Changes in communication in children victims of violence: reflections for speech therapy

Alterações na comunicação em crianças vítimas de violência: reflexões para a Fonoaudiologia

Cambios en la comunicación en niños víctimas de violencia: reflexiones para Fonoaudiología

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Abstract

Introduction*: Violence in all its forms is a negative indicator for socioeconomic, physical and psychosocial development, becoming a public health problem. Speech pathologists in their daily practice face numerous children who are subjected to conditions of violence. There is a dearth of research on the area of speech that links violence to communication disorders.* ***Objective****: Investigate with whom works with children in situations of violence (sexual abuse, physical abuse, domestic violence, psychological violence and abuse), which are the change signals in communication.* ***Methods:*** *107 professionals from law, health and education across the country participated in a training course for situations of violence. Those have been asked to fill out a semi-structured form with variables about the kind of violence to which the child was submitted, victim characteristics, type of change in communication and behavioural. The data was analysed statistically.* ***Results****: It can be observed in the analysis that 92% of professionals have observed signs of change in communication, among them: mutism, stuttering, voice very weak, slurred speech and changes in speech. No association was found between the area of the professional expertise and referral for speech therapy. As for routing in case of any change in the communication, and the existence of the service in the workplace association was statistically significant.* ***Conclusion****:*

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changes occur in different communicative issues in children victims of violence. Other studies relating the improvement of the treatment and maintenance or elimination of violence episodes, and the investigation of other neuropsychological and behavioural changes involved are needed.

Keywords: *Speech, Language and Hearing Sciences; Communication Disorders; Domestic Violence; Sexual Violence; Child Abuse.*

Resumo

Introdução*: A violência é um indicador negativo para o desenvolvimento socioeconômico, físico e psicossocial, tornando-se um problema de saúde pública. Os fonoaudiólogos deparam-se inúmeras vezes com crianças vítimas de violência. Embora isso ocorra, há uma escassez de pesquisas na área que relacionem a violência com os distúrbios de comunicação.* ***Objetivo****: investigar, juntamente aos profissionais que atuam com crianças vítimas de violência (abuso sexual, violência física, violência intrafamiliar, violência psicológica), quais os sinais de alteração relativos à comunicação.* ***Método:*** *Participaram 107 profissionais, alunos de um curso de capacitação para situações de violência. Eles responderam a um questionário semiestruturado, com variáveis sobre o tipo de violência a que a criança foi submetida, características da vítima, tipo de alteração de comunicação e comportamental. Os dados foram analisados estatisticamente.* ***Resultados****: Pode-se observar nas análises que 92% dos profissionais observaram sinais de alterações de comunicação nas crianças violentadas, dentre eles: mutismo, gagueira, voz muito fraca, fala ininteligível e trocas na fala. Não foi encontrada associação entre a área de atuação do profissional e o encaminhamento para a fonoaudiologia. Quanto ao encaminhamento no caso de alguma alteração na comunicação e a existência do serviço no local de trabalho do profissional, ocorreu associação estatisticamente significativa.* ***Conclusão****: Ocorrem diferentes alterações nas questões comunicativas em crianças violentadas. Outros estudos relacionando a evolução do tratamento fonoaudiológico e a manutenção ou eliminação dos episódios de violência, e a investigação de outras alterações neuropsicológicas e comportamentais envolvidas são necessários.*

Palavras-chave: *Fonoaudiologia; Transtornos da Comunicação; Violência Doméstica; Violência Sexual; Maus-Tratos Infantis.*

Resumen

Introducción*: La violencia es un indicador negativo para el desarrollo socioeconómico, físico y psicosocial, convirtiéndose en un problema de salud pública. Los terapeutas del habla tratan a niños abusados en numerosas ocasiones. Hay una escasez de investigación en la zona que une la violencia con trastornos de la comunicación.* ***Objetivo****: Investigar, junto a los profesionales que trabajan con niños víctimas de la violencia (abuso sexual, abuso físico, la violencia doméstica, la violência psicológica), que las señales de cambio para la comunicación.* ***Método****: Participaron 107 profesionales, estudiantes de un curso para situaciones de violencia. Respondieron un cuestionario semi-estructurado con variables del tipo de violencia que el niño fue presentado, características de la víctima, tipo de cambio en la comunicación y comportamiento frecuentes. Los datos fueron analizados estadísticamente.* ***Resultados****: A partir del análisis se puede observar que 92% de los profesionales encontraron indicios de cambio en la comunicación, incluyendo: mutismo, tartamudeo, la voz muy débil, dificultad para hablar y cambios en el habla. No fue encontrado asociación entre el área de la experiencia profesional y remisión para la terapia del habla. Hubo una asociación estadísticamente significativa entre la remisión en caso de cambio en la comunicación y la existencia del servicio en el lugar de trabajo.* ***Conclusión****: En los niños violentados, los cambios se producen en diferentes cuestiones comunicativas. Son necesarios estudios relacionados con la mejora del tratamiento y el mantenimiento y eliminación de los episodios de violencia, así como la investigación de otros cambios neuropsicológico y de conducta.*

Palabras claves: *Fonoaudiología; Transtornos da la Comunicación; Violencia Domestica; Violencia Sexual; Maltrato a los Niños.*

Introduction

Article 5 of the Child and Adolescent Statute (ECA) prescribes that "no child or adolescent will be the subject of any form of negligence, exploitation, violence and cruelty"[1]. Identifying violence is complex as it depends on cognitive and emotional aspects of the professionals, structural and legal aspects, the existence of support agencies and training offers to identify signs of violence[2]. Violence in all its forms is a negative indicator for socioeconomic, physical and psychosocial development, and considered a public health problem. Violence is defined as the deliberate use of physical force or power, threatened or actual, against oneself, another person, a group or community, which causes or can potentially cause injury, death, psychological harm, personal or social development disorders or deprivation of attending to needs[3]. The forms of violence are physical, psychological or sexual and when witnessed or experienced by the child may cause injury, psychological harm and developmental disorders[4]. The impact of those problems and the consequences can continue until their adult life and can even be passed on from one generation to the next[5].

Studies[6-8] show that children with an absence of spoken language, who suffer from disabilities, are more susceptible of being or having been victims of abuse (sexual and mistreatment) and/or negligence. Such forms of abuse can also deprive children of the vital stimulation needed for the development of language, resulting in developmental delays or disorders, linked to voice and linguistic aspects of phonology, morphology, semantics and syntax [6]. A study[9] carried out with mother/child pairs with and without the dynamics of violence also found delays in the syntactic development of children victims of violence, who showed less complex language and less knowledge of vocabulary than children who did not experience violence. Language delays was the most frequent speech-language complaint in victims of violence and the main form of identification was the report made by the victim to the professional – oral report, or through drawings, told stories, role play and play[10].

In the vast majority of cases of violence, the health professionals are the first to get in contact with the victims, due to being in a strategic position to detect risks and identify potential victims and subsequently act on the consequences of violence, with rehabilitation measures[11]. Speech therapists in their daily practice often come across children who are subjected to circumstances of violence. Despite that happening, there is a lack of research in the area of speech pathology which relates violence with communication disorders. Literature varies in relation to, for example, the importance of the doctor, dentist, nurse, social worker and psychologist, identifying, preventing and following up cases of family violence and the need to train and qualify these professionals to face this serious problem[10]. However, in the case of speech therapists, no previous study was found in English or Portuguese language literature in the main databases [10].

For this reason, the purpose of this work is to identify with professionals who work with children in situations of risk and/or who are victims of violence (sexual abuse, physical violence, interfamily violence, psychological violence and mistreatment), that were participants in the Extension Studies Course "Facing Violence in the Cycle of Life" in the distance education modality (CEV), part of the Extension Program "Facing Violence", the possible signs of changes related to communication.

Methods

This research was approved by the Human Research Ethics Committee, Opinion No 362.864.

The study was carried out with health, law and education professionals from around the country, and participants in the second Extension Studies Course "Facing Violence in the Cycle of Life" in the distance education modality, Facing Violence Course (CEV), part of the Extension Program "Facing Violence". Included in the sample were all participants who electronically signed the Informed Consent Form (TCLE). The final sample consisted of 107 professionals. From a total of 110 enrolled participants, 3 did not access the research questionnaire or they were no longer active, since the questionnaire was completed at the end of the course. From those, 5 participants said they did not wish to participate in the research, totalling 102 participants who signed the Informed Consent Form (TCLE) and adequately answered the questionnaire.

The instrument used for data collection was a semi structured questionnaire – made available online, via the Internet, as per field 1. The electronic address with the instrument was sent by email to the course participants and by the Moodle Platform online where CEV occurred. The questionnaire was developed by the authors for the purpose of this study, and contains 16 questions, based on the questionnaire used in pioneer studies[6,12] in Brazil which related language changes and family violence cases.

Area of work:	Health Law Education Other
Sex:	Female Male
State:	Options with all Brazilian States.
Do you have contact with children in your work activity?	Yes No
Identify the forms of violence these children in your area of work are subjected: (multiple choice)	At risk of violence Sexually abused Victims physically harmed Victims psychologically harmed Victims of Negligence/abandonment Who witness interfamily violence
Who was (or were) the aggressor (s): (multiple choice)	Does not know who the aggressor was Father Mother Stepfather Stepmother Brother Sister Uncle Aunt Other
Have you noticed signs of change in communication/ language in those children?	Yes No
Have you noticed any of these signs in children who were at risk/had a case of violence or abuse? (multiple choice)	Stuttering/Disfluency* Silence / selective mutism** Changing sounds during speech Unintelligible speech or difficult to understand Very weak voice Never noticed any of these signs Other
Which of these signs have you observed in children who were at risk/had a case of violence or abuse? (multiple choice)	Fear of talking to strangers Exacerbated shyness Aggressiveness Difficulty describing feelings Fear of adults of the opposite sex Change of behaviour in the presence of the aggressor
Age groups of the children in which you observed changes in communication: (multiple choice)	0 to 1 year 1 to 2 years 2 to 3 years 3 to 4 years 4 to 5 years 5 to 6 years 6 to 7 years 7 to 8 years 8 to 9 years 9 to 10 years 10 to 11 years 11 to 12 years
Sex of the Victim: (multiple choice)	Female Male
If you are a health professional, answer: Are you aware of the notifications in cases of violence?	Yes No
In your workplace is there a speech pathology service?	Yes No I don't know if there is.
In cases of changes in communication of abused children, do you make a referral to a speech pathologist?	Yes No I would like to refer them, but I don't know how
Do you believe that speech pathology may make a difference in cases of children victims of violence, through:	Prevention Identification Treatment None of the above All of the above

Board 1. Questionnaire for the participants in the research

The variables studied in this research were: the professional's practice area; location of origin; sex; work with child groups; the type of violence the child was subjected; identification of the aggressor; identification of the type of communication and behavioural changes frequent in those children; age group and sex of the victims; existence of a speech pathology service in the workplace of this professional; which interventions (prevention, identification and treatment) the participant professionals believe speech therapists can contribute towards; if a referral is sent to speech pathology in case of communicative changes; knowledge of the compulsory notification in case of violence made by health professionals and where it is sent when needed – the only open question.

Data was analysed by descriptive statistics for characterization of existing relationships between certain variables. Pearson's chi-square test was used for comparisons and alpha significance level = 0.5. The open question was analysed in a descriptive manner.

Results

For the area of practice we can characterize the participants of this research as such: 31 (30%) are health workers, 26 (25%) are education workers, 5 (5%) are workers in the legal area and 40 (39%) ticked the option other. In the option other, the following areas are present: guardianship counsellors, social workers, public safety workers, sociologists and public managers. There was no further insight on the specificities of each area, but to know which belonged to the health area, since the course covered all these mentioned areas. As for the sex of the participant professionals 95 (93%) were female, and 7 (7%) were male. The participants came from different regions in Brazil; 84 (82%) from Rio Grande do Sul, 10 (10%) from Bahia, 7 (7%) from São Paulo, and 1 (1%) from Paraná.

One of the questions proposed (Question 4 – Fig. 1) was decisive for the participant to continue completing the questionnaire, if the professional had contact with children in his/her work activity. We obtained 64 (63%) positive and 38 (37%) negative answers. If the participant replied no, the questionnaire was closed, since it only addressed issues of violence against children. 64 participants remained from the initial sample of 102.

Table 1 presents the answers to the multiple choice question about what type of violence that child was subjected. Table 2 presents the multiple choice answers about who the child aggressor was in the violence case.

Table 1. Types of violence to which children were subjected

Type of Violence	Total Number	(%)
Witness interfamily violence	53	83%
Risk of violence	52	81%
Victims of negligence/abandonment	51	80%
Psychologically harmed	48	75%
Physically harmed	40	62%
Sexually abused	38	59%

Table 2. Identification of aggressor

Aggressor	Total Number	(%)
Father	52	81%
Mother	42	66%
Stepfather	41	64%
Other	28	44%
Brother	21	33%
Uncle	20	31%
Stepmother	20	31%
Does not know who the aggressor was	12	19%
Aunt	8	12%
Sister	7	11%

Of the respondents who work with children, 59 (92%) affirm that they noticed signs of communication changes in that population and 5 (8%) did not notice changes in this query. Table 3 presents data about the type(s) of communication change(s) noticed by professionals in children victims of violence, followed by Table 4 which presents data on behavioural changes.

Description of ages of the children who suffered violence is presented in Table 5. As for the sex of the victim: 55 (54%) female and 46 (46%) male.

Table 3. Changes observed in communication

Change Observed	Total Number	(%)
Silence / selective mutism	37	58%
Stuttering	35	55%
Weak voice	35	55%
Unintelligible speech or difficult to understand	23	34%
Changing sounds during speech	12	19%
Other change	8	12%
Never noticed any of these signs	0	0%

Table 4. Behavioural changes observed

Change Observed	Total Number	(%)
Exacerbated shyness	44	69%
Aggressiveness	43	67%
Difficulty describing feelings	40	62%
Fear of talking to strangers	31	48%
Change in behaviour in the presence of the aggressor	23	36%
Fear of adults of the opposite sex	16	25%
Presence of another change	13	20%

Table 5. Age

Age	Total Number	(%)
Early childhood/Infant (from 0 to 2 years)	1	2%
Childhood/pre-school (from 2 to 6 years)	17	27%
School age (6 to 10 years)	30	47%
First years of adolescence (10 and 12 years)	15	24%

About the compulsory notification in cases of violence, the question was open only to professionals who worked in health, 16 of which (76%) indicated that they were aware of the notification in cases of violence and 5 (24%) were not aware of it.

In relation to the existence of speech pathology services in the workplace, 39 professionals (66%) replied that they did not have that service in their workplace and 20 professionals (34%) replied affirmatively to the existence of that service. About sending referrals to the area of speech pathology, 35 professionals (59%) replied that they do carry out referrals, 12 (20%) replied that they did not and a further 12 professionals (20%) replied that they would like to make referrals but did not know how. About the work of a speech therapist, 3 professionals (5%) believed that the speech therapist could only work in prevention, 15 professionals (23%) replied that only in identification, 21 professionals (33%) replied that only in treatment and 40 of them (62%) pointed to the three options: prevention, identification and treatment as possibilities for intervention.

We did not find an association between the area of practice and if the professional makes referrals to speech pathology. On the question of referrals to speech pathologists in cases of changes in communication in children victims of violence and about the workplace of the professional and the existence of a speech pathology service, there was an association, described in Figure 1.

	In the case of changes to communication in the abused child, do you make a referral to speech pathology?	I would like to make a referral but I don't know how.	NO	YES	Total
In your workplace is there any speech pathology service?	No	10	10	18	38
	Yes	2	1	17	20
Total	12		11	35	58

Figure 1- Association between referrals to speech pathology and existence of a speech pathology service in the workplace of the professional

Seeking to find associations between the type of violence to which the child was subjected and the communication changes found, there was no significant association. There was an association between the type of violence the child was subjected and the presence of some behavioural sign, which did not exist before, the associations were: between sexually abused children and fear of the opposite sex (p=,015), and fear of talking to strangers (p=,015). If physical violence had an association with behavioural changes in the presence of the aggressor (p=,054), difficulties in describing feelings (p=,044), and fear of talking to strangers (p=,030). Whereas in the psychologically abused children there was an association with difficulty in describing feelings (p=,008), associations described in Figure 2.

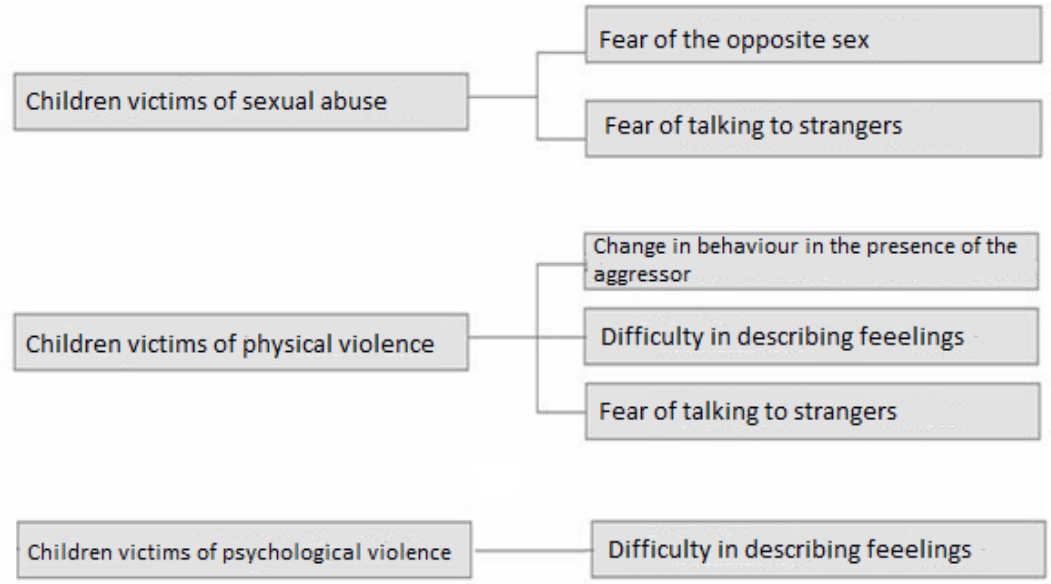

Figure 2. Type of Violence x Behavioural Change

Discussion

The population in this study consisted of law, health and education professionals, since the thematic combines and encourages multiprofessional and interdisciplinary interests. The greatest number of participants was from the health area. Of the 30 health professionals who participated in the research, we found different occupations; however, none was a speech therapist. The sex of the course participants consisted of 93% female, in the vast majority teachers, nurses and social workers. As the course was long distance with a national coverage, the sample originated from several Brazilian States, allowing the professional to remain in his/her workplace.

Of the professionals who worked with children, these children could be exposed or not to the different types of violence. Of those exposed, the most common modalities were: being under the risk of violence and witnessing interfamily violence, coinciding with other studies[13-14], followed by negligence or abandonment, physical violence and finally sexual violence. The data differs from that found in a similar research[10] which points to physical violence as the main violence observed. Literature[11] shows that the use of physical or psychological violence is associated to negative results in child development, behaviour and learning.

As in other studies[10,13] it was not found a predominance regarding the sex of the victims of child violence. It was possible to observe this difference only when analysing the sex associated to the type of violence subjected to, as well as in other studies[12,15,16]. We found in the literature [10,13,17-20] an indication that the parents were the main aggressors, which was also found in this study. This parental factor is directly connected to the child's development, issues of family bonding and arrangement. Violence can also be wrongly used by parents as a pedagogic resource in the form of physical or psychological violence through threats, and may be a result of conflicting and deteriorated relationships and the weakening of parental authority[21]. The result to the child is insecurity in relation to the availability and the bond established by the parents, as well as a feeling of devaluation[22]. It also indicates a vicious cycle, since children and adolescents tend to follow the education models of their parents, thus tending to reproduce the violence in their relationship with others in the family and in other contexts.

The age group most targeted in this study was from 6 to 10 years, coinciding with OMS[3] data and other researches in the area[10,13]. The consequences of violence in this age group have repercussions in school performance, an age group where this aspect is of great relevance, such as specific difficulties in reading and writing activities, difficulties in socializing and negative self-esteem are also reported[23].

In the sample of this research, 92% of professionals noticed some sign of change in communication in children victims of violence. This is believed to be a significant detail in the correlation between violence and changes in communication. The most pointed manifestations were: mutism, weak voice, stutter and unintelligible speech. Such language manifestations may possibly have a psychoemotional aetiology nature and we believe it is related to the most observed behavioural signs in this research such as: exacerbated shyness, aggressiveness, difficulties in describing feelings, signs directly linked to aspects of language. The findings coincide with results from overseas and national studies[8,10,24] in regard to the most frequent speech pathology complaint in children who are victims of violence. Researches[11,15,20-22,25] on the effects of physical or psychological violence on child development demonstrate that such practices may trigger intense emotions such as aggressiveness, anger, guilt, shame and anxiety, as well as presenting various psychological and behavioural problems. It is important to point out that national and international literature is still lacking on changes in development of language in terms of which, and the extension of language pathologies generated by violence against children[10, 26-27].

Half of the professionals in this study believe that speech pathology may make a difference in cases of violence, working in the areas of prevention, identification and treatment, but only 35% have a speech therapist in the health care network where they work. It is known that speech therapist professionals are an essential part of the multiprofessional team providing support to victims of violence with communicative manifestations; however, the baseline is far from ideal[10, 24]. It was possible to observe that the presence of a speech pathology service in the workplace of these

professionals significantly increased the number of referrals, as described in Figure 1. It is important to point out that multiprofessional, interdisciplinary and interinstitutional intervention is essential[28].

The study showed unawareness regarding the notification of cases of violence by health professionals. Notification is an important instrument of protection which allows drawing together the different public spheres in order to form networks of protection and assistance, making public a silenced fact. It helps in surveying indicators, and subsidizes the expansion of policies, programs and practices towards preventing and facing violence[29]. As well as being a political action of facing violence against children and adolescents, it is an attitude of care and protection[30]. Notifications are needed to recognize the magnitude of the main problems of violence, and recognizing the profile of the victims and the aggressors, in order to create and strengthen more effective and timely public policies, sizing the real demand for continued services and emergency services, as well as being necessary to determine the needs for investment in vigilance of violence and assistance. Notifications are standard nationally, occurring in the SINAN system (Notification of Aggravations Information System) since 2009, but reality suggests that it is a sub-notified system. Even if it is not necessary to have the name of the aggressor or proof of violence (suspicion of violence alone can be notified), many professionals, in order to avoid any involvement in the case[19], prefer not to notify, often unaware that they will not be the notifier (a health unit can be the notifier, for example). We have different legislation that makes notifications of violence compulsory by health professionals, violence against women, violence against the elderly and violence against children and adolescents, have specific legislation regarding the requirement to notify. Although we have specific legislation for the effectiveness of protection and justice for cases of violence, that situation has not yet eventuated[30]. As for children and adolescents, we have, apart from the Federal Constitution and the Child and Adolescent Statute - Law 8.069/90 (ECA), Directive 1968 of 2001 of the Health Ministry, which provides for notification to the competent authorities of suspected or confirmed cases of mistreatment against children and adolescents, and Directive No 104, of 25 January 2011 of the Health Ministry, which defines the list of diseases, aggravations and public health events requiring compulsory notification throughout the country and establishes flow, criteria, responsibilities and attributions to health professionals and services regarding diseases, aggravations and events of importance to public health nationally throughout the entire health system, public and private. The Directive determines that domestic, sexual violence and/or other forms of violence are part of the List of Compulsory Notifications - LNC (Lista de Notificação Compulsória); on the flow, this directive has information regarding cases where it is not possible to inform the Municipal Health Departments (SMS's), notifications will be made to the State Health Department (SES), and still, if it is not possible to inform the SMS's or the SES (i.e. weekends, public holidays and after hours), notifications should be made to the Health Vigilance Department of the Health Ministry, by ringing the report hotline (0800-644-6645) or electronic notification by email (notificacao@saude.gov.br) or directly through the SVS/MS website (www.saude.gov.br/svs).

Conclusion

This study sought to characterize, with professionals who work with children in risk situations and/or who are victims of violence, the relationship between violence and signs of changes in communication. Speech pathology being the area which works most directly with these changes, we find essential to disseminate information about this theme and increasingly adding it to the Debate Agenda of Speech Pathology.

As a result, we have the detail that 92% of the professionals who work with children who are victims of violence, noticed changes in the communicative questions of those children, the great majority of which are at the development age, especially in the process of schooling. That change in the communication process is often the first visible sign of so many other changes in the child's development, caused by violence. Therefore, speech pathologists become essential in treating and rehabilitating the victim, as well as preventing and guiding the different professionals who work with this population. Facing this complex problem is necessary for all professionals who work in the areas involved, including speech therapists. Speech therapists should be trained, from the time they

qualify at undergraduate level and during continued education, to deal with the theme, participate in discussions and conducts of the health team to which he/she belongs, know how to address that situation with the child and the family, contribute to identify cases of violence and know how to notify and what referrals to make.

It is worth stressing that interpersonal violence situations do not necessarily generate any changes to language or communication, but rather the possibility of associating these changes to victims of violence, which does not correspond to transforming into disorder any symptoms of language detected in the studied population.

Other studies relating communication disorders and violence are necessary, since this theme is still not very often addressed in scientific publications of the area, because although significant advances exist in the area of health about the theme, in speech pathology this theme has not been often debated.

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