result in injury, death, psychological damage, deprivation, or developmental change<sup>(1-2)</sup>. Due to the characteristics of the phenomenon, the World Health Organization (WHO) proposes an ecological model for understanding violence. This model is based on the evidence that no single factor can explain the more significant risk or greater protection of some people or groups to interpersonal violence. This phenomenon results from the interaction of multiple factors in the individual, relational, community, and social fields<sup>(1)</sup>.

The fragmentary tradition of thought and care reveals a non-articulated view that overlooks the situation and generally addresses only to children and adolescents exposed to violence, not considering there are placed in wider contexts, especially in the family environment<sup>(3)</sup>. We corroborate recent literature that depicts the need to connect the multiple adversities to which children, adolescents, and their families are exposed, as well as the contexts of life in which they are placed. This literature has gaps in the deepening of such connections<sup>(4-6)</sup>.

Considering these gaps, and the research agenda of the Brazilian Ministry of Health, the issue of families involved in violence against children and adolescents, is the object of this study. To apprehend such an object, we sought support in the Paradigm of Complexity<sup>(7)</sup> as a theoretical-methodological framework. The word "complexity" is derived from the Latin *complexus*, which means "woven together" or "interlaced". The paradigm aims at understanding complex phenomena, characterized by their unpredictability and the impossibility of being described in a finite number of steps and time. Articulating the multiple dimensions that constitute the studied phenomenon expands the degree of understanding and knowledge to the point of making it possible to glimpse its complexity<sup>(7)</sup>.

The literature depicts some characteristics of families involved in situations of violence, such as association with mental health problems, use of psychoactive substances; social vulnerability; and multiple types and manifestations of violence<sup>(4,6)</sup>. However, we understand that knowing isolated data is insufficient, given the need to place them in their context to assign them meaning. Thus, we justify "listening to the voices" of families directly involved in the phenomenon, seeking an "inside" look to understand the articulation of these elements and the possibilities for transforming reality. Such aspects still present themselves as challenges when caring for nursing, envisioned as an expanded and dynamic concept to promote a better life for the plural and multidimensional human beings.

## OBJECTIVES

To characterize and analyze the experiences of families involved in domestic violence against children and adolescents, based on the Paradigm of Complexity.

## METHODS

### Ethical aspects

The study was submitted to the analysis of the Research Ethics Committee of the Ribeirão Preto School of Nursing, University of São Paulo. It was approved on February 3, 2016, by the CAAE protocol 48671415.0.0000.5393, under opinion 1,402,405. Participants were also asked for spontaneous consent by signing the Informed Consent Form (ICF). In addition to municipal approval, authorization from the participating institution was also requested for conducting the study.

### Type of study

Qualitative research anchored to the Paradigm of Complexity and guided by two central notions: contextualizing and comprehension. The first seeks a transdisciplinary view of the phenomenon, considering its multidimensionality. Comprehension can be understood as the apprehension of the meaning of an object or event, considering its relations with other objects or events<sup>(7)</sup>. The COREQ script was used to report data collection.

### Methodological procedures

#### Study setting

The study setting was a Brazilian non-governmental organization (NGO), located in the southeastern region of the country, in a municipality with a population of 1,144,862 inhabitants, predominantly resident in an urban area and with a human development index, in 2016, of 0.805. This entity shelters families involved in violence against children and adolescents and aims to support the promotion of rights, preserve, and strengthen family, community, and social bonds, and invest in the protective function of families.

#### Data source

One hundred forty-six families were being monitored at the studied NGO, of which 15 participated in the study. All of them met the following inclusion criteria: being a family member who had at least one child or adolescent victim of domestic violence, suspected or confirmed, be over 18 years old. Family members who had just arrived at the NGO were excluded; and those with acute physical or mental health problems.

#### Collection and organization of data

Data collection took place from February to April 2016, through (i) documentary research; (ii) conducting open interviews; (iii) field diary.

In the documentary research stage, we consulted the registration forms containing the family history, existing in the field of study, to identify and score their characteristics (children and adolescents' age monitored by the service; date of notification; violence suffered; the agent of the violence; families' history of use of alcohol and other drugs; status of the judicial process). Such an instrument was essential to approximate the characteristics and context of family experiences.

Following this stage, the collection of families' data was initiated, using the open interview as the instrument, which was introduced by the statement "Tell me about your family, your relationships". Further questioning or commenting aimed at enriching descriptions and apprehend relationships between what the participants narrated and the issue of violence. NGO professionals selected participants according to their availability for participating in the study. We sought a homogeneous distribution between the five territorial regions of the studied municipality, including at least two families representing each region. All invited family members agreed to participate in the study.

The field diary was used throughout the collection process to record information on entry into the field, the approximation of the participants, details on collection techniques, research progress. The collection was interrupted after the 15th interview, as we understood that there was meaning saturation. This concept corresponds to a more in-depth discussion, rich in details and complex, showing the data to ensure the understanding of the phenomenon of interest<sup>(8)</sup>. Thus, 15 families participated.

The interviews were recorded on the Easy Voicer program, on a tablet, and then transcribed in full. They were carried out with families in a private place, six of which were carried out during home visits, and nine at the institution. They lasted between 17 and 43 minutes. To maintain anonymity, they were identified as I1, I2, I3, and so on, according to the sequence in which they occurred.

### Data Analysis

After the first author surveyed data in documentary research and full transcription of the interviews, the following steps were taken<sup>(9)</sup>: (i) classifying and organizing the information collected - after a careful reading of the material, we highlighted the main points raised in the medical records and in the interviews, observing their pertinence and relevance to the object of study (the families involved in violence against children and adolescents); this organization allowed a view of the research as a whole and, simultaneously, visualizing specific issues related to the whole researched; (ii) organizing reference charts covering the main points of the families' responses, in order to have a view of the set of information that makes it possible to categorize them; (iii) establishing relationships between the data - through the organization of the data into categories, which were constituted by the grouping of elements, ideas and/or expressions around concepts capable of covering all these aspects. Some excerpts from statements in Chart 1 exemplified this process.

Subsequently, the relationships between the data obtained and the Paradigm of Complexity, the legal provisions, and the scientific literature were established. It is noteworthy that the analytical and interpretative process was illustrated with some

participants' speeches and data from the medical records, seeking the credibility and validity of this process. We carried out the following strategies to ensure greater validity and reliability of the data, which are recommended by literature instruments were carried out: (i) member checking - feedback of the data to the participants to "check" the content coherence; (ii) peer analysis - the construction of referential charts and categories was carried out by two researchers in the study, with validation by a third party when necessary; (iii) use of the field diary, ensuring greater transparency of the entire research process.

Chart 1 - Categorization process

Categories	Reference frames
"I don't have it."	Social Vulnerability Maternal figure's burden - female Association with urban violence
	Association with drug trafficking Association with physical and mental health problems
"I didn't have it."	Repetition of violence Gender violence Association with drug abuse

## RESULTS

### Characterization of participants

The study participants were 15 families attended by the service mentioned. One family had two participants, mother, and daughter. Participants were 11 mothers, one father, one sister, one maternal aunt, and two maternal grandmothers of children and adolescents attended by the service. According to documentary research, the type of violence was negligence in six families; sexual in five; and in four families, associated violence occurred. The main perpetrators were fathers, mothers, and guardians.

Participants lived with 3 to 6 people in the same house; 11 families had a history of psychoactive substance use (PSU) by one of the family members; 2 families had severe mental disorders by one of the family members; 1 family experienced homelessness by one of the family members, and 1 family experienced sexual exploitation by a family member. A teenager had committed an infraction and fulfilled a social-educational measure; one participant was on probation after being detained. Eleven families had a history of gender violence, and three experienced situations of intergenerational domestic violence. Among the interventions made to the families, 12 were attended by services of the basic social protection network; in 1 family that experienced sexual violence, the author was arrested; the specialized protection network monitored 4, and two families had a history of institutional care of their members.

### Category 1: "I don't have it"

This category shows the characteristics of the families involved in violence against children and adolescents. The "I don't have"

covers the dialogical perspective of absences and presences in this context, aspects that, overall, denote suffering for managing life. The families lived in areas considered to be socially vulnerable. The houses' precariousness was evident in the statements, and in some cases, they did not have their own home:

*I am forced to live inside others' houses, and when I manage to retire, I wish to live alone in a house and have my freedom ... (I3 - Mother)*

*Because as I have no refrigerator now [...] because every time I was making food I had to throw it away, because it spoiled ... (I7)*

*Only next year. But, at least I'm going to leave the shack, right, for God's sake. Less heat, less mosquito, less rat. (I9)*

Vulnerability is aggravated by a territory permeated by drug trafficking and urban violence:

*I am 35 years old myself; the violence is so intense, there is no restraint it is so strong, that at one point you may be alive, at the other moment you may not be anymore ... (I1)*

*There are many fights too. Two people have already been killed; I don't know if you heard? [...] They already killed a taxi driver, already raped [sic] a 12-year-old child as soon as we moved... (I3 - Mother)*

Participants also brought up the relevance of physical and mental health problems among family members, and their impact on the family environment, marked by conflicting relationships:

*There are many conflicts, it is conflict... It is because C., who is the mother of my children, she has a depression problem, she still has you know, she never accepted the treatment, so it is always a climate of discord, and she wants to separate... (I2)*

*I take G. on Fridays to CAPS [psychosocial care center], but it's only on Fridays... He's very quiet, that's why they put him there... He doesn't make any friends; he doesn't have any friends, he's nervous, that's how it is, I have to take him every Friday... but the other [son] is agitated... (I8)*

*He [husband] has schizophrenia. And now he is at the beginning of Parkinson's disease. (I15)*

Most of the participants pointed out the incipient participation and involvement of men in family issues, the centrality of activities, and financial support in the woman's figure, as well as the consequent burden for them. This aspect is potentialized by the statement of a fragile social support network, with incipient support for coping with life situations.

*Because my father lives here, but it's like he doesn't [...] if you ask him for help, he says, "oh, I'll fix it... But then... he never does... (I3 - Sister)*

*I don't have a pension; I didn't run after retirement, because I think if he [father of the children] wanted to give it, he would go after it to give it right [...] [silence] (I4)*

Even in families with a father, women always provided care, and the reports show the burden of this situation:

*He [father of children] got sick, got run over, was hospitalized for five months, I had to take care of the house alone, it was complicated. (I14)*

*It's all me. That's a lot for me to solve, you know. Like, I'm fine now, but like, I'm very overloaded. [a baby cries]... There's not, like, someone's help. (I15)*

## Category 2: "I didn't have it."

This category depicts families' meaning of reflecting on past experiences and their impact on their understanding of life and current experiences, spontaneously revealed in the reports. The participants stated the history of domestic violence from other generations and took such experiences as possible factors of vulnerability for a new occurrence of violence:

*Their mother never like gave a hug, didn't give a kiss, you know... she says she didn't have it, that she can't give what she didn't have... and she tells me that she had a period in childhood of great difficulty... (I2)*

*No, the grandmother took it for lack of affection, you know, the child doesn't have... she's a very cold person, and I don't blame her, it was my father's upbringing, he was too strict with her, he punished her too much, her and everyone, me, my mother... (I3 - Sister)*

*That you separate from your family for years; likewise, I was very attached to my brother; today, we are separated. They lied a lot to me in the shelter. They said... one day the monitor said: oh, your mother died, hey your mother's been arrested, hey, your mother is that. (I11)*

In addition to the history of domestic violence, participants also reported the existence of gender violence by an intimate partner, including indirect exposure of children and adolescents to this violence. The feeling of hopelessness and rage emerges:

*I got married to have some affection, some peace, but I only got beat... I don't want to get married anymore... (I3 - Mother)*

*Do you know what he [grandson] said, did he? Like, oh: everything my father did for my mother, he has to pay now. I saw blood drains on my mother when he hit her. Rage, then I discovered it was rage, you know? (I12)*

Many family members had difficulties in understanding what is called violence, especially negligence:

*But I am afraid that they [NGO professionals] will say that I am negligent... I want to, you know what I want, to help my daughter ... (I15)*

They also reinforced the negative aspect of institutionalizing children and adolescents without looking at families:

*There had to be a service that took care of the parents... and not taking the children to the shelter, taking care of the parents. Take the parents, work with them, come and visit, take a social worker, do something to help the parents, how to care, how to stay together... (I9)*

We also observed in the statements that, when they recall life in the families of origin, the neglect and institutionalization of children and adolescents emerged as reflections regarding efforts to transform current situations into more positive experiences. The reports also highlighted the involvement with psychoactive substances use and strongly associated it with cases of violence experienced:

*But he [eldest son] had very complicated adolescence, got involved with addiction, with drugs... (I2)*

*He [father] put her in a house... drug den, the woman there wanted her... a 14-year-old girl who lived with them there with a boy who was a drug dealer... (I3 - Mother)*

## DISCUSSION

We understand that, only through research that considers the quality of the phenomena, that is, to apprehend and consider the logic of knowledge and experiences of those directly involved in a given phenomenon, we can approach it. Thus, the categories of the current study "I don't have it" and "I didn't have it" reinforce the perspective and the inseparable and polysemic character of violence. The experiences and stories lived are in constant interaction and dialogue and have direct implications for the violence experienced in the present. This issue is highlighted as a principle of complex thinking, that of organizational recursion, which refers to the image of the whirlpool, emphasizing that it is a process in which products and effects are, at the same time, causes and producers of what produced them<sup>(7)</sup>. Thus, cause-effect relationships are overcome, not evident in contemporary phenomena. The principle of the retroactive circuit also approaches this aspect, signaling that the causes of a given phenomenon act on its effects, and the effects act on the causes, in the dynamic regulation of the system<sup>(7)</sup>.

As revealed by the speeches, we perceived the inseparability of the political, sociological, and singular context of the families. Each family experiences such situations and recreates their daily lives based on them, corroborating the ecological model for understanding violence proposed by the WHO<sup>(1)</sup>. Thus, situations always emerge according to what participants understand; what they have in common is the interdependence, interactivity, and inter-feedback of such a fabric that unites all these contexts of families' lives<sup>(7)</sup>.

The presence of vulnerability and urban violence, mainly caused by drug trafficking, in the territories of families' lives has been pointed out by the current literature. This aspect directly influences the daily lives of these families, whether due to vulnerability to community violence, or the aggravation of violence experienced in the domestic context, and in a retroactive perspective<sup>(10-12)</sup>.

Physical and mental health problems, including drug abuse, become relevant in the lives of families involved in violence, in a recursive movement - they are at the same time products and producers of the phenomenon<sup>(7)</sup>. On the one hand, living in contexts in the presence of physical or mental problems, especially in the parent/caregiver - child/adolescent relationship, can be a greater risk of perpetrating violence<sup>(13-15)</sup>. On the other hand, experiencing violence leads to physical or mental problems, not only for victims but for perpetrators and informal supporters<sup>(16-18)</sup>. A study that sought to describe the impact of the discovery of

child sexual abuse on caregivers and their families revealed that these caregivers reported intense emotional and psychological damage related to concern for the child, negative beliefs about their parenting skills, and memories of experienced violence<sup>(17)</sup>.

Studies have indicated the importance of encouraging healthy parenting to prevent violence; among them, visitation programs for pregnant women and puerperal women stand out, as well as programs to encourage safe parental relationships<sup>(19-23)</sup>, practices that can be articulated by the nursing team, especially in Primary Care. In Brazil and other developing and underdeveloped countries, the evidence is that the responsibility for caring for children lies with the female figure, encompassing stigmatized conceptions of gender<sup>(24-25)</sup>. In this sense, a special look at responses to such reality experienced by patriarchal families must be constructed, as well as encouraging the construction of active father's parenting.

The literature depicts a wide-ranging and consolidated discussion about the reproduction of violent acts in families involved in these situations<sup>(19-20)</sup>. However, the multiple dimensions involved in the phenomenon need to be deepened. A strong set of studies relating the long-term effects of child violence, among other stressors called *Adverse Childhood Experiences* (ACE), reinforces that early traumas increase the risk of experiencing violence throughout the life cycle, whether as a victim or perpetrator, in addition to causing other health problems<sup>(4,26)</sup>. A study carried out in California showed that childhood sexual violence is a significant risk factor for victimization in adulthood; each new ACE experienced by survivors of child sexual violence increases the risk for this re-victimization<sup>(6)</sup>. Therefore, there is an interconnectedness of adverse experiences generating a greater risk of victimization, which cannot only be considered separately<sup>(6-7)</sup>. An Australian study aimed at examining the violence of young people under the age of 18 against their parents or relatives reinforced the hypothesis of intergenerational transmission of violence, as well as the recursive character of child violence against parents. They suggest early interventions in contexts of violence, which generate social and economic benefits not only for keeping families healthy but also for potentially reducing future violence<sup>(27)</sup>.

Intimate partner violence is also strongly associated with situations of violence against children and adolescents<sup>(18,28)</sup>, corroborating the statements of our study. Recently, new terms have been incorporated to highlight better this reality (called "children and adolescents exposed to domestic violence"), orienting the focus to the context and co-occurrence of violence. Thus, it is also sought to overcome looking at this population as victims, since they often find themselves as witnesses and interveners in other situations of violence<sup>(29-30)</sup>.

Here, we emphasized the importance of going beyond this reductionist and simplifying view; that is, it is necessary to build a broad view of violence and those involved in it. Coping responses to these contexts still pose challenges to public policies, which have been based on compensatory and fragmented actions; there are no preventive actions, but responses to "limit situations" experienced by families. Confirming the literature, these are actions based on institutionalization and sheltering<sup>(31)</sup>. In this sense, nursing has a key role in identifying, managing, and making decisions together with protection services<sup>(32)</sup>. Considering the logic of intersectionality, when nurses share their concerns and

build responses together with social assistance professionals, they help to prevent the exposure of children and adolescents to new risks. A systematic multiprofessional analysis of a situation of violence builds a solid reference to strengthen the decision-making process, develop appropriate interventions, and better respond to children, adolescents, and their families<sup>(33)</sup>.

The (re) construction of affective relationships in families seems to be a path suggested by them to overcome the violent historicity that accompanies them. The production of a new fabric of relationships within these families must be considered by the safety net; and affection is placed as the sewing to be rescued for such production. In this sense, a study aimed to bring the understanding of psychologists and social workers from host institutions about the relationships established with the families of children and adolescents identified good initiatives for integration but still maintaining stigmatizing practices<sup>(34)</sup>. There is also a need to work with professionals to seek new possibilities and strategies for care for families with complex and varied needs.

### Study Limitations

The main limitation of the study regards the fact that families involved in violence against children and adolescents are attended by an NGO, which can interfere in the experiences mentioned. Also, the researchers' lack of preparation to deal with family ties' various possibilities made data analysis difficult in some respects.

### Contributions to nursing, health, or public policy fields

Nursing, taking care as the object of its work, can contribute to attributing new meaning of violent stories woven by families,

as well as empowering them, facilitating the care of their children and adolescents, making them more resilient. This healthy texture, permeated by affection, can be used in the different spaces that the team occupies - consultations, home visits, and other services, such as vaccination. In addition to this aspect, professionals can actively act together with protection services, in a shared logic and mutual support to work with this population.

### FINAL CONSIDERATIONS

This study reveals the complexity of families involved in violence against children and adolescents. The current plots and connections and from previous experiences ("I don't have it" and "I didn't have it") intertwine to form the analyzed fabric. Social vulnerability, maternal burden, associated with urban violence to which families are exposed, emerged as preponderant to understand their life situations. At the same time, stories of intimate partner violence and intergenerational violence and drug abuse, have had a significant impact on families attributing meaning to their life experiences.

We conclude calling attention to the need for looks and interventions that consider the multiple violence and adversities in which children, adolescents, and their families are involved. Still, studies and actions are needed that coordinate and integrate responses to recognize these connections and dimensions, considering the individual in his family, community, and social environment.

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