

PUBLIC CARE POLICIES FOR CHILD AND ADOLESCENT VICTIMS OF DOMESTIC VIOLENCE

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This is a qualitative study that aimed to know and analyze the social representations of social workers regarding the assistance to the child and adolescent, victims of domestic violence. The data collection was carried out through semi-structured interviews and participant observation. The data analysis was based on the hermeneutic-dialectic perspective. The empirical categories that emerged from the subjects' representations were: "lack of policy", "do not support because have not received support", and "social assistance" whereas the political economic aspect was highlighted as determinant of violence; the cultural aspects, perpetuating a cycle of violence in the families. An important step must be taken is the formulation of public policies directed to all children and adolescents and not policies of exception, directed only to those who are in situation of "social and personal risk".

DESCRIPTORS: public policies; workers; social service; child; adolescent; domestic violence

LAS POLÍTICAS PÚBLICAS DE ATENCIÓN AL NIÑO Y LAS VÍCTIMAS JUVENILES DE VIOLENCIA DOMÉSTICA

Se trata de un estudio con aproximación cualitativa que buscó conocer y analizar las representaciones sociales de los trabajadores sociales acerca de la atención al niño y al adolescente víctimas de violencia doméstica. Para la recolecta de los datos, utilizamos entrevistas semiestructuradas y observación participante. El análisis de los datos se inspiró en la hermenéutica dialéctica. Las categorías empíricas que emergieron de las representaciones de los sujetos fueron: "ausencia de política", "no coger en los brazos porque no fue cogido" y "atención social" sobresaliendo el aspecto político-económico como determinante de la violencia; los aspectos culturales, perpetuando un ciclo de la violencia en las familias. Un paso importante que se debe dar es la formulación de políticas públicas para todos los niños y adolescentes y no políticas de excepción, solamente para aquellos en situación de "riesgo personal y social".

DESCRIPTORES: políticas públicas, trabajadores; servicios sociales; niño, adolescente, violencia doméstica

AS POLÍTICAS PÚBLICAS DE ATENDIMENTO À CRIANÇA E AO ADOLESCENTE VÍTIMAS DE VIOLENCIA DOMÉSTICA

Trata-se de um estudo de abordagem qualitativa que buscou conhecer e analisar as representações sociais dos trabalhadores sociais em torno do atendimento à criança e ao adolescente vítimas de violência doméstica. Para coleta dos dados, utilizamos entrevistas semi-estruturadas e observação participante. A análise dos dados inspirou-se na hermenéutica dialéctica. As categorias empíricas que emergiram das representações dos sujeitos foram: "ausência de política", "não dar colo porque não teve colo" e "atendimento social", sobressaindo o aspecto político-econômico como determinante da violência e os aspectos culturais, perpetuando um ciclo de violência nas famílias. Um passo importante que deve ser dado é a formulação de políticas públicas para toda criança e adolescente e não políticas de exceção, somente para aqueles em situação de "risco pessoal e social".

DESCRIPTORES: políticas públicas; trabalhadores; serviços de assistência social; criança, adolescente; violência doméstica

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INTRODUCTION

Profound changes in national and international settings⁽¹⁻⁴⁾ have turned child and adolescent care into a public policy; a State duty. Nevertheless, in some cases, of both public and private domains, the setting is still marked by individual criteria, good will and charity, which harms the right to citizenship.

It is understood that the principle of integral protection implies a process of value reconstruction, a new culture, new posture, i.e., the construction of new social and protection policies.

Particularly in Brazil, the principle of integral child and adolescent care was established with a view to promoting, in this population, the rights of every citizen. Their particular characteristics, considering that they are developing individuals living in risk situations, imply a group of rights that should be ensured through public policies with absolute priority⁽⁴⁻⁵⁾.

The historical disparities in the "child and adolescent" population have produced distancing cultures and codes as opposed to promoting equity. Inequality has reinforced the "apartheid", which, in legal terms, translated into the creation of "special" laws for poor children, in which they appear as objects rather than subjects. This considerably changes the view regarding childhood: rights reinforce the universality and belief in this age group's ability to claim obligations and follow the duties of a citizen life. Therefore, it is not enough to ensure children's basic necessities. A deeper understanding of the meaning of considering children as subjects implies taking the quality of care service into account.

This care could be offered in an emancipatory fashion, permitting subjects to making choices, or it could be offered by maintaining a tutelary attachment and, thus, increasing the stigma of subalternity. Therefore, educational actions can be carried out within the family, along with the socialization process and social policies, contributing to developing subjects or to maintaining exclusion rather than citizenship.

The paradigmatic perception of children and adolescents as subjects represents the attempt to break with the current social order, presenting a demand for justice and social equity, not only regarding the quantity of services and actions for the child-adolescent population. What seems indispensable, in this case, is a change in social policy

management, focused on the multitude of children, visible or not, so as to effectively increase their level of social insertion.

From this perspective, the aim of this study was to gain knowledge about and analyze the Social Representations for Care to Child and Adolescent Victims of Domestic Violence, as well as social workers and service administrators, and compare social representations and subjects' social actions, using the Child and Adolescent Statute as a reference⁽⁴⁾.

In order to understand the child and adolescent care policy as well as the technicians' and administrators' statements and perceptions, two analysis categories were established: "child and adolescent care" and "common sense and good sense". Common sense is the spontaneous synthesis of what people in the social environment think; it is a diffuse thought, and this social environment is an important and intense "educator", which generates a need to oppose this structure with a new educational process, or a hegemonic line in greater harmony with the social classes⁽⁶⁾.

This aspect presents a possibility of understanding the previous knowledge that professionals who perform and manage public policies have; i.e., their own perception of the world, which often expresses thoughts elaborated in a distant and obsolete past, which should be questioned and replaced by a present thought.

Common sense, a product of man's insertion in history, comprises unattached ideas and opinions, disconnected from a generic thought from a specific time, and concerning a specific environment. Thus, society derives from the common sense built and rebuilt by social actors across history, with the aim to maintain certain conducts or behaviors determined by dominant ideologies, called social representations, which are present in people's habits, customs, beliefs, and values. These social representations are the goal in this study.

The issue is that it should be recognized that people carry along common sense elements; elements of knowledge acquired in diverse places and moments. In addition, although knowledge means power, knowledge alone does not permit us to get down to the synthesis itself of the history we are part of, as a result of the past.

Regarding the first category, child and adolescent care, one first question that deserves

consideration is the prevalence of policies for the poor population. Child and adolescent care policies have been characterized by the care offered to a certain population segment, the poor and excluded. They are connected to the effects of a capitalist system and are referred to as *Care Policies*. The Brazilian government has responded to the growing demand for social issues, especially the increase in marginality, with a complex care network that aims to provide care to specific "risk groups". These residual social policies usually have a mainly tending role, due to the poverty situation affecting most of the population.

It was observed that State responses regarding the child and adolescent social issue mainly concerned offering care to a population of poor children and adolescents, without school, health or basic social policies.

Another important point is the presence of civil society and the State in child and adolescent care. In certain moments, the hegemony of one of these actors is appropriate and, in others, the positions are shared. This action permeability indicates, in the Brazilian society, the private appropriation of a public asset⁽⁷⁾.

It should be mentioned that some private groups, especially after the 1990s, defended the public space as the space for child and adolescent rights.

The Catholic Church is a social actor that has always participated in care for poor and excluded children and adolescents, working in this diffuse space of public and private sectors. And, finally, it was observed that there is an intrinsic relation between legal frameworks and child and adolescent care. Hence, this justifies the influence of legislations on the historical development of policies in this segment and explains the range of services and programs.

It is understood that this relationship between care policy and legal frameworks, also known as a "judiciary culture of supplementary social policies", molded the judiciary structure (Minors Courts) for a role that complemented care policies⁽⁸⁾.

The judiciary became the possibility of children and adolescents to have access to basic social policies and care programs. Due to the significance for care policies, it can be characterized, at first, by the "irregular situation and institutionalization" and, also, as "subjects entitled to rights and special protection".

This social policy configuration is responsible for an important part of the unsatisfactory results that characterize governmental social actions. The

marginal situation, among the priorities of the political and economic agenda, is also found in specific literature. Researchers have recently become interested, especially after the 1980s, in studies about social policies, mainly those regarding child and adolescent care.

METHOD

This is a strategic research, using a qualitative approach. Social representations were used as the methodological principles of choice⁽⁹⁾.

To perform this study, standards and regulations for research involving human beings were complied with, according to resolution 196, issued in 1996, and approved by the Ribeirão Preto College of Nursing Review Board.

The study setting was the Department for Children and Adolescents at Risk at the Ribeirão Preto Social Care Secretary, in São Paulo State, Brazil. The Department has several programs and services directed to children and adolescents at personal and social risk: Social Care, Municipal Financial Support Program for Families, Children and Adolescents with Material Needs; Welcoming Family; Substitute Family; Street Pedagogy; Program for Child Work Eradication; Socio-educational Measure and Assisted Freedom; Child and Adolescent Victim Center shelters (CACAV); and the Travessia shelter. The study was limited to analyzing one of the public programs - the Programa de Apoio e Orientação Familiar (PAOF) [Program for Family Support and Guidance], which attends an average of 440 families every month, with 995 children and/or adolescents who have suffered domestic violence, establishing an average of 44 families per technician, regarding new and/or follow-up cases.

Study subjects were all PAOF professionals and their administrators, comprising 12 participants; i.e., three administrators, six social workers (one professional for the Disque-Criança program [a hotline program]), two psychologists and one occupational therapist.

Data collection was carried out through semistructured interviews and participative observation by the researchers and scholarship-holding students. This permitted to explore the data regarding the institution and identify elements that could denote the type of care being offered, as well as their meanings.

To ensure data privacy and secrecy, participants were identified through a letter system: administrators - C; social workers - A; psychologists - P; and occupational therapists - T.

Data analysis was based on the hermeneutic-dialectic method. This method essentially proposes a confrontation, which implies the articulation between the material obtained from the social workers' statements and observation, allied to the social institution settings that comprise the social knowledge process, with a view to providing understanding of the statements as a result of a social knowledge process. Data were ordered and classified so as to become operational - reading and re-reading the collected material and elaborating empirical categories based on theoretical foundations.

RESULTS AND DISCUSSION

This study was based on the situation of domestic violence children and adolescents are exposed to at home and in social spaces in our community. Children and adolescents receive care from the program for family support and guidance. The same applies to families forwarded by Tutelary Councils, Promoters and Judges of the Childhood Court.

The program is made effective through individual and group care, offered to families and child and adolescent victims of domestic, sexual, and psychological violence, as well as victims of negligence and abandonment. In order to carry out the proposed work, professionals organize the care according to the family's residence location. This method aims to determine one reference professional for each region, so as to make it possible for him or her to become familiar with the population, public and private institutions in the work area, and, consequently, other professionals involved.

During the family follow-up period, professionals encourage the family's insertion in the community - counting on a support network: day care centers; community centers; health care; professionalizing activities; minimal income; nutritional support; and others. Groups meet according to the families' demands, aiming to include themes related to domestic violence, child education, family and conjugal relationships, adolescence and drugs.

Three empirical categories were identified in the statement groups: "lack of policy", "not comforting because was not comforted" and "social care", which cover social workers' social representations regarding the care to child and adolescent victims of domestic violence.

The empirical categories of the data analysis process represent the authors' reflections on the social representations of professionals involved in care for child and adolescent victims of domestic violence. These categories could offer elements that contribute to interpret this phenomenon in social workers at other organizations, governmental or not, which are inserted in the Brazilian child and adolescent programs and services, contributing to the analysis of this process of implementing/evaluating Child and Adolescent Care Policies.

Lack of policies

Families and child and adolescent victims of domestic violence who receive care from the PAOF and other programs and services of the Department for Children and Adolescents at Risk have a life reality characterized by the situation of poverty: they live in precarious housing conditions and have several problems regarding nutrition, unemployment and education (particularly school dropout), as shown in the following report:

[...] *The result of a reality, of an economic model that is increasingly excluding, especially regarding poorer families, and due to the increase in unemployed people in society, as well as due to the issue of the strong advent of drugs traffic, especially in big cities like Ribeirão Preto (C1).*

Studies about violence and its causes indicate that, among various factors, unemployment and poverty appear as responsible for frustration and stress, which, in turn, may lead to abuse^(7, 10-11). These authors also note that work conditions should be considered as factors that could increase stress and personal frustration. Extensive work shifts and rigid discipline, among others, appear as the main causes in the aggressor's profile.

Regarding Ribeirão Preto, social contradictions due to migration, as well as the reduction in the rural population due to the higher concentration in agro-industries and the use of temporary work, comprise a setting in which the population that arrives in the city faces difficulties to find work, housing, sanitation, school and day care

for their children. This setting, throughout the 1990s, resulted in an intense process of deteriorated living conditions, especially on the outskirts of the city, where social exclusion takes place.

"[...] for example, for children who have nothing, it is difficult to set limits, because the family gets tired. So, I think that it is not just a life story, it is the current story that parents face. Because adolescents who never have anything, they don't have sneakers, they don't have snacks, they don't have television, it becomes hard on the parents to use other forms to set limits because they have nothing else to lose" (P2).

Geographical and economic studies indicate that the interior of São Paulo State is one of the most developing areas in Brazil, receiving high investments in technology-intensive sectors throughout the State⁽¹²⁾. This economic development of interior cities, for instance, due to investments and technological diffusion in the sugar and alcohol industry in the case of Ribeirão Preto, have resulted in intense urbanization and, due to the city's medium size, aggravated social inequalities and urban segregation.

The contradictions in Ribeirão Preto can be explained by the distribution of resources, which are mostly used to satisfy the needs of hegemonic businesses and the city's higher-class population. Investments and technological diffusion are not impartially divided, and thus result in problems concerning transportation, communication, electricity and basic social services. This city's adjustment was due to the accumulation and concentration of large companies in detriment of social interests.

Therefore, the city has portrayed, over the last decades, an increase in social problems due to the dissonance between economic and social evolution, as shown in the following statement:

"(...) the city grows and problems increase and children and adolescents become victims of that unordered development of our society" (C2).

Public care spaces, in this context, have always received a demand from population segments punished by poverty, holding a place in public policies "of ideological substitute for the retraction of basic social policies"⁽¹³⁾.

This policy has been stigmatizing and segmenting, since it divides and labels children from poor social classes - needy, abandoned, anti-social behavior, transgressor, delinquent - thus creating a perverse circle. The Child and Adolescent Care Policy stigmatizes and is stigmatized, since it is conceived as a place of poor for the poor, an ideological space

present in the imagination of middle-class and wealthy families. In the following statement, this situation is clearly observed:

"Middle and above middle class seek doctor offices. This family does not want to be exposed in a municipal project. They already go to doctor offices" (P3).

In summary, the setting in which care is offered to child and adolescent victims of domestic violence is a field with strong resistances from different sectors that act in opposition to recognizing social rights. These elements indicate that their change depend mostly on the relationship between forces that result from the various participation spaces - councils - and the institutional administrators responsible for implementing the current legislation.

Not comforting because was not comforted

This empirical category, present in the research subjects' statements, brings about the aspects of domestic violence as a cyclic characteristic in their happenings. Social workers' social representations, regarding the care to victims of domestic violence, present as a result of this situation the statement of violence in the family members' life history reports: mothers, fathers, grandparents, uncles, aunts, and/or responsible adults in the individual interviews and group work by the Risk Department.

"Many times they are not aware. The story happened, but they don't stop to think that it is being repeated, how it happens, why they permitted it, [...] (P1). "It is, like, a cultural issue [...], that people have of "I got beaten for ... I needed the beating", "children who are spanked are well-mannered", "this helps a lot in education", physical punishment, it is seen as a benefit for education" (A5).

The interviewed social actors, who work with the care policy, constantly listen to families report that the most appropriate form of educating their child is "the natural and appropriate" "spanking pedagogy", approved by the family and reified in our culture, internalized as an asymmetrical and adult-centered power relationship⁽¹⁰⁾. The social history of childhood has shown that there is violence inherent in adult-child interpersonal relationships, based on the presupposition of adult power over children.

Social workers should also put ECA and its propositions into practice. However, a careful reading of the studied actors' statements showed that, everyday, they continue receiving families with

multiple problem and structural issues, but they report there is nothing "they can do".

Social workers have the role to perform a more comprehensive action regarding legal sanction, using efficacious techniques instead of charity and/or repression. Thus, it is observed that there is a group of new social professions that are not exclusively linked to an institution and have their actions directed to the popular levels, especially aiming at infant diseases, considering children at risk, as well as those suffering domestic violence and delinquent children⁽¹⁴⁾.

Social workers, within their work with children, adolescents and their families, present, intentionally or not, traces, concepts and ideas previous to the Child and Adolescent Statute⁽⁴⁾. It could be said that child and adolescent care has been influenced, throughout its history, by some of these ideas, which, due to the Brazilian social situation or to the scarce social investments in Basic Social Policies, continue until today.

Hence, it is believed that, despite social workers having a new instrumental view of children and adolescents as subjects, the social situation and the Public Policy for Social Care, as well as the other Care Policies, mold their way of acting toward children, adolescents and their families, limiting their possibility of creating their own creative answers to child and adolescent care.

These contradictions in child and adolescent care are noticed by the study subjects, who have attempted, starting from the implementation of the service, to improve their professional qualification so as to add quality to the service, participating in specialization and graduate courses in public universities.

Social care

This empirical category is related to the social practices of professional intervention and, firstly, according to the social actors' statements, it expresses the care to child and adolescent victims of domestic violence, in their role as a channel for inserting families in the social area.

"We perform, like, social activities. Adolescents who don't have a "cool" life, middle-class like, who have never been to the movies or to the mall, or to a zoo, our project offers that kind of support ... We also respect, once a month, the month birthdays, the festive activities, throughout the year, "junina" parties [folkloric 'June festival'], Christmas, Mother's day, the most

important commemorations. Therefore, there is an educational activity, the group has attended a lecture about drugs at the army, a lecture about domestic violence also took place at the M., I invited them, also cultural activities, we have been to the theater, movies, that's it" (P3).

Although the official documents from the Municipal Secretary for Social Care clearly state each professional's attributions - social worker, psychologist, occupational therapist, nurse, pedagogue, and others - the demands from families and their children emerge related to basic social actions, thus reflecting a "social care" that includes the families' social needs and imposing specific limits on PAOF's professional actions.

Considering the goals of state institutions, the lack of funds and qualified personnel, the social issue and the role of State social service employees and users, after promulgating the ECA, evade from action and rectify the problems of programs created before the Child and Adolescent Statute, since the State reaches more children and adolescents through emergency programs or those for specific segments, aimed at minimizing the situation of extreme poverty of its low-income population⁽¹⁵⁾.

These families' claims were observed at the service center doorway, when one family "tells" the other what they have achieved with the service, through requests during private interviews and in group meetings with parents/responsible adults and in group meetings with adolescents. Sometimes, families seek the special protection service just to be included in the basic social service network, such as day care centers, community centers, professional education programs, schools, sports activities and others. This service, due to its special characteristics, has gained priority in the city's primary care network, becoming more accessible for the inclusion of children and adolescents and their families in the several municipal programs and services.

It should also be reminded that this service gives access to social income benefits, such as the food-card, minimum income program, municipal program for children and adolescents deprived from social resources.

"This mother, so she can also take this girl, she'll have to stay in the Care Program because she doesn't have financial conditions to pay for transportation to the psychology care service. So, we see that only a more comprehensive care in every area, at the exact moment of the family's needs, would ease this situation" (A2).

Hence, since the State does not provide universal social programs and services, special governmental care becomes a privilege of few, which opens the doors for client patronage. Professionals in "social care" often "screen" clients for the primary public network, whose situation is a priority and "deserves" the vacancy, which can also be denied depending on the public service, like day care centers. Therefore, in some cases, this segment of the population depends on social workers to have their basic social needs met.

The social workers at the Department for Child and Adolescent at Risk, a technical team belonging to the State, are required to attend a restrained demand of the city's problems and, despite the priority to include families in basic social services, it is not always possible to respond satisfactorily. The team works as a palliative, but not always effective, solution for the clients' daily problems. Professionals, in this sense, become compensation instruments due to the lack of social guarantees and even the public service structure which it is linked to.

With "social care", the State assumes that the population experiences violence on an everyday basis, by creating programs for care to child and adolescent victims of domestic violence, but extends the individual or family flaws, as an explanatory model to justify this violence. It is evident, until this moment, that social workers' social representation regarding care to child and adolescent victims of domestic violence is a reflection of the historical and social everyday/reality they work in. However, in view of the macro-structural issues, they tend to assume psychological concepts, reducing violence to social processes and phenomena concerning individual behavior.

From this perspective, it is noticed that, in order to provide access to a program for child and adolescent victims of domestic violence, some critical points should be overcome: social and economic conditions of children, adolescents and families who suffer domestic violence, focusing on the individual problem of the issue, emphasizing the political, economic, cultural and social contexts in which violence emerges, circulates and feeds itself; lack of political will to create and manage services committed to a coherent plan to combat and dismantle violence.

FINAL CONSIDERATIONS

The historical and social determination of child and adolescent protection services in Brazil evidences how the socioeconomic reality inherent to class societies has generated the social child and adolescent issue and molded care programs and services for specific groups of this population. This observation continues challenging governments and society as a whole, in the quest for solutions for this segment, children and adolescents: on the street; at work; abandoned; abused; exploited; poor.

The creation and implementation of the special protection system recommended by the ECA, in Ribeirão Preto, through programs and systems for care to "personal and social risk situations" were successful in moving right violation denunciations, against children and adolescent, as shown in the service analysis. However, an integrated and articulated group of actions is needed in social, cultural, political, legal, therapeutic and police domains in the short, medium and long terms, regarding prevention as well as denunciation, defense, victim care and aggressor charges.

The State should give priority to the implementation of other child and adolescent care policies, such as Basic Social Policies and Social Care Policies, since they address essential human development needs. This proposal permits to broaden the space for professional work towards a new paradigm, a loving child culture, with equitable relationships and based on the guarantee of their rights. The current cultural processes should be reviewed, as well as the current social context and programs.

Social workers, therefore, should direct their work at citizenship and democracy when acting on the social child and adolescent issue and regarding the hegemonic cultural values in our society. This "fight" is not of a sectorial policy, rather, it concerns every subject comprising social policies. Moreover, care to domestic violence should be founded on the network connecting health and education actors, social workers, NGOs and legal operators. This intersectorial, multidisciplinary dialogue should be founded on the location's historical-social context and particularities.

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