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Research Article

Use of violent discipline in childhood – perceptions and practices in Family Health Strategy

Uso de disciplina violenta na infância – percepções e práticas na Estratégia Saúde da Família

Uso de la disciplina violenta en la infancia: percepciones y prácticas en la Estrategia de Salud de la Familia

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Abstract

Introduction: The reflection on family violence against children has gained international prominence in last decades, accompanied by policies for abolition of acts of violent discipline, which still remains socially accepted and used by many responsible. **Objectives:** To know the perceptions and practices within the scope of Family Health Strategy (FHS) in relation to guidance on methods of discipline in two units in the municipality of Rio de Janeiro. **Methods:** 38 professionals working in daily care of children were approached. The content analysis of reports obtained through semi-structured interviews was carried out and data were organized in two main categories: professional's perception of child discipline and practices about childhood discipline: are there opportunities for promotion in the FHS? **Results:** There is still no routine approach to child discipline in any of the studied clinics, nor are activities carried out to prevent abuse. Professionals related their personal experiences (lived in their own childhood and with their children) with actions carried out in their daily practice. **Conclusions:** Reports suggest that the approach to corporal punishment remains hidden in childcare care, with loss of opportunities to support parents and to promote positive family bonds. Based on significant changes in violence perception, professionals can reframe their beliefs, expanding their actions on the topic.

Keywords: Family health strategy. Child education. Punishment.

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Resumo

Introdução: A reflexão sobre violência familiar contra a criança ganhou destaque internacional nas últimas décadas, acompanhada de políticas para a abolição de atos de disciplina violenta, que ainda permanecem aceitos socialmente e são utilizados por muitos responsáveis. **Objetivo:** Conhecer as percepções e práticas no âmbito da Estratégia Saúde da Família (ESF) relacionadas à orientação sobre métodos de disciplina em duas unidades no município do Rio de Janeiro. **Métodos:** Foram abordados 38 profissionais que atuam no atendimento cotidiano às crianças. Procedeu-se à análise de conteúdo dos relatos obtidos por meio de entrevistas semiestruturadas, e os dados foram organizados nas categorias: "percepção dos profissionais da ESF sobre disciplina infantil" e "práticas sobre disciplina na infância: existem oportunidades de promoção na ESF?" **Resultados:** Parece ainda não existir abordagem rotineira sobre disciplina infantil em nenhuma das clínicas estudadas, nem são realizadas atividades direcionadas à prevenção de maus-tratos. Os profissionais relacionaram suas experiências pessoais (vivenciadas na própria infância e com seus filhos) com as ações realizadas em sua prática cotidiana. **Conclusões:** Os relatos sugerem que a abordagem do castigo corporal permanece encoberta nas consultas de puericultura, com perdas de oportunidades de apoio aos pais e de promoção de vínculos familiares positivos. Com base em mudanças significativas na percepção sobre o que se considera violência, os profissionais possam ressignificar suas crenças, ampliando suas ações sobre o tema.

Palavras-chave: Estratégia saúde da família. Educação infantil. Punição.

Resumen

Introducción: La reflexión sobre la violencia familiar contra los niños ganó protagonismo derecho internacional en las últimas décadas, acompañadas de políticas de abolición de los actos de disciplina violenta, que siguen siendo socialmente aceptados y utilizado por muchos responsables. **Objetivo:** Conocer las percepciones y prácticas en el alcance de la Estrategia de Salud de la Familia (ESF) relacionada con la orientación sobre métodos de disciplina en dos unidades en el municipio de Río de Janeiro. **Métodos:** Fueran abordados 38 profesionales que actúan en el cuidado diario de los niños. Se procedió al análisis de contenido de los informes obtenidos a través de entrevistas semiestructuradas y los datos se organizaron en las siguientes categorías: "percepción de Profesionales de la ESf en disciplina infantil" y "prácticas sobre disciplina en la infancia: ¿Hay oportunidades de promoción em el ESF? **Resultados:** No parece existir todavía enfoque de rutina a la disciplina infantil en cualesquiera de las clínicas estudiadas, ni se llevan a cabo actividades encaminadas a prevenir el abuso. Los profesionales relataron sus experiencias personales (experimentadas en su propia infancia y con sus niños) con las acciones realizadas en su práctica diaria. **Conclusiones:** Los informes sugieren que el abordaje del castigo corporal permanece oculto en las consultas e puericultura, con pérdida de oportunidades para apoyar a los padres y promover lazos familiares positivos. Basado en cambios significativos en la percepción sobre lo que se considera violencia, los profesionales pueden resignificar sus creencias, ampliando sus acciones sobre el tema.

Palabras-clave: Estrategia de salud familiar. Educación del niño. Castigo.

INTRODUCTION

Violence is a complex, polysemic phenomenon, which still remains a challenge in the field of health.[1] Children are especially subject to intrafamily violence that occurs in hierarchical and intergenerational relationships, with the resolution of interpersonal conflicts in an aggressive manner. The consequences of these acts vary according to their magnitude, frequency, and especially the stage of emotional, cognitive, and physical development of the child, impacting the construction of their affections, their self-esteem, and their future bonds.[2-4] In the last decades, the fight against violence against children has become a priority for national and international organizations, with the prohibition of degrading treatment and corporal punishment in several countries, including Brazil.[5,6] However, these recommendations are not enough to promote behavior changes of parents and caregivers, who continue to believe in corporal punishment as an effective disciplinary strategy.[7] The choice to use violent discipline is not necessarily carried out with the objective of perpetrating physical aggression, but due to the lack of knowledge of alternative methods of education, and frustration inface of misbehavior can lead to escalating severity of the acts committed.[8-10]

According to the United Nations Children's Fund (UNICEF), three quarters of children aged two to four years worldwide (300 million) suffer psychological aggression and/or physical punishment, victims especially of their caregivers.[4] In Brazil, violent educational methods are also widely used, and it is difficult

to estimate their magnitude with precision, given the still hidden nature of family violence in society and the difficulties in registering its occurrence.[11,12] Currently, in the midst of the new coronavirus pandemic, the accumulated tensions amid fears about the disease, the intense family coexistence resulting from social isolation, the overload of domestic tasks due to the remote work model, and the lack of employment and income are already aggravating conflicts and violence in many homes.[13,14] Studies have been drawing attention to the increase in cases of violence against women, children, and adolescents, and warning and protection campaigns have been intensified.[14,15] Official data from the State Public Ministry point out that, in the first weekend after the publication of state decrees with social distancing rules, Rio de Janeiro recorded a 50% increase in domestic violence cases.[15]

There have been recommendations and educational programs to guide parents and caregivers about healthy discipline methods since the late 1980s.[16,17] Despite this, addressing violence against children is still not a routine within the scope of health services, as it is considered a stigmatized topic, avoided by many professionals in their practice.[12,18,19] Based on the reorientation of Primary Care (PC) in Brazil, the tools available for parents to care for their children is in the scope of action of Family Health Strategy (FHS) professionals, and its objective would be to collaborate for healthy growth and development, in addition to ensuring their rights.[20] Comprehensive care for children presupposes accountability and the formation of a bond between professionals and the assisted family, which goes far beyond the biomedical aspects related to the adequate diet or up-to-date vaccination, including the need to cover topics related to family dynamics, including disciplinary and relational aspects.[21]

Considering the expansion of the FHS in the city of Rio de Janeiro, the high levels of violence in the city and the challenges that this level of care still faces in terms of qualification and retention of professionals in the teams, it seems opportune to approach the topic in this context. The present study aimed to know the approach of the family health team in relation to the methods of child discipline used within the family in two family clinics in the city of Rio de Janeiro.

METHODS

The study had a qualitative approach and relied on the application of interviews with a semi-structured script, with reference to health professionals working in two family clinics in program area 3.1 in the city of Rio de Janeiro. The choice of scenario took into account the large demographic concentration, the existence of areas of social vulnerability and, above all, the wide offer of health services, with emergency and university units that could facilitate the approach and awareness of cases of violence against children.[22]

Family clinics were randomly selected among those that had been in operation for more than five years, with a number equal to or greater than five teams and with a Residency Program in Family and Community Medicine. All professional categories involved in the daily care of children were invited to participate in the research (doctors, nurses, community health agents (CHA), and nursing technicians). Professionals who had less than one year of experience in the units were excluded.

The interviews were guided by a semi-structured script with 13 questions and divided into three parts: the first sought to outline the profile of the interviewee according to their academic background and professional performance, and the others dealt with personal and professional perceptions and practices in relation to the topic. Two analytical categories were previously defined, namely, “FHS professionals’ perception of child discipline” and “practices related to childhood discipline: are there opportunities for promotion in the FHS?”

In the period between September and October 2019, 38 interviews were carried out, distributed as follows: 15 interviews with CHA; seven with doctors; seven with nursing technicians; and nine with nurses. The final number of participants was determined by the saturation criterion. The meetings were individual and took place during the workday in a reserved room, after the acceptance of the eligible subjects. The speeches were recorded and later transcribed by the main researcher. Each interview lasted approximately 15 minutes, including the time required to present and sign the informed consent.

Content analysis was performed according to the planned stages of organization, coding, categorization, treatment, and interpretation of the results, in parallel with data collection.[23,24] Initially, the systematization of the initial ideas was carried out, considering the pre-analytic categories related to the research objectives. The fluctuating reading of the material made it possible to identify the reality researched, with subsequent grouping of data through their organization in the respective categories. At this stage, the professionals interviewed were coded, thus maintaining their anonymity. After performing a new reading, it was possible to identify words and excerpts that served as encoders of themes related to pre-analytical categories. The categorization criterion was semantic, and the emergence of new categories or subcategories was not observed.

The project was approved by the Research Ethics Committee of Universidade Estácio de Sá, under Protocol No. 3392836, and by the Research Ethics Committee of the Municipal Health Department of Rio de Janeiro, under Protocol No. 3533203.

RESULTS AND DISCUSSION

The selected units had a total of 107 eligible professionals, including 12 nurses, 23 physicians, 62 CHA, and 10 nursing technicians. It was not possible to capture the experience of nine professionals who were on vacation (7) or leave (2) and two losses occurred because the participants had to interrupt the interview for urgent care. During the collection, there were eight refusals whose reasons involved embarrassment in the face of the recording and difficulty in interrupting their tasks for the interview. Due to the uncertain situation regarding the links with the units and the delays in the payment of salaries, the frequency of professionals was reduced during the period of the interviews and some could not be found (16).

After skimming the transcripts, it was noticed that the speeches obtained in the two studied units were very similar, and the analysis was performed in a grouped manner. Most respondents were female (33) and had children (28), and the mean age was 32 years, ranging from 21 to 55. Most physicians (4) were resident recent graduates without specialization. All nurses interviewed had a degree or were in a postgraduate course or residency in Family Health. None of the CHA or nursing technicians had experience or previous training in this field, in addition to the Introductory Course that is completed upon admission.

The data were categorized into two axes, namely, “Perception of FHS professionals on child discipline” and “Practices about childhood discipline: are there opportunities for promotion in the FHS?”, in line with the research objectives. To avoid identifying the respondents, abbreviations according to their respective professional categories were used.

Perception of Family Health Strategy professionals on child discipline

Although all respondents reported a previous personal history of violent discipline, most found it natural for children to be spanked in certain situations. A certain trivialization and invisibility of violence

was observed when it had educational purposes. Some professionals reported that they tried to change the patterns experienced in childhood, however they admitted that at times they ended up using physical or emotional violence and not seeing alternatives to their violent practices.

> *A lot is said about conversations, right, but I think that sometimes a little pat is not an aggression, no, sometimes the child is too much of an imp, then you give them a little flick to get attention, but always talking, explaining what they did wrong and all, to see if they understand.* – NUR 1 A.

> *[...] in reality, it is a paradigm shift, I am trying, it is a daily exercise for me and my husband not to repeat these processes. I've used spanking already, but with a lot of heartache, nothing compared to what my father did to me or my sister, without a shadow of a doubt. I hit them with my hand and at most a slip.* — NUR 1 B.

> *[...] mine, I tried to give more affection than I had, correcting what was wrong, I would ground them, if they did something wrong I would take away a toy, the TV, sometimes it was necessary to spank, to use slippers, hands, a wand of guava sometimes (laughs). When they cross the line I yell, with the little one, she is very naughty, and I don't have that much patience, so I'm not gonna lie, sometimes I yell, I slap her butt.* – CHA 5 A.

There is a strong "common sense" about early childhood education through violence in childhood, with the use of physical force and degrading punishment, especially when children are "more undisciplined" and "do not respond" to the demands of their parents or caregivers.[25] It seems that learning by force could better shape childrens' characters, preparing them for the challenges that life is sure to bring. They are social representations that strongly interfere in family behaviors, serving as references transmitted between generations.[26] The culture of corporal punishment is so strongly represented socially that even families that do not believe in its effectiveness tend to use them at some point, and the positive education, seen as an alternative to violent discipline, remains little recognized and sometimes discredited.[27-29]

Currently, there is ample reflection on the subject and even a certain weakening of the permission of these violent practices, with a wide normative apparatus. Actions aimed at the abolition of all types of violence against children are even set out in the Sustainable Development Goals (SDGs), in addition to having a strong presence in the media.[30,31] However, it seems that the advances brought by the current debate, as well as by studies and policies, are not enough to transform the ideas and feelings of professionals, who somehow follow the current culture and the social representation of the use of corporal punishment. Their practices remain strongly determined by their own experiences, lived in childhood and as parents.[7,30] From the perspective of the explanatory ecological model for the occurrence of violence, the previous experience of violence in the family of origin is an important vulnerability factor, and the experiences and maternity/paternity patterns are maintained across generations. Even in the face of new ideals of affective relationships, respect for diversity and recognition of the social role of childhood, the use of authoritarian resources for conflict resolution remains.[25,32]

Considering the reports regarding the acceptance of corporal punishment and the minimization of its effects on the development of children, it would be difficult to imagine that the teams' perspective on the subject was different.[30] It seems opportune to reflect on the reasons for this apparent maintenance of opinions, which may be related to gaps in knowledge about the multiple consequences of violence on

children's health and on the possibilities of professional action in promoting good treatment.[33] It is worth mentioning that spaces related to health care present themselves as propitious and opportune places for the detection and approach of situations of violence against children.[18] The abolition of the practice of corporal punishment would need to go through a dialogic and educational process of social reflection, with the active participation of health professionals and other categories that work in closer proximity to children and their caregivers.[12,27]

Practices about discipline in childhood: are there opportunities for promotion in the Family Health Strategy?

The analysis of the reports clearly showed the absence of activities specifically aimed at addressing corporal punishment. The interviewees referred to performing classic childcare (assessment of growth, development, vaccination) and acting in the face of common childhood ailments as routine, not mentioning guidance on relational or behavioral issues. The factors identified as limiting this practice involved both aspects related to professional training and the short time available for the teams.

The identification, intervention, and follow-up of cases of abuse still raise doubts. The lack of skills and competences on the part of health professionals to deal with situations, the involvement of families, the lack of conceptual standardization of the different types of abuse, and the precarious institutional support interfere in the confrontation of child violence and configure the challenges to be overtaken.[12,34]

> *[...] In childcare we even talk about education in general, but not specifically about behavior, discipline, it's more about guiding breastfeeding, food introduction, monitoring vaccines, these things. – DOC 2 A.*

> *[...] maybe if it was something that had some kind of guidance, you know, on how to act, I miss guidance, a common training with the whole team would help me to talk about this subject. – DOC 3 JT.*

> *[...] I think there is a lack of time for us to address this better, there's a lot to do, life here in family health is so busy that sometimes we want something and we can't get it, when it's calm I try to instruct something different, but it's rare. – DOC 3A*

The absence of training and systematic reflection on the subject seems to inhibit the approach to violence, especially corporal punishment, within the scope of health services.[34] It is clear that the entire vast literature, as well as the evolution observed in the redirection of public policies, was still not enough to change what is experienced at the edge. It is natural to choose through what is known and brings more security, which makes the subject even more distant from the daily lives of professionals.[30,35] Despite efforts to change this scenario, the monitoring of children in the context of PHC still presents characteristics of the traditional biomedical care model, centered on curative practices to the detriment of preventive ones.[36,37]

It was possible to observe that there is difficulty even when corporal punishment occurs in front of the team, either within the unit or during home visits, and the approach to cases is also determined by the place occupied by the family in the community. When considering the explanatory ecological model for the occurrence of violence, aspects related to the community and social dimensions appear as influencers of professional practices.[2] Reports about the fear of involvement in situations of violence in the territories point to the need for intersectoral actions to support FHS.[38] Even when situations of violence against

children were witnessed, in cases considered mild or when there was no bond with the user, the discipline guidance did not occur or was carried out in a punctual and reactive way.

> *[...] if I know the family, I even say something if I see them being spanked and such, but when I don't know them, I don't usually get involved, no, unless I see the mother "beating" the child, but that's it. I've never seen it here either. – NUR5 B.*

> *[...] it's difficult here because it's a community, trafficking also makes it difficult sometimes for us to talk, to approach a case that we're afraid of having some kind of reprisal. Because there are some people that the family, the husband, are involved in it, I'm not going to take a case like that to a guardianship council instance because I'm afraid, you know, of exposing myself, then we end up without many ways out. – CHA 2 B.*

Professionals seem to identify some possibilities for promotion actions, highlighting the integrality of care and exemplifying the school as a unique space for socialization and cultivation of good relational practices.[39] Most respondents perceived the importance of equipping parents on aspects of childcare and suggested some initiatives mainly related to health education. It was observed that the ideas pointed out were still very far from everyday life and disconnected from the broader concept of health promotion, including its social determinants, involving autonomy, popular participation, and other sectors beyond education.[40] Although the broad concept of health is already clear to the entire team, the attitude of "guardianship" toward users is still common, with prescriptive attitudes far from deeper and more complex issues of health promotion, which include knowledge and social context.[32,41]

Thus, although the FHS is the place where the child is frequently accompanied, constituting a window of opportunity for adequate guidance for families, little progress has been made in the construction of prevention, reinforcement, and support practices in the development of non-violent forms of discipline, which is a gap still found in services in general.[12,42] Reports show that prenatal care and childcare itself do not cover actions capable of strengthening relationships between parents and children, promoting good treatment, strengthening the bond between mother and child, and transforming attitudes capable of building a healthier family life.[43-45]

The literature highlights the potential of longitudinality in care as a possibility to get to know the user, their social context, life habits and health problems, allowing for adequate and resolute interventions.[46,47] Comprehensive care for children requires a differentiated look from the professional, and training and Permanent Health Education (PHE) are highlighted as essential for the prevention, identification, and confrontation of violence.[48] PHE has the work process as an object of transformation, based on the critical reflection of professionals about what is happening in the daily life of the services and seeking solutions together with the clientele for the problems encountered.[49] However, many of these initiatives start from a conception of instrumental education, with emphasis on specific, fragmented, and decontextualized actions of the daily life of the services, which need to be rethought for better reflection of professionals about their practices.[50]

> *[...] this is a topic that has the possibility of creating some groups here in the clinic and also in the school from the [Health at School Program] PSE, we can give visibility to this topic in these spaces, and then use the spaces already in the community and talk about this and other topics that need*

visibility, in the elderly group, the dance group, there are many fathers and mothers there, we can use this to discuss this topic. – NUR 3 AV.

[...] I think that in these meetings that we have, maybe we could talk before it happens, in meetings with prevention families, we had Golden August here, where several topics were addressed, weaning, pot training, we could talk about discipline too, the same way we approach feeding, weaning, pot training, and address this issue too, leave the office a little. – NUR 6 JT

[...] I think that one possibility is educational actions, thus, bringing together several mothers, even pregnant women, and then forming a group, starting this discussion... How do you intend to raise your child? How would you act in this situation? What do you understand by punishment? Promote this reflection among them. – DOC 4 JT

CONCLUSION

The results seem to point out that, despite the recognition of children and adolescents as subjects of rights and the implementation of a legal system of protection against all forms of violence, there are still no effective actions within the scope of the FHS aimed at eliminating physical punishment and other forms of violence. Violent discipline, although rationally condemned, remains socially accepted and professionals themselves have difficulty changing their intra-family practice, strongly anchored by social representations. For this reason, it seems of special importance to create systematic opportunities for teams to reflect on the serious consequences of violent discipline, breaking transgenerational cycles that reinforce coercive education as a path to discipline. Professionals need to be encouraged to seek information on the subject, realizing that this corporal punishment is considered violence against children and has serious consequences on their full development. When they see their role as promoters of good treatment, always in partnership with the community served, it may be possible to create powerful local initiatives to reinforce healthy affective relationships, respecting differences and combating the practice of all types of violence.

It is worth noting that, given the complexity of the topic, the FHS (and other health units) have limited action and are dependent on other sectors of the society.[39] Interventions focused solely on changing attitudes about violent discipline seem ineffective.[28] Appropriate prevention and management of cases of child violence must cover the various contexts and family circumstances in which they occur and require joint and integrated actions, involving professionals from different areas working closely with children, society, Guardianship Councils and other protection institutions. Therefore, it is necessary that each social actor recognizes its responsibility in this process and has adequate conditions to act.[28,34]

Especially in this moment of pandemic, when the vulnerability of children and adolescents is increased and access to the social support network is reduced, it is essential that health professionals are even more aware of their role as promoters of positive educational practices. Activities such as home visits allow professionals to get closer to the reality of users and are opportunities both for the detection of risk situations and for offering guidance to caregivers.[51] It is important that social isolation is modified based on the collaboration of FHS professionals and its integration with other sectors, helping to bring family members closer, reinforcing support networks and educational alternatives in the community where they work.

The study carried out has limitations in terms of the population and small sample size when considering a specific area (section 3.1), which makes it possible to interpret the results found with less

generalization capacity. However, it is possible that the perceptions and absence of practices aimed at corporal punishment reported here also occur in similar services, located in large urban centers and with an organization similar to that of the FHS. Here is not the place to blame, once again, health professionals for their social responsibility in this matter, but to show that gaps remain in the scope of services. By bringing visibility to the consequences of corporal punishment and the possibilities of using non-violent discipline, it is expected that the proposed reflection will bring developments in the practices of the teams, such as the development of expanded lines of care for children and their families. It is likely that, with significant changes in the perception of what is considered violence in family relationships, professionals can re-signify their beliefs and expand their actions in the community.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

SMS: Project administration, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Funding acquisition, Resources, Software. ATMSM: Project administration, Formal analysis, Conceptualization, Writing – original draft, Writing – review & editing, Investigation, Methodology, Funding acquisition, Resources, Software, Supervision, Validation, Visualization.

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