CONSTRUCTION OF AN INTERVENTION PROPOSAL FOR PROFESSIONALS TO ADDRESS INTIMATE PARTNER VIOLENCE AMONG ADOLESCENTS IN BRAZIL

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Abstract. The intimate partner violence (IPV) among adolescents needs to be addressed by primary health care services and others that may, in partnership with the health care network, also be responsible for coping with IPV, such as Non-Governmental Organizations. This study aims to construct an intervention on coping with adolescent IPV and to describe the advantages of using software for qualitative data analysis for the development of this proposal. This is a study with a qualitative approach conducted with primary health and Non-Governmental Organizations professionals in Curitiba and São Paulo, Brazil. We performed data collection through two sessions of a critical-emancipatory workshop and supported by webQDA. The results show that the workshop could be a potent intervention to address adolescent IPV, due to its possibility of being implemented in different areas and realities. The webQDA use showed advantages as the systematization of data and the identification of the documentary source.

Keywords: Adolescent,; Intimate Partner Violence, Gender and Health, Qualitative Research.

1. INTRODUCTION

Intimate partner violence among adolescents (IPV) refers to behavior in intimate relationships that taunt physical, sexual, or psychological damage, through acts of physical aggression, sexual coercion, psychological abuse, or control between adolescents aged 10 to 19. Internationally, it is a phenomenon present in different cultures, social groups, ethnicities and social classes (Mumford et al., 2018). International studies present data that corroborate the phenomenon importance. For example, Lormand et al. (2013) found that among 950 adolescents in the United States of America, more than 50% suffered some form of violence in the affective and/or sexual relationship, and one in five reported being physically assaulted by their partner. In this country, the national percentage of adolescent IPV victimization ranged from 4% to 11%, according to the report on intimate partner violence conducted by the Centers for Disease Control and Prevention in 2017 (Jain, 2017). Another US survey of 261 adolescents found that physical or sexual IPV was twice as common among adolescent women as men (Mumford et al., 2018).

Portuguese studies corroborate the international reality. A survey of university students revealed 15.5% victimization rates and 21.7% of IPV perpetration (Caridade & Machado,

2008). Beserra et al. (2016) found that 5.9% of respondents were involved in IPV situations presenting different patterns of victimization.

IPV's occurrence is related to a high number of mental and emotional disorders and a decreased quality of life. Conditions entail significant costs for families, society, the judiciary, the penitentiary, and health care systems. Besides the extreme situations, which usually bring violent processes to public knowledge, violence occurs in a veiled and naturalized manner between social, family, institutional, and community relations (Oliveira et al., 2016). That is why its addressing need invests in the health field, mostly in Primary Health Care (PHC), especially due to its insertion in the territory, the proximity of the households, and the ease of contact with the population. When it comes to violence, these elements may favor the early detection of cases (Egry et al., 2017).

The adolescent life period demands differentiated action by health professionals intending to make adolescents the protagonists of their health, favor the creation of bonds, and building integral care (Vieira et al., 2016). However, studies indicate that health practices directed at the adolescent population are not prioritized in PHC services and show little resolution (Alves et al., 2016; Santos et al., 2012).

In Brazil, adolescent IPV is a problem of high significance (Lourengo et al., 2019). Even so, we identified a gap in the knowledge produced on this topic in the country. Vieira et al. (2016) reviewed the Brazilian collection of health dissertations and thesis produced between 1994 and 2014. They identified 19 papers that dealt with the performance of the health team to confront any form of violence involving adolescents. The main research topic was intrafamily violence (15 studies), but no study addressed adolescent IPV. It is noteworthy that the practices found by these studies focused on the biological and medicalizing dynamics of identification and resolution of clinical problems.

Santos et al. (2012) argue that overcoming this fragmentation can be achieved when health practices consider the needs that lead to new challenges for adolescents. Hence, the PHC makes it possible to overcome fragmentation, as it allows the choice of adolescent health to be one of the primary focuses in their practices. Yet, Penso et al. (2013) report limitations regarding adolescent care, such as the language conflict, the difference between the professional and adolescent sexes, besides the existence of cultural conflicts.

Also, professionals who work with adolescents in PHC may feel unmotivated due to the difficulties faced in the implementation of health actions.

On the other hand, Anhas and Castro-Silva (2017) point out that Non-Governmental Organizations (NGOs) create a relevant partnership with health services as health-promoting spaces. Since the expansion of the neoliberal tendency that also determined the conduct of public policies aimed at the adolescent population in 1980, Brazil has grown the participation and implementation of projects carried out by NGOs that present as private non-profit entities capable of managing their activities voluntarily (Pasquim et al., 2016).

The potentiality of the articulation of NGOs projects with PHC is highlighted, for example, in the mutual action for the development of interventions that allow adolescents autonomy and interference in their health-disease process (Anhas & Castro-Silva, 2017). Thus, the inclusion of these institutions is necessary to achieve the development of structured networks in community spaces capable of acting in situations of adolescent IPV. Other researchers, observing the significance with which different forms of violence victimize adolescents, points out the need for intersectoral public policies that focus on the formation of human resources committed to the full protection of those most susceptible to violent contexts (Oliveira et al., 2016).

The research question that guides this study is: What are the possibilities to address adolescent IPV in the perception of health professionals and related areas, such as NGO? We justified this study by the need for cogent interventions to effectively cope with adolescent IPV. It aims: (a) to construct an intervention proposal directed at health professionals and non-governmental organizations professionals on coping with adolescent IPV; and (b) to describe the advantages of using software for qualitative data analysis for the development of this proposal.

2. METHOD

This is an exploratory and descriptive study with a qualitative approach. Qualitative research applies to the study of history, representations, and relationships that are the product of the interpretations that human beings make about how they live, feel, and think. It can incorporate the question of meaning and intentionality as inherent to social acts, relationships, and structures (Minayo, 2013). This research is exploratory as it intends to

provide an overview of a certain fact little explored, and descriptive, since it allows describing the relations of a certain population with the studied phenomenon (Gil, 2019).

This research follows as a theoretical milestone the Theory of Praxis Intervention of Nursing in Collective Health (TPINCH), inscribed under a materialistic, historical, and dialectical reference. The theory is directed to the research and praxiological nursing intervention in the collective health-disease process and presents the following systematizing steps: (a) capture of objective reality; (b) interpretation of objective reality; (c) construction of the intervention project in objective reality; (d) intervention of objective reality; and (e) reinterpretation of objective reality. For the construction of the intervention proposal described in the present study, the first two stages of TPINCH were attended and dedicated, above all, to the recognition and understanding of social phenomena (Egry, 1996).

We conducted the study in the cities of Curitiba and São Paulo, capitals of the states of Paraná and São Paulo in Brazil. In the city of Curitiba, the scenarios were PHC services of two administrative regions and an NGO in one of these regions. In São Paulo, the research scenarios were a PHC service and an NGO of the same territory. In both cities, the Non-Governmental Organizations carried out social assistance, education, sports, theater, music, digital inclusion, and vocational courses with low-income adolescents from 12 to 18 years old.

Participants were professionals who work with the health care of adolescents in the PHC services and professionals who work with adolescents in the NGOs. We performed data collection through two sessions of a critical-emancipatory workshop (CEW). CEW is a strategy that leads a process of collective construction of knowledge, based on the problematization method, critical-emancipatory education, and emotions as knowledge builders (Fonseca et al., 2017).

The CEW method is based on four assumptions. The first is participation, characterized as the positioning guarantee of all participants, according to their responsibility in the process. The second assumption is shared responsibility, which refers to the participation and division of responsibilities of liens and bonuses resulting from initiatives developed and implemented from the CEW. The third assumption is self-esteem, understood as the valuation attributed to oneself. Self-esteem comes from living with peers and other subjects in the spaces of development of social relations. The last assumption is empowerment and is described as the ability to make a responsible and conscious decision about the consequences of the

decision. From this, the subjects increase control over their lives concerning group life, to change certain reality about their social and political dimension (Fonseca et al., 2017).

The CEW method is innovative for collecting and analyzing data in research and for nursing intervention, as it allows articulating knowledge from theory and population practice represented by the most diverse participants. It is also potent when used to qualify professionals, since it aims to offer participants an understanding of their pedagogical process, to equip them to work with the population (Fonseca et al., 2017). Each CEW session in this study was structured from the different moments proposed by Fonseca and colleagues (2017):

1. Warm-up: The development of an activity that aims to mobilize the group of participants for the other moments of the CEW, also to strengthening interpersonal relationships. It is important to highlight that the heating techniques are linked to the dynamics and the theme developed in the CEW.
2. Individual Reflection (development): This strategy is developed from the experience, lived or observed, by participants during the previous stage of the CEW. It is represented by facilitating techniques.
3. Group reflection (development): This stage is developed from the individual exposition of each participant, to foster the general discussion and, from it, the synthesis.
4. Summary: This is the summary and analysis of the relevant topics developed in previous moments by CEW participants. It is followed by the presentation of new knowledge produced from the lived experience of the CEW.
5. These four moments are fundamental to the construction of the final product, that is, the meaning of the moments of individual and group reflection. They concern any transformations that occurred during the CEW process. For this reason, the CEW developed as a qualitative data collection strategy aimed to understand the perceptions and practices of health professionals and related areas about violence between intimate partners in adolescence.

Each session was three hours long and took place between November 2016 and August 2017. The CEW was conducted from a pre-defined script that had before been pilot tested. In Curitiba, 34 professionals participated, of which 25 were from the health team (eight nurses, three dental surgeons, one nursing assistant, two nursing technicians, one oral health assistant, three physical educators, two physical therapists, three doctors, and two psychologists) and nine from the NGO (one social worker, three social designers, one pedagogical coordinator, and three teachers). In São Paulo, 21 professionals participated and, of these, 10 were from the health team (three nurses, one dental surgeon, one nursing

technician, one doctor, two Community Health Agents, one social worker, and one pharmacy technician) and 11 from the NGO (one social worker, two pedagogical coordinators, four teachers, and four assistant directors). The research coordinator moderated sessions. The participants' speeches were audio-recorded, fully transcribed, and analyzed according to Bardin (2011) for the emergence of the empirical category. We used WebQDA software as support for the qualitative analysis of the data, due to its relevance in analysis and organization support for the of non-numerical and unstructured data (Souza et al., 2011).

We analyzed data from the analytical categories gender and generation, because IPV and the practices of workers directed at this phenomenon can be better comprehended in the light of those categories. The gender category is based on the difference between the sexes, an indispensable element of social relations. It is considered as a primordial component for the construction of meanings about the power relations between men and women, men and men, and women and women. It attempts to understand the social roles occupied by each of these subjects (Scott, 1995). The generation category determines the space occupied by different generations in the societies in which they operate and in what ways such generations experience the events and social phenomena of each territory. It goes beyond an aged concept; the generation category marks the social status of groups by the political and ideological similarities that differentiate them from others (Egry et al., 2013).

This research was approved by the Research Ethics Committee of the School of Nursing of the University of São Paulo and by the Ethics Committees in municipal research of Curitiba and São Paulo.

3. RESULTS AND DISCUSSION

We performed the codification process using WebQDA. We created sources for each CEW session performed, using the internal source import tool, based on all data collected and transcribed. After exhaustive readings of the transcripts, we selected and encoded in free codes, counting five codes which housed 76 excerpts of speeches, the information that answered the research question. After successive readings of data encoded in free codes, it was possible to establish the hierarchical coding process using the tree codes tool, which represented the empirical category: The evaluation of CEW as a potent intervention in different spaces. The coding also allowed the construction of four subcategories: 1) Intervention possibilities to adolescent IPV; 2) The approach of professionals to the theme; 3) The CEW model as a powerful intervention; and 4) Workshop evaluation.

During the analysis, we also used the third type of code provided by webQDA, the descriptor codes. We created these to characterize all CEW participants in seven different variables and provide for the crossing of interpretative information and description of participants. We used the questioning tool to answer questions asked by the researcher to the data already encoded, specifically concerning the strengths of the performed CEW.

The data analysis, supported by webQDA, shows that CEW could be a potent intervention in the adolescent IPV reality. Its implementation possibility in different areas and realities to face violence were reported by health and NGO workers in both investigated cities:

It is an exchange of ideas and a strengthening for workers because we understand that we speak the same language and we are committed to address the problem. To achieve that we need to work together because we won't be able to face it all alone. (health professional of São Paulo)

I think [the CEW] was a way that let us become aware of the adolescent IPV problem in our neighborhood. To reflect on what happens here and [pause] look at the number of things that are still missing to confront it. Today I'm thinking "wow, this happens, it's our reality and what can we do? We need to act!" (NGO professional of Curitiba)

In CEW beginning each one had a vision, had an idea of how to solve the problem, and by start sharing these ideas we could see news approaches that we didn't see before. (health professional, São Paulo)

The results showed that participants consider that they need to be targets of interventions before the prioritization of actions directed at adolescents. With this experience, they can qualify for the development of specific action for the adolescent population enrolled in the territory of the service. A female participant who works in a health services, for instance, noted:

We need training and professional development to conduct actions to address adolescent IPV. We need to talk about it, think about it, and be prepared to talk about it with the teenager. Today we understood that we need to develop our sensitivity to approach the teenager and then to understand all their needs, besides the physical ones. (health professional, Curitiba)

A similar perspective was reported by an NGO worker:

We saw such a good workshop result. The first step to achieve adolescent IPV prevention is to share this knowledge with all staff that works with teenagers so they can develop their skills and achieve a good result too. (NGO professional, São Paulo)

In this study, the participants' statements highlighted their lack of strategies to build a collective construction of knowledge based on the identification of the needs of each territory. One participant described:

For me, [the CEW] it is interesting because even though I have been a teacher for a long time, I never had any training in this subject [adolescent IPV]. To face this [pause] I had to go a lot on instinct, so it's cool when you learn. (NGO professional, São Paulo)

Thus, the results showed that professionals consider that they need to be the target of interventions so that, armed with this experience, they qualify for the development of specific action for the adolescent population assigned to the service in which they work. The intervention proposal described in this paper is justified to be directed to health professionals and professionals in related areas, such as NGO, to stimulate the process of shared responsibility between these services, articulated for the real transformation of the territory on coping with adolescent IPV.

Thus, we developed an interventional CEW proposal to address adolescent IPV, entitled: "Violence between adolescent intimate partners: towards intervention in reality." The contents are related to the theoretical, philosophical, and methodological framework adopted in the study (i.e. (a) the objective reality and the adolescent as the social subject; and (b) the social determination of violence and violence between intimate adolescent partners; (c) gender, and generation as categories for the understanding of adolescent IPV; (d) basic concepts of emancipatory critical education).

The CEW proposal aims: 1) discuss the concepts that underlie adolescent IPV in the vision of Collective; 2) know the basic principles of participatory intervention for coping with adolescent IPV and 3) collectively construct an intervention to address adolescent IPV in the territory considered. The contents of the proposal are addressed through specific active strategies during four sessions, totalizing 12 hours.

The contents of each session are details in Table 1.

Table 1. *Critical-Emancipatory Workshop “Violence Between Adolescent Intimate Partners: Towards Intervention in Reality”*

Session 1 (3 hours): The dynamics of the territory and the social subjects		
Specific aims:		
1) Discuss what objective reality is in its different dimensions and the specificities of the territories where social subjects live.		
2) Know the general characteristics of adolescent social subjects in the territories in which professionals work, differentiating them according to gender, generation, social class, and race/ethnicity.		
Moment	Content	Strategy/material
Introduction (30 minutes)	1. Elaboration of the badge 2. Presentation of the coordinators 3. Presentation of participants - Nice to meet 4. Presentation of the workshop: purposes, objectives, and explanation of the activities.	Presentation of the participants. Material: printed matter, workshop brochure, pens, ID badges; sulfite paper of various colors.
Warming up (10 minutes)	“The history of the rainbow” The division into 4 groups	Storytelling
Development (70 minutes)	“All in the same boat: The world we live in, what is this world?” (Individual representation about the territory, the social subjects that compose it and the relationships established between men, women, adults, adolescents, children, rich, poor)	Instruction: ask people to build a boat that represents society, name the characteristics of this reality, put people in it, specifying who they are, what they do, how they live, how they relate. Individual reflection, group reflection, and plenary presentation Material: Colored crepe paper, glue, scissors, cardstock, fabric, toys.
Synthesis (60 minutes)	The geopolitical territory in which life and health are produced, generating distinct needs and vulnerabilities according to social groups, especially adolescents. (to support the discussion: analysis of the concepts of adolescence and intimate relationships based on public health references)	Dialogue exhibition Material - Computer, Multimedia, papers, textbooks.
Evaluation (10 minutes)	Workshop partial assessment	Individual statement about what you think about the session
Session 2 (3 hours): Adolescent IPV and its interface with gender and generation issues: a social construct		
Specific aims:		
1) Identify and reflect on violence as a phenomenon determined according to social categories, especially gender and generation.		
2) Broaden the view of professionals about adolescent IPV as a social problem to be faced by different social sectors.		
Moment	Content	Strategy/material
Introduction (05 minutes)	Reception of participants and information about session activities	Participant’s welcome
Warming up (30 minutes)	Pinote the weak and Janjão the big guy.	Storytelling
Development (90 minutes)	Violence and adolescent IPV in the same social boat Groups 1 and 2: The violence present in our daily lives Characteristics of violence in the	Instruction: a) groups 1 and 2 - what happens in the boat that can generate violence between people? What are the characteristics and types of violence? Why do they occur? What is the cause of this violence?

	daily life of the territory (Panel with objects - individual representation followed by the group). Preparation of a list of the main violence that occurs in the territory.	b) Groups 3 and 4 - considering the adolescents in the boat, which generates adolescent IPV, what types of adolescent IPV occur, why do they occur, and what causes this violence?
	Groups 3 and 4 Seeing and Living Teen IPV (role play of 2 received cases).	Material: sulfite paper, objects, story text, clothing, and other small accessories for role play.
	(to support the discussion: analysis of the concepts and criteria for identifying gender violence, dating violence and intimate partner violence based on public health references)	Presentation Dynamics: 1. Non-participation of actors in the presentation of characteristics 2. While the role plays are performed, participants should recognize the features listed there.
Synthesis (45 minutes)	Adolescent IPV and its interface with gender and generation issues: a social construction	Dialogue exhibition. Material - Computer, Multimedia
Evaluation (10 minutes)	Workshop partial assessment	Individual statement about what you think about the session
Session 3 (3 hours): Coping with Adolescent IPV: Possibilities for Educational Intervention through Critical-Emancipatory Workshop - Part 1		
Specific aims: 1) Discuss the use of CEW as a theoretical-methodological modality for intervention in adolescent IPV. 2) Know the general principles of conducting a CEW.		
Moment	Content	Strategy/material
Introduction (10 minutes)	Reception of participants and information about session activities.	Whisper with matches
Warming up (10 minutes)	"The complicated art of seeing"	Reflect on the text that is read aloud by many people
Development (90 minutes)	Group 1 : Educate for health: why and for what? Representation with paper sculpture Group 2: Workshop: what is it? Representation with sewing fabrics, threads, and props Group 3: What are the main characteristics of a Workshop? Representation with magazine clippings Group 4: Why do Workshop to deal with adolescent IPV? Modeling representation Presentation and synthesis of group work	Individual and group reflection on the works Elaboration of written responses for exhibition (poster on poster board) Materials: cardboard, pens, modeling clay, fabric, yarn, magazines, papers, textbooks.
Synthesis (60 minutes)	"Workshops as a privileged space for intervention in Collective Health education" (to support the discussion: analysis of the concepts of emancipatory education by Paulo Freire)	Dialogue exhibition based on the elements brought by the groups
Evaluation (10 minutes)	Workshop partial assessment	Individual statement about what you think about the session
Session 3 (3 hours): Coping with Adolescent IPV: Possibilities for Educational Intervention through Critical-Emancipatory Workshop - Part 2		
Specific aim: 1) Instruct participants to use the workshop for intervention in coping with adolescent IPV. 2) Build a CEW to address a teenage IPV situation.		

Moment	Content	Strategy/material
Introduction (10 minutes)	Reception of participants and information about session activities.	Welcome to the participants
Warming up (10 minutes)	“Expectations for Today”	Wrinkled paper
Development (110 minutes)	Plan the Workshop, identifying its main constituent elements and using the problem situation triggered * The group should appoint a rapporteur to present the product developed. Presentation and synthesis of group work	Instruction for group exercise (participants will receive at CEW)* Material: cardstock, magazines, colored paper, pens, crayons, colored pencils, computer and multimedia Dialogue exhibition
Synthesis (30 minutes)	“The Workshop as an intervention and the challenge for its execution”	Dialogue exhibition based on the elements brought by the groups
Evaluation (20 minutes)	Workshop evaluation and closing	The tree of knowledge (Fonseca, Amaral, 2012)

This proposal corroborates what is pointed out in a systematic review on interventions for coping with adolescent IPV, the urgency to broaden the gender approach to conduct interventions, and to reflect on the results, especially to overcome the problem of naturalization of adolescent IPV. The study identified the need to qualify those who work with adolescents to cope with adolescent IPV. However, findings warn that qualifications based on traditional education, which aims only to present the intervention in a watertight manner, without enabling the collective construction of content, can limit the possibilities of success, as such qualifications do not allow the professionals to participate reflexively and critically in this process (Lourenço et al., 2019).

Thus, we highlight the potentiality of the intervention presented in this study. The analysis of the speeches revealed the positive opinion of professionals about the CEW proposal as a form of training. Participants identified the CEW proposal as capable of promoting knowledge about adolescent IPV and favoring debates about the work process focused on this issue and the possibilities of coping. The participants also highlighted the possibility of sharing and exchanging experiences about the adolescent IPV phenomenon, exempt from any judgements, as another potentiality of the proposed intervention.

The intervention represents a moment for changing the routine, which often overloads workers. The participants justify this pause as essential for the recognition of the importance of adolescent IPV and, thus, for the development of their work process. The CEW proposal favors the critical-reflective process on adolescent IPV.

This can be exemplified by the statements of participants who shared that after CEW they felt able to identify situations of IPV that before they were unaware. Additionally, participants reflected that coping with adolescent IPV is done with actions that go beyond the use of medications. Egry et al. (2017) point out that by adopting the emancipatory critical methodology, it is estimated that the participant, from the recognition of his reality, transforms this reality from unknown to known.

Regarding webQDA software, it is important to highlight that we used it to support the qualitative data analysis, due to its relevance in supporting the organization for the analysis of non-numeric and unstructured data (texts, audios, videos, and itavimages) (Souza et al., 2011). The use of the WebQDA software has the following advantages. First, it allows for the systematization of data and the identification of a greater documentary source used for the construction of the intervention. This is because WebQDA can accommodate, in addition to the participants' speeches, the entire set of data produced in the CEW. Second, it covers activities developed by participants, observation records of workshop sessions, field notes, and reflections of the researcher, as well as photographic and video record. Third, it optimized the time for data categorization, ensuring that we allocated more time to the stages of analysis and discussion. The use of data analysis software such as WebQDA includes the present study in a field of innovation, rigor, and systematization of qualitative research, since these resources are still little explored by health graduate programs in Brazil (Salvador et al., 2017).

This investigation has considerable value because it represents the first attempt to train professionals from different areas to face IPV between adolescents in Brazil. Nevertheless, it is also limited in some important ways. Most importantly, it is limited by the inclusion of only one scenario of the health sector in the city of São Paulo. Another limitation is the fact that its results have addressed, in most cases, the relationships between only heterosexual adolescents. In later studies, we intended to make the issue related to homosexual relationships more evident.

4. CONCLUSION

The proposed intervention is a strategy aimed at health services and non-government organizations on the professional qualification of an emancipatory nature on adolescent IPV. One of the strengths of the intervention is the possibility for professionals who pass through the qualification to develop their intervention to cope with adolescent IPV, considering the

specificities of the territories and groups of adolescents. The CEW method increases the ability for stereotypes and preconceptions about adolescent IPV to be reconstructed and others not to be perpetuated. The moment of the synthesis fulfills this role, which was showed by the participants' evaluations of CEW.

The use of webQDA software was essential for the development of this research, since it promotes the stringency in the systematization and organization of the speeches, essential for the emergence of empirical categories and for the time management in the analysis process. This ensured the reliability of the data analyzed considering the gender and generation categories.

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