

# Interfaces of vulnerability dimensions in violence against children

*As interfaces das dimensões da vulnerabilidade face à violência contra a criança*  
*Las interfaces de las dimensiones de la vulnerabilidad frente a la violencia hacia el niño*

**Paula Hino<sup>I</sup>**

ORCID: 0000-0002-1408-196X

**Renata Ferreira Takahashi<sup>II</sup>**

ORCID: 0000-0001-7923-8967

**Lúcia Yasuko Izumi Nichiata<sup>III</sup>**

ORCID: 0000-0001-6515-4404

**Maíra Rosa Apostólico<sup>III</sup>**

ORCID: 0000-0003-2578-8685

**Monica Taminato<sup>I</sup>**

ORCID: 0000-0003-4075-2496

**Hugo Fernandes<sup>I</sup>**

ORCID: 0000-0003-2380-2914

<sup>I</sup> Universidade Federal de São Paulo. São Paulo, São Paulo, Brazil.

<sup>II</sup> Universidade de São Paulo. São Paulo, São Paulo, Brazil.

<sup>III</sup> Universidade de Guarulhos. Guarulhos, São Paulo, Brazil.

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## Corresponding Author:

Paula Hino  
E-mail: [paula.hino@unifesp.br](mailto:paula.hino@unifesp.br)



## ABSTRACT

**Objective:** present and discuss the potential use of the concept of vulnerability for the development of practices to address violence against children. **Method:** this is a theoretical study that presents the characteristics of the phenomenon of violence against children, to which the concept of vulnerability is applied. **Results:** proposal of a framework for the analysis of violence against children in the perspective of vulnerability, creating individual and collective dimensions. Violence against children, when analyzed in the perspective of this concept, broadens the understanding of this phenomenon, as it exposes aspects and conditions from outside the family that are co-responsible for the occurrence of this phenomenon. **Conclusion:** developing studies to identify the vulnerability of children to violence is essential for the development of practices to address this issue.

**Descriptors:** Community Health Nursing; Public Health; Child Abuse; Health Vulnerability; Social Vulnerability.

## RESUMO

**Objetivo:** apresentar e discutir as potencialidades do uso do conceito de vulnerabilidade para ancorar práticas para o enfrentamento da violência contra a criança. **Método:** estudo de base teórica, realizada por meio da apresentação das características do fenômeno violência contra a criança, à qual se aplica o conceito de vulnerabilidade. **Resultados:** proposta de um quadro de análise da violência contra a criança na perspectiva da vulnerabilidade, compondo dimensões individual e coletiva. A leitura da violência contra a criança na ótica desse conceito amplia a compreensão do fenômeno à medida que expõe aspectos e condições externas ao âmbito familiar que são corresponsáveis pela sua ocorrência. **Conclusão:** é fundamental o desenvolvimento de estudos para identificar a vulnerabilidade da criança à violência, visando subsidiar possibilidades para o seu enfrentamento.

**Descritores:** Enfermagem em Saúde Comunitária; Saúde Pública; Maus-Tratos Infantis; Vulnerabilidade em Saúde; Vulnerabilidade Social.

## RESUMEN

**Objetivo:** presentar y discutir las posibilidades del uso del concepto de vulnerabilidad en la determinación de prácticas para enfrentar la violencia hacia el niño. **Método:** estudio teórico, realizado por medio de la presentación de las características del fenómeno violencia hacia el niño, a la que se aplica el concepto de vulnerabilidad. **Resultados:** se propuso hacer un cuadro de análisis de la violencia hacia el niño en la perspectiva de la vulnerabilidad, componiendo las dimensiones individual y colectiva. La lectura de la violencia hacia el niño desde este concepto contribuye a ampliar la comprensión del fenómeno a medida que expone aspectos y condiciones externas al ámbito familiar que son corresponsables por su ocurrencia. **Conclusión:** se hace necesario desarrollar estudios para identificar la vulnerabilidad del niño a la violencia, con el fin de aportar posibilidades para su enfrentamiento.

**Descriptor:** Enfermería en Salud Comunitaria; Salud Pública; Maltrato a los Niños; Vulnerabilidad en Salud; Vulnerabilidad Social.

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## INTRODUCTION

The concept of *vulnerability* has been widely used in scientific publications of different areas of knowledge<sup>(1)</sup>. In the field of human rights, it has been used in health studies since the 1980s, in investigations about acquired immunodeficiency syndrome (AIDS), when the restricted understanding of the disease was questioned, based on the identification of risk factors. This type of analysis of AIDS epidemic was considered as an incitement to prejudice, discrimination and blame of those infected or belonging to the *risk groups* – men who have sex with men, sex workers, drug users – a population that faced these problems in society. Pressure from organized groups against the discrimination of people infected by the virus and all knowledge produced so far about the disease and epidemic were not sufficient to control the dissemination of this infection and consequent suffering. On the other hand, it contributed to analysis in a new perspective and the application of the concept of vulnerability, articulating a number of aspects that go beyond individual elements to cover collective and contextual issues as determinants that lead to aggravation<sup>(2)</sup>.

Understanding violence against children involves contributions from different approaches in the field of health, given the complexity of this social phenomenon. Violence against children includes topics ranging from prevention to reduction of damages, and it demands an articulation of sectors and actors from different social and political contexts<sup>(3)</sup>. Addressing this phenomenon requires an articulation between governmental and social segments, debates in collective spaces and political efforts. Despite the recognition that articulation is necessary and effective, many aspects do not support it, including resistance from health professionals for not considering violence as a relevant issue to the sector; disarticulation of sectors, institutions and care flows; and training schools that do not incorporate the theme of violence in their curricula<sup>(4)</sup>.

The articulation of the two concepts, vulnerability and violence against children, is still incipient in the national and international literature. The term vulnerability is still being reduced or confused with the concept of risk, presented as factors or components related to the probability of occurrence of violence from a functionalist perspective<sup>(5)</sup>, or vulnerability is presented as the background or one focus on the phenomenon. Therefore, the analysis of dimensions, implications and possible overcoming lacks further discussion or depth<sup>(6-7)</sup>.

In the perspective of collective health nursing, health phenomena are the result of processes of social production and reproduction of a community, considering its historically determined social context. Man, in this view, is a social and dynamic being, closely related to the geopolitical and cultural territory where violence is expressed. Transformations are the result of interventions in reality, of overcoming dialectical contradictions that emerge from the phenomenon itself<sup>(8)</sup>. This approach strengthens the potential use of the concept of vulnerability while analyzing the phenomenon of violence, given its amplitude in individual and collective dimensions, which are critical when addressing this issue.

The lack of theoretical studies that explore these concepts justified the development of this study, whose objective was to present and discuss the potential use of the concept of vulnerability for the development of practices to address violence against children.

## OBJECTIVE

Identify the potential attrition involving people in situations of violence, children and aggressors, characterizing vulnerability in a broad sense, and considering, as the axis of coping actions, the potentialities of social and family groups for the development of coping strategies and spaces of healthy relationships.

## METHOD

Studies based on the concept of risk tend to identify the characteristics of children, their families and even social context as individual attributes, as factors related to the phenomenon, considering the relationships between them as cause and effect. In this aspect, mathematics and statistics support these studies. Vulnerability broadens the view to consider, at the collective level, social and cultural dynamics in connection with individual aspects. And in this conceptual perspective, they support analysis in areas of humanities, such as social sciences, anthropology and psychology.

## RESULTS

Chart 1 shows a summary of the dimensions of vulnerability to violence against children, which are interdependent and interrelated.

**Chart 1** – Summary of the dimensions and possible markers of vulnerability to violence against children

INDIVIDUAL DIMENSIONS	COLLECTIVE DIMENSIONS	
	SOCIAL	PROGRAMMATIC (emphasis on health)
<ul style="list-style-type: none"> <li>– level and quality of information that parents, families or guardians (care providers) have about child development, violence in childhood and prevention;</li> <li>– cultural values, beliefs and representations about childhood and violence in childhood;</li> <li>– age/generation and school education level of parents/guardians;</li> <li>– marital status of parents/guardians;</li> <li>– labor activity of the mother;</li> <li>– adherence to protective measures; and</li> <li>– experience of violence by parents in their childhood/ adolescence.</li> </ul>	<ul style="list-style-type: none"> <li>– material conditions of existence of parents/guardians;</li> <li>– level of economic and social development of the country;</li> <li>– relationship between State and civil society;</li> <li>– social public policies that address the needs of families;</li> <li>– adequate and stable health financing for childhood protection;</li> <li>– level and quality of commitment from different bodies of society to prevent violence against children;</li> <li>– access to health care;</li> <li>– access to formal education; and</li> <li>– access to quality information.</li> </ul>	<ul style="list-style-type: none"> <li>– public policies that promote child development and prevention of violence against children;</li> <li>– organization and distribution of resources for prevention and control of violence in childhood;</li> <li>– organization and structure of health services: planning, evaluation and monitoring of actions to provide quality child care and training of workers.</li> </ul>

Note: adapted from Ayres et al.<sup>(2)</sup> and Silva et al.<sup>(9)</sup>.

## DISCUSSION

### Violence against children in the perspective of the concept of vulnerability

The concept of vulnerability is presented according to two interdependent dimensions that comprise it: individual and collective dimensions<sup>(2)</sup>. Individual dimensions consider knowledge about the phenomenon and the adoption of behaviors that support its occurrence. Behaviors are determined not only by one's voluntary action, but also by their ability to apply knowledge, i.e., behave in ways that protect it. Collective dimensions, which cover social and programmatic subdimensions, are determinant of individual dimensions, as they have structural contexts related to how society is organized in a given historical and social context<sup>(10)</sup>.

First, children must be considered as belonging to a vulnerable group *per se*. Even when they are born, there is vulnerability around, for example, vulnerability to death, as they depend on another being to meet their basic survival needs, such as food, physical and emotional security, among others<sup>(11)</sup>.

Any child can be considered as potentially vulnerable to violence and the structure of society, and the means available to protect children determine their vulnerability. Unlike other phenomena, in violence against children, individual dimensions include knowledge of parents/guardians about their needs and what characterizes violence against them, in their various modalities (physical, psychological, sexual violence; child neglect; abandonment, among others). It also covers protective aspects such as the ability to transform knowledge into behaviors that protect children and promote healthy development and growth. Such behaviors are not conditioned only by voluntary actions of families, but mainly by the access to the conditions that favor practices of prevention violence against children and promotion of healthy childhood, such as access to knowledge.

The collective dimensions of violence in childhood are defined by inherent aspects of society organization, seen in compliance or non-compliance with the children's right to healthy development and full exercise of citizenship guaranteed by the Brazilian legislation. Just like individual dimensions, they are not restricted to children and include parents and/or guardians – or even the family group – in effective and democratic access to education, health, communication, actions resulting from socioeconomic policies, cultural resources, among others. In addition, they involve the existence or absence of public policies for the prevention and control of violence against children, and the availability of resources required for its operationalization, which include actions ranging from training to health professionals; implementation of hospitable practices that effectively address violence against children; notification and monitoring of cases; and interventions focused on determinants of violence against children. Therefore, the first aspect in the analysis of violence against children refers to the social meaning of childhood, i.e., what being a child is like, taking into account the fact that meanings and senses attributed to any phenomenon are related to a historical and social construction.

Regarding the concept of childhood, interdependence is observed among individual and collective dimensions of vulnerability to violence against children, in historically and socially constructed meanings of childhood, and for this reason, distinct in different societies. Questions

like what being a child is like, why having children, and about the role of children and parents, are present in the construction of the concept of childhood, materializing in individual relationships and, therefore, in individual dimensions of vulnerability. These relationships are reinforced by the social, economic and legal structure, extending to the aspects of collective dimensions of vulnerability. For example, in the individual space, the permissiveness of a practice of domestic physical violence may be associated with a disciplinary method, as a mechanism to keep family order or express inequality of power exercised by those in charge. This private conflict between children and adults in the collective dimension presents a generational divergence and, therefore, explains vulnerability to violence.

On the other hand, for an individual practice to be accepted or rejected, a social framework must be available for that. Then, if in a given society, a child is perceived as a subject of law, a coherent system would not allow abuse practices.

Continuous violence against children can be a consequence of the intergenerational patterns of families that reproduce learned models. In this sense, intrafamily violence often has multiple facets, mostly experienced by the aggressor. The consequences of violence may include physical and emotional trauma and perpetuation of abusive practices<sup>(12)</sup>.

Also, an interface is observed between individual and collective dimensions of vulnerability in terms of generational analysis of violence, considering transgenerationality as the reproduction of a trauma in the family, without any modification or resignification, transferring it to the next generation<sup>(12)</sup>. Then, the individual dimension of vulnerability to violence against children materializes in the occurrence of abuse and perpetuation between generations, as an individual way to express learned models. While reproducing this model of violence against children, the generations they reinforce a fragile position of children in society and the system of rights, consolidating their behavior of omission in resources to address this issue, with poor instrumentalization of people to overcome individual vulnerability – and collective dimensions of vulnerability supporting and reinforcing individual dimensions.

The absence of continuous supportive relationships within families that promote trust in oneself and the environment, combined with poor child socialization, can be determinant of the collective dimension of vulnerability, creating obstacles to future plans for the child who will face challenges while building other relationships that are required for his/her development<sup>(13)</sup>.

Important contradictions are observed in society and public policies. For example, a recent discussion about lowering the legal age of majority aiming to reduce urban violence involving children and adolescents, but which makes them more vulnerable to institutional violence. The actions resulting from this contradiction aggravate inequalities and perpetuate non-enforcement of social rights, forgetting that addressing complex social problems, such as violence against children, requires interdisciplinary and intersectoral actions to be effective, involving a broad social restructuring, beyond criminalization of actions of children and adolescents.

Another aspect of collective dimensions refers to the practices of public (education, health and social) institutions, which must express political and social commitment to controlling violence in childhood, by training their professionals to identify and intervene in violence in the childhood. This commitment must also

be established in terms of availability of resources, monitoring and evaluation of actions and engagement of social subjects in the decision-making process of public policies.

Violence against children shows overlapping of other types of violence: structural, marital, family and social disintegration. In the analysis of collective dimensions, public policies guide social and health programs with actions and strategies to protect children against violent acts. In order to reduce their vulnerability to violence, the health sector becomes an administrator in this issue to guide the flow of care<sup>(3)</sup>. Although regulations are in place at national and international levels supporting collective dimensions of vulnerability, the actions resulting from these programs are focused on individual dimensions, still fragmented and directed to the visible damages caused by violence.

### Study limitations

The authors highlight that further studies articulating concepts of vulnerability used in other areas of knowledge can contribute to a current analysis of the dimensions of the concept to address violence against children.

### Contributions to the area of nursing, health or public policy

This study allows health professionals to provide broader care, in the specific case of addressing violence against children, based on the operationalization of the concept of vulnerability.

## CONCLUSION

This text is an invitation to think about the phenomenon of violence against children from the perspective of the concept of vulnerability, not only based on a restricted understanding of individual dimensions – related to the family and the child – but to expand the perspective about collective dimensions. Considering the relevance of using the concept of vulnerability by professionals in the field of health, it promotes an interaction of its dimensions, allowing a broad and critical understanding of health problems and their social impacts. The concept shows its importance and ability to understand the aspects of vulnerability against the children and their families.

Vulnerability to child violence should be analyzed and addressed at the interface between individual and collective dimensions. The first ones refer to children and their families, especially their aggressors, in an inseparable relationship, and the second ones are determinants not only of the social resources to address and prevent violence, but also of individual dimensions themselves.

It is important to emphasize the importance of debate in all social spaces and the consolidation of this theme in training to health professionals, improving practices based on the concept of vulnerability to violence. Then, this analysis seeks to encourage the development of studies to learn more about the contexts of violence against children and find new perspectives for planning interventions to control this phenomenon.

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