



Speech therapist's understanding of Reporting Bodies for Violence against children and adolescents

O entendimento do fonoaudiólogo a respeito dos órgãos de notificação de violência contra crianças e adolescentes

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ABSTRACT

Objective: To investigate the knowledge of speech therapists regarding the bodies to be notified in cases of suspected or confirmed violence against children and adolescents. **Methodology:** A cross-sectional study employing questionnaires sent to 4,297 speech therapists enrolled in the Regional Council of Speech Therapy - 3rd region. Collected data were analyzed through descriptive statistical analysis. **Results:** The study included the participation of 75 speech therapists. Regarding the public bodies to be informed in cases of suspected or confirmed violence against children or adolescents, 96% of speech therapists mentioned the Child Protection Services, 60% mentioned the Childhood and Youth Court, 42.7% mentioned the police, 26.7% mentioned the Municipal Defense Councils, 25.3% mentioned the Prosecution Office, 25.3% mentioned the Call 100 service, and 10.7% mentioned the Notifiable Diseases Information System. **Conclusion:** Speech therapists demonstrated adequate knowledge about the bodies to be notified in cases of suspected or confirmed family violence against children or adolescents, with the Child Protection Services being most frequently mentioned.

Keywords: Violence. Notification. Mandatory Reporting. Speech, Language and Hearing Sciences.

RESUMO

Objetivo: investigar o conhecimento dos fonoaudiólogos sobre os órgãos a serem notificados em casos de suspeita ou confirmação de violência contra crianças e adolescentes. **Metodologia:** estudo transversal, desenvolvido a partir do envio de questionários aos 4.297 fonoaudiólogos, inscritos no Conselho Regional de Fonoaudiologia – 3º região. Os dados coletados foram explorados mediante a análise estatística descritiva. **Resultados:** participaram da pesquisa 75 fonoaudiólogos. A respeito dos Órgãos a serem informados em casos de suspeita ou confirmação de violência contra crianças, ou adolescentes, 96% dos fonoaudiólogos mencionaram o Conselho Tutelar, 60% a Vara da Infância e da Juventude, 42,7% a polícia, 26,7% os Conselhos Municipais de Defesa, 25,3% o Ministério Público, 25,3% o Disque 100, e 10,7% o Sistema de Informação de Agravos de Notificação. **Conclusão:** os fonoaudiólogos demonstraram conhecimento adequado acerca dos órgãos a serem notificados em casos de suspeita ou confirmação de violência familiar contra crianças, ou adolescentes, sendo mencionado, em primeiro lugar, o Conselho Tutelar.

Palavras-chave: Violência. Notificação. Notificação de Abuso. Fonoaudiologia.

INTRODUCTION

Violence is an alarming public health problem affecting the entire society. Globally, violence is responsible for illnesses, losses, and deaths among many children and adolescents. Victims of violence increasingly utilize hospitals, emergency, and health services due to issues arising from the abuse they have suffered, thereby escalating costs to the government and hindering economic and social development.¹

The World Health Organization (WHO) states that violations experienced in the first decade of a child's life are primary risk factors for health problems up to adulthood and other forms of violence. Child sexual abuse, the most prevalent form of violence, often results in depression, drug addiction, and suicide attempts. In general, violent situations lead children to adopt harmful practices such as smoking, high-risk sexual behaviors, and eating disorders, which are directly related to physical, sexual, and other forms of abuse.²

Therefore, reporting cases is the primary tool to ensure the rights of children and adolescents following incidents of violence. It is also crucial for mitigating financial impacts.³ In the United States, reporting violations has been mandatory for over 30 years, with health and other social professionals being the main legal personnel responsible for these notifications.⁴ Failure to report situations of violence can result in civil or criminal punishment.⁵

However, research across thirty countries has revealed that only half of developed nations and a third of developing countries have centralized systems for recording notifications. Data collection remains fragmented and lacks comparability, impeding the recording and development of measures to combat violence in countries such as the United States, France, and Germany.⁴

Brazil uses the American standard as a parameter for mandatory notification. The law requires forwarding notifications to a lawful public body and imposes penalties on professionals who fail to report cases of violence. This requirement was established in Brazil following the promulgation of the Child and Adolescent Statute (ECA) in its Article 13.³

On January 25, 2011, the Ministry of Health issued Ordinance no. 104, mandating the notification of new cases of illnesses and diseases, including violence.⁶ Ordinance GM/MS no. 204 of February 2016 defines a National Compulsory Notification List of diseases, conditions, and public health events in both public and private health services throughout Brazil. This ordinance mandates that all health services that respond to, identify, or suspect cases of violence must notify the Epidemiological Surveillance service.^{7,8} Specifically, reports of violence against children and adolescents must be forwarded to Guardianship Councils or competent authorities, in accordance with the ECA.⁹

Health professionals must know where to report suspected and/or confirmed cases of violence. Existing obstacles in Brazil, such as the lack of regulations supporting technical procedures, the safety of the professional responsible for the notification, the gap in identifying violence in the health sector, and breaches of professional secrecy, contribute to the underreporting of cases.⁵

Health professionals base their decisions and work behavior on their code of ethics.⁵ According to Article 9 of the speech therapist's code of ethics, professionals must respect their clients and prevent any form of disrespect towards them. Article 13 states that speech therapists must maintain confidentiality regarding information acquired through their work, except for "just cause," which refers to situations where the professional's silence could jeopardize the integrity of the client or the community. However, the speech therapist's professional code of ethics does not explicitly mandate reporting violence, which may contribute to underreporting.⁵

The speech therapy clinic is a suitable environment for identifying changes in language, voice, and oral motor skills in children and adolescents who are victims of violence.¹⁰ Regular contact with the child or adolescent, the absence of guardians, the consistency of meetings, knowledge of the child's daily life, and proximity to the family enable speech therapists to understand the family dynamics where violence may occur.¹⁰

Considering the above, this study aims to investigate the knowledge of speech therapists

regarding the bodies to be notified in cases of suspected or confirmed violence against children and adolescents. The hypothesis is that speech therapists have limited knowledge about which authorities they should notify in cases of violence against children and adolescents.

METHODS

This is a cross-sectional study submitted to the Ethics Committee of the Universidade Tuiuti do Paraná, Curitiba, Paraná, Brazil, and approved with opinion no. 34894720.6.0000.8040. Questionnaires were sent to all speech therapists registered with the Regional Speech Therapy Council – 3rd region (CREFONO-3). There were 4,297 active speech therapists working in Paraná and Santa Catarina in March 2021.

The questionnaire used was based on previous research.¹⁰ It is the first and only instrument created by speech therapists to study violence and includes questions relevant to this study. The questionnaire addresses sociodemographic data, professional training of participants (state of residence, years of practice, areas of activity, academic level), and knowledge about the bodies to be notified in cases of

suspected or confirmed family violence against children or adolescents. CREFONO-3 sent the instrument by email to the speech therapists.

Professionals who cared for children and adolescents in a clinical setting and signed an informed consent (IC) were included. Speech therapists who only treated adults and the elderly were excluded. For this research, a convenience sample was formed with all participants who responded to the questionnaire and met the eligibility criteria. Descriptive statistical analysis was performed to interpret the data by calculating percentages using the JASP statistical software, version 0.14.1.

RESULTS

A total of 85 questionnaires were collected. However, two participants chose not to participate after reading the informed consent (IC), and eight worked only with adults and elderly people, leading to their exclusion from the study. Thus, the research included 75 participants. Table 1 describes the characteristics of the study population. Table 2 lists the bodies that speech therapists reported to for suspected or confirmed cases of violence against children and adolescents.

Table 1. Characteristics of the study population (n=75)

Variable	n	%	
Training time	1-5 years	30	40.0
	6-10 years	15	20.0
	10-20 years	13	17.3
	Over 20 years	12	16.0
	Less than 1 year	5	6.7
Areas of expertise	Generalist	53	70.7
	Language	11	14.7
	Audiology	7	9.3
	Voice	1	1.3
	Orofacial motricity	1	1.3
	Educational speech therapy	1	1.3
	Service specializing in violence	1	1.3
Academic level	Specialization/improvement	37	49.3
	Graduation	27	36.0
	Master's degree	6	8.0
	Doctorate degree	5	6.7

Source: prepared by the authors.

Table 2. Bodies informed by speech therapists for notification of suspected or confirmed cases of violence against children and adolescents

Do you know which of the public bodies below could help or should be informed in cases of suspected/confirmed family violence against children or adolescents?				
	N	%		
Guardianship Council	2	7	96	
Children and Youth Court	5	4	60	
Police	2	3	42.	
Municipal Defense Councils	0	2	26.	
Prosecution Office	9	1	3	25.
Dial 100	9	1	3	25.
SINAN	8	7	10.	
I don't know	2	2	2.7	
Other	2	2	2.7	

Source: the authors.

Regarding the residence of the participants, 70.7% of speech therapists were from Paraná and 29.3% from Santa Catarina. Concerning the speech therapists' self-perception

of their knowledge regarding violence, 57.5% indicated that they had prior knowledge on the matter.

DISCUSSION

The speech therapists participating in this study demonstrated adequate knowledge about the bodies to be notified in cases of suspected or confirmed family violence against children or adolescents, with the Guardianship Council (GC) being the most frequently cited. These findings align with those of a survey conducted with dental surgeons in the northeast region of Brazil, where the Guardianship Council was also the most mentioned entity by participants.¹¹ Similar results were observed in a systematic review of studies on records of violence against children and adolescents in Brazil.¹² Specifically related to speech therapy, a survey conducted with 89 speech therapists in Recife indicated that the Guardianship Council (96.6%) was the most mentioned institution among the responses collected.¹³

The data from the present study contrast with the first research conducted in Brazil, which revealed that speech therapists primarily cited the Children and Youth Court as the main body to be informed in cases of child and youth violence.¹⁴ This suggests an improvement in speech therapists' knowledge of reporting bodies in cases of violence against children or adolescents.

Article 131 of the Child and Adolescent Statute (ECA) states that the Guardianship Council is the most important protection body ensuring the rights of children and adolescents.¹⁵ The primary purpose of this body is "to ensure full compliance with the rights of children and adolescents, acting incessantly against all forms of violations or threats to human rights."¹⁵ The ECA grants this body the prerogative to promote and execute its decisions, request public services, or even represent judicial authorities when its provisions are not enforced.¹⁶ The Guardianship Council is a non-jurisdictional body solely responsible for carrying out measures provided for in the Statute, with jurisdictional powers being forwarded to the appropriate courts.¹⁶

In this study, 42.7% of participants mentioned the police as an institution to be contacted in cases of violence against children and adolescents. It is important to note that the notification of cases of violence aims to prevent behaviors by the aggressor and must be directed

to the Guardianship Council at the victim's location.¹⁷ The Council analyzes the case and proposes appropriate solutions. If a professional does not have access to a Guardianship Council in their municipality, they must seek other means to ensure that the child or adolescent's condition is reported. In such situations, it is recommended to notify the Children and Youth Court (CYC) or other child protection agencies. For cases of sexual violence, severe physical violence, and severe neglect, it is necessary to notify the Special Police Station for the Protection of Children and Adolescents (DPCA) or the nearest police station.¹⁵ Only in these cases should the CYC or the police be directly contacted by the professional, that is, when there is no Guardianship Council in the municipality.

It is important to clarify that notification to the Guardianship Council is not equivalent to a police report; it only indicates that the health professional is reporting that the child or adolescent and their family need help.¹⁴ Notification is also an effective instrument for creating public surveillance and assistance policies for victims.¹⁸ According to the ECA, failure to notify suspected violations may result in a penalty of three to 20 minimum wages, with the amount doubling for repeated offenses.¹⁹

The Guardianship Council is one of the bodies that comprise the Child and Adolescent Rights system. There must be operational integration of the system, meaning integrated work between various social actors within the rights system.¹⁷ In addition to the Guardianship Council, there are other means of notification, such as Dial 100 and the notification form of the Notifiable Diseases Information System (SINAN). Notifications should promote new forms of organization and care structures to better support people in situations of violence and their families.¹⁹ It is important to clarify the functions of different public bodies and units, considering their importance in the network to combat violence and support victims.

Dial 100, mentioned by 25.3% of participants in this research, was initially created to record reports of sexual violence against children and adolescents. However, this service now handles reports of all types of aggression. Dial 100 allows users to report cases of suspected and/or confirmed violence anonymously.

Notifications received by this service are forwarded to competent bodies within 24 hours.⁵

SINAN, mentioned by 10.7% of speech therapists, involves professionals designated by federal, state, and municipal spheres who participate directly and indirectly in the notification and investigation of cases of diseases and injuries. Reporting units generally provide services to the Unified Health System, conducting case notifications. Other units, such as private hospitals and/or private practices, can register with the National Registry of Health Establishments (CNES) as sources of notification. Every health unit providing medical care must be registered as a notifying unit using the CNES code.²⁰

The Compulsory Notification / Investigation of Domestic, Sexual, and Other Interpersonal Violence form was created by the Ministry of Health through Ordinance no. 2,406, of November 5, 2004. When there is violence against children or adolescents, this form must be completed in two copies and sent to a Social Service or the Prevention and Assistance Program for Victims of Violence (PAV) of the health unit, which will contact the region's Guardianship Council. More serious cases are referred to the Special Police Station for the Protection of Children and Adolescents (DPCA) or a regular police station.^{21,22} Although the ECA defines children as those aged zero to 11 years and adolescents as those aged 12 to 18 years, the Ministry of Health adopts the age groups defined by the WHO, considering childhood to range from zero to nine years and adolescence from 10 to 19 years.¹⁵

Municipal Defense Councils were mentioned by 26.7% of participants in this research. The Councils for the Rights of Children and Adolescents are deliberative bodies responsible for ensuring priority for childhood and adolescence at the federal, state, and municipality levels. Established by the ECA (Law no. 8,069 of July 13, 1990), these councils formulate and monitor the implementation of public policies for child and adolescent care and oversee the implementation of legislation ensuring the human rights of children and adolescents.²³ Formed by representatives of the government and civil society, the councils are administratively linked to a state or municipal

government but operate autonomously in their work, collaborating with the Guardianship Councils, Special Protection Police Stations, and judicial instances such as the Prosecutor Office, Public Defender Office, and Special Courts for Children and Youth, which form a network to protect the rights of children and adolescents.²³

The Social Assistance Reference Center (CRAS) and the Specialized Social Assistance Reference Center (CREAS) were mentioned by 2.7% of speech therapists. CRAS aims to prevent situations of vulnerability and social risk by strengthening family and community ties and expanding access to citizenry rights. It also develops intersectoral actions to improve social protection and fosters home visits. It is a municipal entity that serves children, adolescents, and families, acting in areas with the highest levels of vulnerability and social risk.^{24,25} CREAS provides specialized assistance to families and individuals experiencing situations of vulnerability or violation of rights, such as physical, psychological, and sexual violence, neglect, abandonment, and discrimination.^{18,26}

The Prosecutor Office was mentioned by 25.3% of participants in this study. This body operates based on the Constitution and federal laws, defending social and individual rights unavailable to citizens, such as the right to life, dignity, and freedom.¹⁸ The Children and Youth Court (CYC) was the second most cited body by participants in this research, with 60% mentions. It is the main department of the Rights System for enforcing the rights of children and adolescents, working with those at social risk and adolescents in conflict with the law, whether on a preventive, protective, or punitive basis.²⁷

It is important to explain the differences between the Guardianship Council and the Children and Youth Court, as many professionals do not understand the responsibilities of these departments. The Guardianship Council investigates notifications and, when it confirms their validity, proposes measures to halt the violence and restore the rights of children and adolescents. It forwards the most serious cases to the Children and Youth Court and/or the Prosecutor Office. However, it should be noted that only in municipalities without a Guardianship Council should the Children and Youth Court be sought.¹⁴

Two speech therapists (2.7%) were unable to identify the institutions responsible for assisting children and adolescents who are victims of violence. It is worth mentioning that intra-family violence against children and adolescents emerges in the work of speech therapists. For this reason, it is essential that these professionals obtain knowledge about violence and reporting bodies.¹³ This way, they fulfill their legal duty to notify competent bodies about suspected or confirmed cases of violence against children and adolescents, thus ensuring monitoring and protection of the victims and their families, and preventing further incidents.¹⁸

In Brazil, there is a lack of reliable epidemiological data on violence against children and adolescents, making it difficult to address the problem effectively.²⁸ Despite the frequency of family violence among children and adolescents, it is estimated that only 20% of incidents are reported.²⁹ This indicates that, although the bodies to be informed in situations of violence against children and adolescents are well known by the population and health professionals, case notification is still rarely practiced.³⁰ Therefore, it is not enough to merely know the bodies to be called upon in situations of violence against children and adolescents; it is necessary to notify the Guardianship Council.¹⁸

CONCLUSION

The present study indicates that participating speech therapists possess a good understanding of the appropriate bodies to notify in cases of suspected or confirmed family violence against children or adolescents, with the Guardianship Council being the most frequently cited entity. These results contradict the initial hypothesis that speech therapists have limited knowledge about reporting bodies.

The study also emphasizes the necessity for professionals not only to be aware of the bodies to be contacted in cases of violence against children or adolescents but also to ensure that these cases are reported to the Guardianship Council. This research, in addition to confirming the speech therapists' knowledge on the subject, clarifies the functions of different institutions

responsible for assisting children and adolescents who are victims of violence.

A limitation of this research is the small number of returned questionnaires. Further studies are needed to include a larger number of professionals. Despite these limitations, the study underscores the importance of preparing speech therapists to recognize and report cases of violence against children and adolescents. This research contributes significantly to the field of speech therapy, the academic community, and professionals working with children and adolescents.

There is a pressing need to address the silence within the speech therapy scientific community regarding violence against children and adolescents. By breaking this silence, new scientific knowledge can be developed to enhance professional practice.

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