

# Intra-family violence: experiences and perceptions of adolescents

## *Violência intrafamiliar: vivências e percepções de adolescentes* *Violencia intrafamiliar: vivencias y percepciones de los adolescentes*

Júlia Renata Fernandes de Magalhães<sup>1</sup>  
Nadirlene Pereira Gomes<sup>1</sup>  
Rosana Santos Mota<sup>1</sup>  
Luana Moura Campos<sup>1</sup>  
Climene Laura de Camargo<sup>1</sup>  
Selma Regina de Andrade<sup>2</sup>

1. Universidade Federal da Bahia.

Salvador, BA, Brazil.

2. Universidade Federal de Santa Catarina.

Salvador, BA, Brazil.

### ABSTRACT

**Objectives:** To unveil cases of domestic violence experienced by adolescents and to identify whether they recognize themselves in this situation. **Methods:** A qualitative study based on oral history was performed. A total of eight adolescent students from a public school were interviewed in the city of Salvador, Bahia, Northeastern Brazil. The data were organized according to thematic analysis and it was analyzed based on the following themes: domestic violence and adolescence. **Results:** The oral history of adolescents revealed a childhood and adolescence marked by the presence of domestic violence between their parents and the experience of physical abuse, humiliation, abandonment and negligence. Despite such context and health impact, adolescents did not recognize themselves as victims. **Conclusion:** Health education actions are required in schools and health services, mainly in primary health care, aiming to sensitize professionals about the recognition and prevention of violence. Management that prioritizes these elements as governmental policies is required.

**Keywords:** Domestic Violence; Adolescent; Nursing; Education.

### RESUMO

**Objetivos:** Desvelar a violência intrafamiliar vivenciada por adolescentes e identificar se estas(es) se reconhecem em tal situação. **Métodos:** Pesquisa qualitativa fundamentada na História Oral. Foram entrevistadas(os) oito adolescentes estudantes de uma escola pública de Salvador, Bahia, Brasil. Os dados foram sistematizados, conforme a Análise Temática e analisados com base nas temáticas: violência doméstica e adolescência. **Resultados:** A história oral das(os) adolescentes desvela uma infância e adolescência marcada pela presença da violência conjugal entre os pais e vivência de agressões físicas, humilhações, abandonos e negligências. Embora tal contexto e suas repercussões para a saúde, as(os) adolescentes não se reconhecem enquanto vítimas. **Conclusão:** São necessárias ações de educação em saúde, no ambiente escolar e nos serviços de saúde, principalmente, no âmbito primário, no sentido de sensibilizar os profissionais para o reconhecimento e prevenção/enfrentamento da violência. Urge uma gestão que priorize esses elementos, enquanto política de governo.

**Palavras-chave:** Violência Doméstica; Adolescente; Enfermagem; Educação.

### RESUMEN

**Objetivos:** Revelar los casos de violencia intrafamiliar experimentada por adolescentes e identificar su percepción sobre la situación. **Métodos:** Investigación cualitativa fundamentada en la Historia Oral. Participaron ocho adolescentes estudiantes de una escuela pública de Salvador, Bahia, Brasil. Los datos fueron sistematizados conforme el Análisis Temático y examinados con base en las temáticas: violencia doméstica y adolescencia. **Resultados:** La historia oral de los jóvenes revela una infancia y adolescencia marcada por la presencia de violencia conyugal entre los padres y vivencia de agresiones físicas, humillaciones, abandonos y negligencias. A pesar de ese contexto y de sus repercusiones para la salud, los adolescentes no se reconocen como víctimas. **Conclusión:** Se necesita realizar acciones de educación en salud en la escuela y en los servicios de salud, principalmente en el ámbito primario, para que los profesionales puedan reconocer y prevenir/enfrentar la violencia. Es urgente realizar gestiones que prioricen una respuesta para esos elementos.

**Palabras clave:** Violencia Doméstica; Adolescente; Enfermería; Educación.

#### Corresponding author:

Júlia Renata Fernandes de Magalhães.  
E-mail: julinha\_cte@hotmail.com

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## INTRODUCTION

Domestic violence is understood as an action or omission by a family member, even when not blood related, that causes harm to another individual.<sup>1</sup> This is considered to be a historical phenomenon, present in the routine of children and adolescents in all social segments.<sup>2</sup>

It is an alarming fact that the main assailants are, precisely, those who should zeal for their protection and safety from inhuman and violent actions. According to a study performed in a city of the state of Rio de Janeiro, Southeastern Brazil, based on 210 medical records of children and adolescents registered and cared for as victims of ill-treatment, between 2008 and 2012, in the *Centro de Referência Especializado de Assistência Social* (CREAS - Specialized Referral Center of Social Work), 40.5% of cases of aggression were committed by the mother; 24.7%, the father; 16.7%, the stepfather; 1.4%, the stepmother; and 16.7%, other family members such as uncles, aunts, grandparents, cousins and siblings.<sup>3</sup> Such act of violence has repercussions on both the physical and mental health of children and adolescents, affecting their development, families' quality of life and the country's economic productivity. Therefore, it is a relevant public health problem.<sup>4</sup>

Recognizing the magnitude of this phenomenon, society has sought to take its share of responsibility in recent decades. In 1990, Law 8069 was passed, known as the *Estatuto da Criança e do Adolescente* (ECA - Child and Adolescent Statute). The objective was to put the rights of children and adolescents in a perspective that agreed with their condition of individuals in development, so that their vulnerability received full protection, covering physical, mental and moral aspects.<sup>5</sup>

In 1989, the *Programa de Saúde do Adolescente* (PROSAD - Adolescent Health Program) was created in the sphere of health, aiming to promote adolescents' comprehensive health. Prevention of violence and ill-treatment stands out among its priority areas.<sup>6</sup> Recently, another development has been made regarding the regulation of adolescent rights, as Law 13.010/2014 was passed, commonly known as the "Spanking Law". This law foresees the right of children and adolescents to be educated and cared for without the use of physical punishment or cruel or degrading treatment based on humiliation, serious threat or ridiculing one.<sup>7</sup>

Achievements have been made in Brazil throughout the years in terms of public policies to protect adolescents against ill-treatment. In practice, however, the impact of domestic violence against this group has been insufficiently studied yet. A scientific search for Brazilian articles published between 2011 and 2015, performed on the *Biblioteca Virtual em Saúde* (BVS - Online Health Library) and using "domestic violence" and "adolescent" as descriptors, found only 32 scientific articles. This reveals the need to increase the production of knowledge about this theme.

It is believed that such events are essential to support the process of preventing and coping with such phenomenon. In this context, it should be emphasized that education and

health professionals are key to identify such health problem in adolescents, especially because of their easier access to them as a result of educational requirements and health care demands. Nurses working for the *Estratégia Saúde da Família* (ESF - Family Health Strategy), for instance, can closely follow families in their territorial context, becoming acquainted with their stories and perceiving their relationship aspects. Thus, the bond with the community and family enables the identification of domestic violence and the development of responses capable of preventing new cases.<sup>8</sup>

Recognizing the diversity of interests shared between the areas of health and education, the *Programa Saúde na Escola* (PSE - School Health Program) was established in 2007. This program aims to help individuals to cope with vulnerabilities, among which is domestic violence.<sup>6</sup> Based on the assumption that the domestic environment permeated by violence affects human health and development, we believe that revealing the history of adolescents who have experienced domestic violence can provide elements that allow for greater visibility of this phenomenon. This recognition represents a key stage to guide actions that guarantee the right of adolescents to a violence-free life, as recommended by the Child and Adolescent Statute.<sup>5</sup>

In this sense, it is believed that Oral History, as it deals with becoming acquainted with and obtaining a more in-depth understanding of a certain reality such as routine relationships,<sup>9</sup> will enable us to grasp adolescents' intra-family interactions and situations of violence experienced by them. Thus, we sought to respond to the following questions: What is the familiar context of adolescents experiencing domestic violence? Do they recognize themselves as victims? In the sense of findings the answers to such questions, the following object of study was adopted: the experience and perception of domestic violence by adolescents. The present study aimed to reveal the domestic violence experienced by adolescents and find out whether they recognize such situation.

## METHODS

A descriptive exploratory study with a qualitative approach was performed, founded on Oral History. The methodological framework of Thematic Oral History was used, as it enables one to understand domestic violence in the perspective of individuals who have experienced it, focusing on their subjective views and different ways to see and feel.<sup>10</sup>

The present study is connected to a Larger Research Project entitled "University and Public School: Seeking Strategies to Deal with the Factors that Interfere in the Teaching/Learning Process", funded by the *Fundação de Amparo à Pesquisa do estado da Bahia* (FAPESB - State of Bahia Research Support Foundation), under public notice number 028-2012 - Innovation in Educational Practices in Public Schools in the state of Bahia. This study was approved by the Research Ethics Committee of the UFBA School of Nursing (CEPEE/UFBA), under official opinion number 384208.

This study was conducted in a public primary school located in a district in the suburbs of the city of Salvador, Northeastern Brazil. Students who were enrolled in the evening course and met the following criteria were included: to be an adolescent; to be aged between ten and 19 years, as established by the Ministry of Health; and to be experiencing or have experienced domestic violence.

The identification of adolescents with a history of domestic violence became possible through a doctoral thesis also included in the main project. This thesis\* relied on a standard form comprised of six groups of questions, one of which had domestic violence expressions such as: "*Has anybody in your family ever humiliated you? Beaten you? Touched your private parts?*". Of all 145 adolescents identified with experiences of domestic violence, eight participated in this study: five girls and three boys. Considering the fact that the selection of participants in narrative studies such as oral history follows qualitative criteria, the number of individuals is associated with the ability to connect reports among themselves, so that a single interview may turn out to be of key importance.<sup>10</sup> The total number of participants was obtained according to the criterion of data saturation.

All participants and their legal guardians were informed about the objectives of the study, the reasons, relevance and guarantee of privacy and confidentiality of information. Thus, participants were identified by fictitious names of precious stones. Upon acceptance to participate in this study, students signed an Informed Assent Form and their legal guardians signed an Informed Consent Form.

Adolescents were approached for data collection with the support of the *Ação Curricular em Comunidade e em Sociedade* (ACCS - Curricular Action in Community and Society) entitled "Inter-disciplinary and Trans-disciplinary Approach to Violence-related Health Problems", part of the curricular structure of undergraduate courses of the Federal University of Bahia. This aspect promoted the contact with students, as educational and reflective workshops on themes associated with adolescence (sexuality, drugs and bullying) were performed in 2014.

Data collection was conducted through the Oral History of adolescents, with a focus on experiences with domestic violence. The instrument used was semi-structured interviews about the experience of domestic violence and adolescents' perception of this. After the interviews were performed, researchers continued to be available in the same location for some time to discuss topics of interest for adolescents or simply to show care and affection.

Interviews were conducted individually in March 2015, lasting one hour on average. They took place in the school's computer room, the space recommended by the public school principal as it enabled more privacy for participants. Thus, we sought to meet the recommendations for the choice of location for interviews, guaranteeing adequate conditions for sound quality and preventing interruptions and situations that could affect concentration.<sup>11</sup>

The audios with interviews were fully transcribed using the Microsoft Word software and maintaining the original speech of participants. Next, the following steps were taken: textualization, the stage when narratives are put in the first person singular, unnecessary elements are excluded and key ideas of each narrative are identified; and transcreation, the process in which narratives are set in a logical sequence and the Oral History of each adolescent is synthesized in the third person singular.<sup>11</sup>

Data were systematized based on Thematic Content Analysis, understood as a set of systematic procedures of description of message contents. The aim is to allow the inference of knowledge about the conditions of production/reception of such messages, including the following stages: pre-analysis; material exploration; treatment of results; and interpretation.<sup>12</sup> From this processing, the following categories arose: Family context; Perception of the experience of domestic violence; and Meaning of violence.

During the data organization process, it should be emphasized that they were codified and categorized with the NVIVO® 10 software, which is founded on the principle of codification and storage of texts in specific categories, enabling data to be modified, connected and crossed.<sup>13</sup> This software program promotes text importation, data storage, codification and management of categories. Data interpretation was supported by the following themes: domestic violence and adolescence.

## RESULTS

Among all participants, there were five girls and three boys, aged between 2 and 18 years. All of them reported that they were single, the majority stated that they were black (six blacks, one mixed and one white) and that they did not have a religion (only two were Evangelicals). Regarding individuals living with them, four participants reported they lived with their biological parents and siblings and the remaining four lived with other family members such as grandparents and uncles/aunts.

With regard to participants' Oral History, their speech reveals a childhood and adolescence marked by economic and affective privation, rejection, blaming, offenses, humiliations and physical aggression, apart from constantly witnessing the violent relationship between their parents. This reality compromises their physical integrity; causes mental illnesses, expressed by feelings of sadness, social isolation, self-punishment and suicidal thinking; interferes in their school performance; and makes them more vulnerable to alcohol use.

Despite such context, participants do not perceive they are experiencing/have experienced domestic violence, which can be associated with the meaning attributed to the phenomenon. Of all eight adolescents, all of them connected it to physical violence; the majority restricted it to severe physical aggression, mentioning terms such as: beating, burning, stabbing and murdering. The summary of adolescents' Oral History follows below (Table 1).

**Table 1.** Summary of adolescents' Oral History. City of Salvador, Bahia, Northeastern Brazil, 2015

Summary of adolescents' Oral History
<p><b>Crystal (girl, 15 years)</b>  <b>Family Context:</b> She mentioned conjugal violence between parents. The relationship with her father was permeated by lack of affection, offenses, humiliations and physical aggression. She was feeling depressed, the reason why she harmed herself. She said she still could not pay attention in class.  <b>Perception of the experience of violence:</b> [...] what I experience is not really violence.  <b>Meaning of violence:</b> To hit, to beat someone.</p>
<p><b>Beryl (boy, 13 years)</b>  <b>Family context:</b> His mother's partner hit him and expelled him from home. Since then, the mother had rarely been in contact. He complained about lack of food and clothing, apart from physical aggression by his grandmother and aunt, with whom he lived. He revealed that he could only think about his domestic problems when he was in school and that he had failed the school year two times.  <b>Perception of the experience of violence:</b> What I experience is not violence. Do you think it is?  <b>Meaning of violence:</b> It is when a person kills someone, it means to punch, to kick, to burn, to drown, to shoot, to rape someone, to slit their throat.</p>
<p><b>Agatha (girl, 18 years).</b>  <b>Family context:</b> She mentioned conjugal violence between her parents and experience of physical and psychological violence perpetrated by parents and sister. She reported feeling sad, crying alone in her bedroom, drinking alcohol to forget her problems at home and thinking about suicide.  <b>Perception of the experience of violence:</b> What I experience is not violence.  <b>Meaning of violence:</b> It is when a husband kills his wife because he does not accept the separation.</p>
<p><b>Ruby (girl, 12 years).</b>  <b>Family context:</b> Childhood marked by conjugal violence between parents. Her father blamed her for routine domestic problems.  <b>Perception of the experience of violence:</b> I think I have never experienced violence.  <b>Meaning of violence:</b> I think it is to fist fight.</p>
<p><b>Onyx (boy, 13 years).</b>  <b>Family context:</b> He witnessed his father physically abuse his mother. He mentioned that he had suffered violence as well, including physical one, and that this had affected his school performance.  <b>Perception of the experience of violence:</b> I have never experienced violence.  <b>Meaning of violence:</b> I think it is to beat someone.</p>
<p><b>Topaz (boy, 14 years).</b>  <b>Family context:</b> He described the troubled relationship between his parents, characterized by mutual physical aggression. He reported feeling despised by his father, as he did not have a backpack or shoes to go to school, unlike his younger siblings.  <b>Perception of the experience of violence:</b> I think this is not violence [...].  <b>Meaning of violence:</b> Violence is when a person beats someone.</p>
<p><b>Jade (girl, 13 years).</b>  <b>Family context:</b> She remembered the fights between her parents, although they had separated when she was a child. She suffered with the absence of her father, who had not seen her for six years.  <b>Perception of the experience of violence:</b> I have never experienced this (violence) [...].  <b>Meaning of violence:</b> To me, violence is when you are beaten by someone every day. It is when you live with someone and they come home drunk and beat you.</p>
<p><b>Pearl (girl, 14 years).</b>  <b>Family context:</b> Her grandfather put her in an orphanage, but her aunt decided to raise her. She showed affection for her father, although she mentioned she was afraid of his aggressiveness. She did not show affection for her mother. She reported that she suffered when she remembered her story.  <b>Perception of the experience of violence:</b> I have never experienced a violent act.  <b>Meaning of violence:</b> It is to be mistreated, when a person beats someone.</p>

## DISCUSSION

The Oral History of adolescents reveals a family context permeated by violence, expressed as physical aggression, humiliation, abandonment and affective and financial negligence. A qualitative study was performed, aiming to understand the experience of violence in the perspective of adolescents, thus alluding to physical, psychological and sexual aggression, disruption of parental model, negligence and privation.<sup>14</sup> A Brazilian study with 288 adolescents also pointed to several forms of domestic violence, with a higher prevalence of psychological and physical violence.<sup>15</sup> Another study, which included 252 children and adolescents, revealed that mothers and fathers were the main assailants, corroborating the higher frequency of psychological violence, followed by negligence, and physical and sexual violence.<sup>16</sup>

In the international context, the scenario of violence is equally alarming. A quantitative study performed in ten provinces of Canada, when adults were asked about whether they had been abused during childhood, found a prevalence of 32% for this problem.<sup>17</sup> In Cuba, a study showed even more significant percentages: 82.8% of children and adolescents were victims of domestic violence.<sup>18</sup> These findings indicate that this type of violence is not restricted to the Brazilian reality and expresses itself not only when one experiences this phenomenon, but also when witnessing it.<sup>19</sup>

A study performed in Southeast Asia also revealed a high level of domestic violence in this population. Moreover, it warns about the fact that experiencing and/or witnessing violence increases the chances of these individuals showing depressive symptoms<sup>16</sup> and/or reproducing this aggressive behavior in adulthood. Regarding this point, a study corroborates that 50% of assailants had experienced domestic violence during childhood.<sup>20</sup>

In agreement with the repercussions of domestic violence, a study on the effects of family violence observed that adolescents who experienced and/or witnessed violence showed the highest levels of behavioral problems.<sup>21</sup> Studies published in the United States and Canada point to any type of child abuse as an important risk factor for anxiety, depression, and even suicidal ideation and suicide attempts.<sup>22,17</sup> Apart from this, there is the trend towards poor school performance and difficulty in learning, with frequent reports of adolescents who were uninterested and inattentive in class.<sup>16</sup> The impact of the experience of domestic violence for adolescents' mental health and school performance also appeared in the present study.

However, despite the stories of violence reported and their serious repercussions, adolescents do not recognize such situation. Regarding a relationship permeated by violence as something natural causes adolescents to perceive it to be common and expected, hindering their self-identification as victims. A study conducted with 656 public school adolescents aged between 11 and 17 years, in the city of São Paulo, also found that the great majority did not see themselves as potential victims of such violence, despite the high rate of domestic violence among students (38.9%; n = 255). A study conducted

with 11 adolescents received in a city shelter in Rio de Janeiro showed that more than half of them had difficulty recognizing their history of violence, as it was also associated with regarding this violence as something natural and trivial in the relationships experienced in the family environment. In the present study, violence meant something more serious than the situation they experienced routinely.<sup>14</sup>

The adolescents in the present study also considered violence to be something more serious or more frequent than what they revealed in the Oral History: four participants experienced physical violence, although they defined violence with more serious expressions such as stabbing and beating; and four others, who did not report a history of physical aggression, giving meanings associated with this form of expression. Restricting violence to physical aggression is related to the fact that this is manifested through physical marks, being emphasized as they are more visible and, consequently, more easily perceptible.

The difficulty in recognizing oneself as a victim of domestic violence can be explained by the perception of the violent act as a corrective punishment, as observed in a study that points to the ambiguity of the limit between what can be considered as an acceptable corrective measure and what represents violence.<sup>14</sup>

Thus, we should emphasize the need for the conceptual deconstruction of violence on behalf of the social understanding that it is based on the violation of basic rights such as the right to a violence-free life, as recommended by the Child and Adolescent Statute.<sup>5</sup> This legal instrument also foresees the obligation of professionals responsible for child and adolescent care, such as those in the areas of education, health and social work, to be able to recognize and communicate suspected or confirmed cases of ill-treatment against children and adolescents to the Tutelary Council. Moreover, those who unjustifiably fail to do so can be prosecuted by law.<sup>5</sup>

Considering the social responsibility for children and adolescents, it is also important to consider the fact that the latter represent a group that rarely go to health services, hence the need to go to them in other locations such as schools.<sup>23</sup> In the area of health, child care enables the follow-up of the growth and development of children from birth to the age of ten, the period when ill-treatment can and must be identified by health professionals, particularly nurses. However, we can observe the absence of children in health services after the age of six, so that the school context is more adequate to recognize this health problem.

As schools are an environment that promotes direct contact and the establishment of close, affectionate and trusting relationships among students and between students and teachers, many adolescents feel safe to confide in a colleague and/or teacher, thus creating the opportunity to break the cycle of domestic violence. Believing that human rights are preserved and taught in schools, adolescents tend to feel protected to reveal their history, thus requiring professional preparation to handle this situation. Nonetheless, studies indicate that schools have difficulties to approach this issue. Teachers report that they

feel unprepared and insecure to deal with situations of violation of rights, which, when not denied or hidden, are handled in the wrong way. This context reinforces the idea that schools are not fulfilling their role anymore.<sup>24</sup> Among the factors that contribute to this reality are the gap created in undergraduate course curricula and the precarious legal support to guide the demands.<sup>25</sup>

In view of this context, the School Health Program is strategic, as health professionals become partners with schools, aiming to reach families, the school environment, teachers and other professionals who work in this environment, apart from adolescents themselves. The inclusion of health professionals in the school environment has been positively described in a study that defends the incorporation of the family health team in schools. In the present study, several episodes of injuries caused by burns and other marks suggestive of violence were identified. The constant assessment of children/adolescents during physical exams helps to identify suspected health problems, apart from inhibiting the practice of domestic violence against them.<sup>26</sup> Therefore, the health-school integration contributes to the establishment of early diagnoses and interventions in view of the health problems shown by the students. In this sense, professionals who deal with children and adolescents directly, particularly nurses and teachers, must integrate their work to develop and implement health and education strategies aimed at this theme.<sup>27</sup>

## CONCLUSION

The Oral History of the eight adolescents in a situation of domestic violence revealed that they routinely experience violence, perpetrated by family members, and that this experience has had negative repercussions on their physical, mental and social health. What caught our attention was the fact that, although describing a family context marked by conflicts and aggressiveness, adolescents do not recognize themselves as victims of violence. It could be inferred that lack of perception of violence is directly associated with the meaning attributed to this phenomenon, most times connecting it to severe physical aggression.

Although there may be limitations due to regional particularities, the present study helped to clarify that domestic violence was regarded as something natural and to show the harm caused to health and human development. Thus, it indicates the importance of strategies that enable the histories of children and adolescents to be revealed, whether by these individuals themselves or by education and/or health professionals, considering their work with the child/adolescent population and/or their families. In the case of adolescent victims and their parents and/or family members, strategies must be geared towards the recognition of the aggression experienced and performed in the domestic context as acts of violence. For this reason, they should be prevented. Through the School Health Program, more specifically health education activities, it is possible to see the issue of violence from a new perspective which includes adolescent students, teachers and family members.

In the professional area, it is essential that professionals are prepared to recognize this health problem and work on such theme. Thus, the phenomenon of violence needs to be included as a topic for in-depth discussion in undergraduate course curricula, especially health and education courses. It should be emphasized that qualification is not restricted to undergraduate studies and that spaces for in-service continuing education on this theme are essential, considering its social and health relevance. To achieve this, management that takes this into consideration and prioritizes this as a governmental policy is required. The importance of nurses should be emphasized, who, apart from providing direct care for adolescents, also manage teams and programs in different sectors such as the Family Health Strategy and School Health Program, key spaces for the process of preventing and coping with violence, particularly in the family environment.

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