



Evolution and outcome of cases of intrafamily violence against children and adolescents: Speech, Language Pathology and Audiology approach

Evolução e desfecho de casos de violência intrafamiliar contra crianças e adolescentes: enfoque fonoaudiológico

Evolución y desenlace de los casos de violencia intrafamiliar contra niños y adolescentes: enfoque de logopedia

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Abstract

Purpose: This study aimed to investigate the speech-language disorders found in cases of domestic violence against children and adolescents and to analyze the evolution and outcome of cases assisted by Speech, Language Pathology and Audiology professionals. **Methods:** Cross-sectional study, produced through the application of questionnaires to clinical Speech, Language Pathology and Audiology professionals who assisted children and adolescents in the states of Paraná and Santa Catarina. Data exploration was based on the Content Analysis methodology. **Results:** Of the 75 Speech, Language Pathology and Audiology professionals surveyed, 52% assisted children and/or adolescents suspected or confirmed to be victims of violence. Regarding this number, 59.5% of the professionals continued to monitor the cases, and 40.5% discontinued the follow-up. **Conclusion:** Language changes comprised the speech-language pathology complaint most found in the victims. In many cases, it was not possible to obtain information

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Authors' contributions:

LJ: Study design; Methodology; Data collection; Data analysis; Outline and elaboration of the article.

PBL: Methodology; Data collection; Data analysis.

CMA: Statistical / quantitative analysis of results; Critical review.

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about the outcome of the situation of violence due to the abandonment of Speech, Language Pathology and Audiology work. In situations with favorable outcomes, this event occurred due to the removal of the aggressor from the family context, the monitoring of all those involved, or the referral of the victim to interdisciplinary treatments. Regarding the development of the speech-language pathology complaint, the cases that evolved were followed up in an interdisciplinary manner, mainly with psychological treatment for those involved. Professionals who related the speech-language pathology complaint to the situation of violence acted more humanely, looking at the subjects as a whole and allowing their therapeutic progress.

Keywords: Speech, Language Pathology and Audiology; Violence; Exposure to violence; Child, Adolescent.

Resumo

Objetivo: investigar as alterações fonoaudiológicas encontradas em casos de violência intrafamiliar contra crianças e adolescentes, bem como analisar a evolução e o desfecho dos casos atendidos por fonoaudiólogos. **Método:** Estudo transversal, produzido por meio da aplicação de questionários com fonoaudiólogos clínicos que atendiam a crianças e adolescentes nos estados do Paraná e Santa Catarina. A exploração dos dados foi pautada na metodologia de Análise do Conteúdo (AC). **Resultados:** Dos 75 fonoaudiólogos pesquisados, 52% atenderam a crianças e/ou adolescentes suspeitos ou confirmados de sofrerem violência. Deste número, 59,5% dos profissionais continuaram acompanhado os casos e 40,5% descontinuaram o acompanhamento. **Conclusão:** As alterações na linguagem foi a queixa fonoaudiológica mais encontrada nas vítimas. Em muitos casos não foi possível obter informações sobre o desfecho da situação de violência, devido ao abandono do trabalho fonoaudiológico. Nas situações com desfechos favoráveis, este acontecimento ocorreu devido à remoção do agressor do contexto familiar, o acompanhamento de todos os envolvidos ou o encaminhamento da vítima para tratamentos interdisciplinares. Com relação ao desenrolar da queixa fonoaudiológica, os casos que tiveram evolução, foram os acompanhados de maneira interdisciplinar, principalmente com tratamento psicólogo dos envolvidos. Pode-se notar, também, que os profissionais que relacionaram a queixa fonoaudiológica com a situação de violência atuaram de forma mais humanizada, olhando o sujeito como um todo, permitindo o seu progresso terapêutico.

Palavras-chave: Fonoaudiologia; Violência; Exposição à violência; Criança; Adolescente.

Resumen

Propósito: investigar los trastornos del habla y el lenguaje encontrados en casos de violencia doméstica contra niños y adolescentes, así como analizar la evolución y el rechazo de dos casos tratados por logopedas. **Método:** Estudio transversal, producido a través de la aplicación de cuestionarios con logopedas clínicos que atendían a niños y adolescentes en los estados de Paraná y Santa Catarina. La exploración de datos se basó en la metodología de Análisis de Contenido (CA). **Resultados:** De los 75 fonoaudiólogos encuestados, el 52% asiste a niños y/o adolescentes sospechosos o confirmados de ser víctimas de violencia. De ese número, 59,5% de los profesionales continuaron con el acompañamiento de los casos y 40,5% interrumpieron el seguimiento. **Conclusión:** Los cambios en el lenguaje fueron la queja de patología del habla y lenguaje más frecuente en las víctimas. En muchos casos no fue posible obtener información sobre el desenlace de la situación de violencia, debido al abandono del trabajo logopédico. En situaciones con resultados favorables, este evento se produjo por la separación del agresor del contexto familiar, el seguimiento de todos los implicados o la derivación de la víctima a tratamientos interdisciplinarios. En cuanto a la evolución del cuadro patológico del habla-lenguaje, los casos que evolucionaron fueron seguidos de manera interdisciplinaria, principalmente con tratamiento psicológico para los involucrados. También se puede notar que los profesionales que relacionaron la denuncia de fonoaudiología con la situación de violencia actuaron de forma más humana, mirando al sujeto como un todo, permitiendo su progreso terapéutico.

Palabras clave: Logopedia; Violencia; Exposición a la violencia; Niño; Adolescente.



Introduction

Violent acts inside homes are part of the concept of intrafamily violence, which can be understood as any action that harms the physical and psychological integrity, well-being, and freedom of a family member, even without blood ties. Commonly, this violence is carried out by someone in a position of power and authority regarding the victim, affecting children, adolescents, women, older people, and the disabled¹.

It is estimated that one in two children aged 2 to 17 years suffer some violence each year, indicating that half of the children are victims of violence annually, representing approximately 1 billion children in the world². In most cases, violence occurs in the family environment and is perpetrated by family members, who should protect, educate, and respect their children and adolescents. The forms of violence affecting this public include physical, psychological and sexual violence, and negligence^{3,4}.

Children and adolescents are considered the main victims of violations since they comprise the most vulnerable age group due to their special developmental conditions. Thus, their physical, cognitive, and psychological immaturity makes them vulnerable to the aggressor, who is usually an adult with greater stature, physical strength, and cognitive abilities, which enables coercion and repression^{5,3}.

Violence is considered a public health problem. In this sense, when going beyond an individualized perspective, violence involves determining social aspects, such as family, community, and regional and cultural factors. Therefore, violence is not a disease of the aggressor nor a limitation of the victim. Instead, it is a serious social problem that harms the health of those involved. In this perspective, facing intrafamily violence requires adopting a differentiated approach, which includes knowledge already consolidated in other areas, and above all, in the social field. Thus, diluting the division between clinical performance and collective health to the extent that intrafamily violence requires an intervention capable of uniting the knowledge and execution of both⁶.

Given the above, health professionals must provide care based on comprehensive health care, also observing the actions of their patients, which may indicate a violated subject⁷. In addition to

physical signs, the behavior of the parents and the child must be observed. Victims of violations usually show shyness, lack of affection, lack of self-esteem, passivity, or hyperactivity⁸.

The speech therapist is among the health professionals faced with situations of violence aimed at the pediatric and hebiatric public. The frequent contact this professional establishes with the family during the intervention process helps to identify cases of violence and understand the family dynamics of such cases⁹. By actively accompanying their patients, the speech therapist becomes an important reference for family support and trust. Whether in the initial interview or during the evaluation and therapy process, the violence issue should be one of the aspects observed in the interaction between the child/adolescent and their guardians⁹. It is essential to consider violence to understand the family dynamics and the manifestation of speech-language pathology symptoms⁹.

Therefore, this study aimed to investigate the speech-language disorders found in cases of domestic violence against children and adolescents and to analyze the evolution and outcome of cases of violence assisted by Speech, Language Pathology and Audiology professionals.

Method

The Ethics Committee approved this cross-sectional, descriptive, and analytical study under no. 34894720.6.0000.8040. The study involved sending questionnaires in March 2021 to a population of 4,297 Speech, Language Pathology and Audiology professionals working in Paraná and Santa Catarina who are registered in the Regional Council of Speech Therapy-3rd region (CREFONO-3).

Data collection was organized based on the inclusion of responses from 75 Speech, Language Pathology and Audiology professionals, which met the eligibility criteria. Furthermore, professionals working in the clinical setting who assisted children and adolescents were included. Speech therapists who only assisted adults and older people were excluded. The study used a convenience sample, which included all participants who answered the questionnaire and complied with the inclusion parameters.

The questionnaire comprised 29 questions and was based on the instrument developed in a previous study⁹. However, it was adapted to include

questions that can answer this study's objective. The instrument was structured on the google forms platform, followed by a summary explanation, including the research objectives and the Free and Informed Consent Form (FICF). All participants signed the FICF.

The answers were organized and analyzed following the Content Analysis (CA) because this methodology allows the investigation of the linguistic content based on quantitative and qualitative criteria¹⁰.

The qualitative part of the linguistic-discursive material comprised thematic and lexical analyses¹¹, which are organized according to the categories formed in the frequency of themes and words extracted from the participants' speeches. The organization proceeded with three phases: 1) the pre-analysis, in which the material obtained in the data collection is prepared; 2) the exploration of the material, in which the categories are grouped based on the recording units and their common aspects; and 3) the treatment of the results, in which the interpretation of the findings occurs¹².

In the quantitative interpretation, the open questions, with objective answers, were grouped and then analyzed quantitatively. In this part, descriptive statistical analysis was performed to calculate the percentage for each variable of interest. All analyses were performed using the Jasp statistical software version 0.14.1.

Results

First, 60 questionnaires were answered in one month. Then, given the low number, a second instrument was sent to speech therapists in the following month, resulting in another 25 answered questionnaires. Thus, a total of 85 questionnaires

were collected. However, after reading the FICF, two participants chose not to participate in the research, and 83 remained. Among those, eight worked only with adults and older people and, for this reason, were excluded from the study. Therefore, the study comprised 75 Speech, Language Pathology and Audiology professionals. Figure 1 describes the collection and selection process of professionals included in the study.

Regarding their origin, 70.7% were from the state of Paraná, and 29.3% were from Santa Catarina. Regarding their training time, 6.7% graduated less than a year ago, 40% between 1 and 5 years ago, 20% between six and ten years ago, 17.3% between ten and 20 years ago, and 16% over 20 years. Regarding the academic level, 49.3% of the speech therapists had specialization or improvement, 36% had only the graduation, 8% had concluded a master's, and 5% had a doctorate. In terms of areas of expertise, 70.7% worked as generalists, 14.7% in the language area, 9.3% with audiology, 1.3% with voice, 1.3% with orofacial motricity, 1.3% in educational speech therapy, and 1.3% worked in the service specialized in violence.

Furthermore, 52% (39) assisted children and/or adolescents with suspected or confirmed cases of violence, 59.5% of those continued to monitor the cases, and 40.5% discontinued the follow-up.

The public most affected by violence comprised children aged between 2 and 12, with 48% of reported cases, followed by adolescents (32%) and babies (13.3%). Most victims were children, 37.3% for males and 32% for females. Babies were the least affected, regardless of gender. Table 1 presents the speech-language disorders found in the victims, the outcome of the cases, and the evolution of the speech-language pathology work.

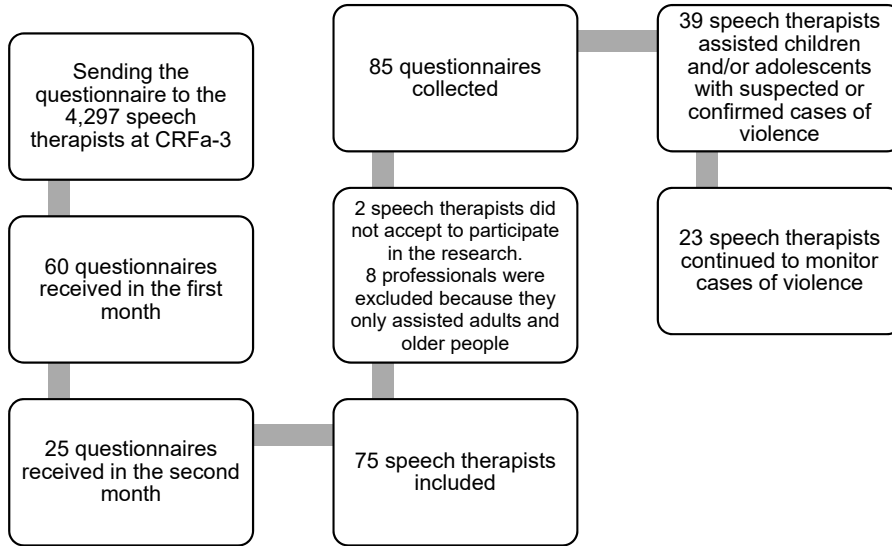


Figure 1. Description of the collection and selection process of the included speech therapists

Table 1. Speech-Language Pathology alterations of the victims, outcome, and evolution of the Speech-Language Pathology work

Variable	N	%
Speech-language pathology alteration*		
Language changes	58	78.4
Reading and writing problems	23	31.1
Fluency problems	11	14.9
Hearing deficiency	5	6.8
Voice problems	4	5.4
Changes in the stomatognathic system	4	5.4
Outcome data*		
No data on the outcome due to the abandonment of speech therapy work	8	10.5
Removal of the aggressor from the family context	8	10.5
Monitoring of the subjects involved	5	6.6
Subject progression	4	5.3
Did not answer the question	13	33.3
Evolution of speech therapy work*		
no evolution	15	19.7
with evolution	8	10.5
Did not answer the question	16	41.0

Source: The authors

Next, following the Content Analysis guidelines¹¹, the composition categories of the axes and their sub-axes are presented, along with examples of the recording units that represent the analyzed material. The components of the categories are described in the column between the categories and the examples of the recording units, synthesizing the content of each category, which was constituted according to the answers elaborated by the partici-

pants to the questionnaire items. Each recording unit is followed by the indication of the Arabic numeral of the participant who enunciated it.

Axis 1 refers to the outcome of cases of domestic violence against children and adolescents assisted by speech therapists, and axis 2 deals with the evolution of the speech therapy work developed with the victims.

Chart 1. Outcome of cases of intrafamily violence against children and adolescents assisted by speech therapists

AXIS 1 – Outcome of cases of domestic violence against children and adolescents assisted by speech therapists		
Categories	Categorical components	Examples of recording units corresponding to the answers given by the participants
No data on the outcome due to the abandonment of speech therapy work by the patient/relatives	Abandonment therapy withdrawal	<i>It depends on the case. However, in most situations, family members do not complete the speech therapy work, abandoning it based on different justifications (2). Unfortunately, none because I could no longer follow the patient's case. Withdrawal from therapy (29). They stopped treatment (58). Most dropped out (67). Withdrawal from therapy (39).</i>
Removal of the aggressor	Removal of the aggressor Adoption	<i>Father was arrested. On the other, the mother and stepfather lost custody of the child (18). Removal of the aggressor (77). The child was adopted by another family (57). Withdrawal from the family (78). It depends. I have seen more extreme cases in which children were taken away from their families, and others started to be raised by other family members or were adopted by other families (23).</i>
Monitoring of the subjects involved	Treatment of the abuser Specialist follow-up of the victim Change in the abuser's behavior	<i>The aggressor began psychoanalytical treatment so that he could be heard and understand what he did and why he did it. The victim is assisted by a team of trained professionals (61). In one case, the mother reports that her partner has changed, and in another case, we observed a change in behavior at the place of care (73).</i>
Progress	Improvements High	<i>There were improvements in all aspects (8). Every case is singular with a different outcome. We work until the patient is discharged (72).</i>
Victim's death	Death	<i>The child died (40).</i>

SOURCE: the author himself.

Chart 2. Evolution of speech therapy work

AXIS 2 – Evolution of speech therapy work		
Categories	Categorical components	Examples of recording units corresponding to the answers given by the participants
No evolution	Stationary There was no improvement Stagnated Stationary Regression Limitation of patient communication	<i>Stationary (18). The patient had unexpected cries and excessive euphoria when she saw me because the family did not use the CA paste since it was the only way for the patient to communicate (29). Language delay. There was no improvement in treatment (39). The child suffered from much violence at home, so he was unable to concentrate on the therapy exercises. Thus, we did not obtain improvement in his speech (40). Good evolution at the beginning, then it stagnated (55). Parked, with slow evolution (73). When violence is still present, there is not much evolution (74). More time-consuming and with regression of the case (77).</i>
With evolution	Difficulties overcome Follow-up of subjects through the basic network The child is withdrawn from family life Listening Family training Work in group	<i>Difficulties were gradually being elaborated and overcome (60). In most cases, there was a good evolution and overcoming of the problem or monitoring by the basic network (72). Improved (78). In cases where children were removed from family life and started to live with other families, it was possible to notice a great improvement. In cases where the family has the opportunity to listen, significant improvements are also noticed (23). Excellent due to permanent family training in stimulation strategies (8). In cases where the family network was strong, speech therapy evolution was positive (20). What I continued to see, when the father decided to talk about it and go for psychoanalytic follow-up, the child began to express much more as a speaker (61). The question was related to family and emotional problems, mainly dysfluency. Thus, it was addressed along with psychology to minimize the maximum number of cases (64).</i>

SOURCE: the author himself.

Discussion

The results indicate that the speech-language pathology complaint most found in children and adolescents victims of violence comprised language changes (78.4%). Regarding these data, a study describes that many of the subjects who present themselves for speech therapy with language disorders may present, behind their complaint, a situation of violence⁹. Still in this direction, a study carried out in a training course for situations of violence revealed that of the 107 interviewees, 92% observed signs of changes in communication in abused children¹³. Likewise, a systematic review of the literature cited speech disorder as one of the consequences of violence¹⁴.

Therefore, speech therapists must give visibility to this problem and, mainly, listen to the silenced victims. They must understand that, often, behind the silence, there is a cry for help. Speech therapists, who value human communication so much, need to consider that, usually, linguistic and discursive difficulties comprise signs of a problem that manifests precisely through symptoms in language use¹⁵.

Regarding axis 1, which presents the outcome of cases of domestic violence against children and adolescents assisted by speech therapists, of the 75 participants, 10.5% did not obtain data on this outcome due to treatment abandonment. The same situation was observed in previous studies carried out with speech therapists^{16,17}.

Treatment abandonment is a common problem in all institutions that care for children and adolescents in situations of violence in Brazil. Thus, it is important to monitor the proportion of these events and explore their causes¹⁸. In Speech, Language Pathology and Audiology, one of the possible reasons for abandoning professional follow-up may be the inadequate behavior of the Speech-Language Pathologist toward cases and the lack of knowledge on how to act in these situations¹⁶. The abandonment of Speech, Language Pathology and Audiology is a worrying fact since, presumably, children continue to be victims of violence⁹.

Among the 75 Speech, Language Pathology and Audiology professionals who participated in this research, 6.6% reported favorable outcomes of the case due to the follow-up of the subjects involved. Another 10.5% reported favorable outcomes due to removing the aggressor from the family context. Regarding these data, in order to

understand the phenomenon of violence against children and adolescents, it is necessary to focus on all the people involved in the situation. In other words, the suspect or perpetrator also comprises a key element in this context¹⁹. When fighting family violence, the perpetrator's social and criminal accountability is undoubtedly important. However, punishment alone is not enough. Adequate service to this public is an important means of preventing new cases of violence¹⁹.

It is worth noting that physical violence generates more visible consequences, such as abdominal injuries, limb fractures, mutilations, head trauma, burns, and eye and hearing injuries. Many of these injuries lead to permanent or temporary disability and even death. In this study, this event can be observed in one participant's account: The child died (professional 40).

Regarding axis 2, which focuses on the evolution of the Speech, Language Pathology and Audiology work developed with the victims, 19.7% of the participants reported that speech therapy did not generate results on the speech therapy complaint. Thus, one of the difficulties in assisting subjects in situations of violence comprises the barrier generated by the victim, who is often surrounded by shame, embarrassment, and insecurity, with fear comprising the main impediment to care²⁰. It should also be noted that children who experience situations of violence have learning difficulties, barriers to establishing interpersonal and behavioral relationships, and conflicting feelings in everyday situations²¹.

In this study, 10.5% of the professionals declared evolution in the speech therapy work due to changes in the victim's family context, the interdisciplinary monitoring of the subjects involved, listening, and family training. Similar data were found in studies carried out with Speech and Language Pathology and Audiology professionals, in which most evolution reports occurred in cases with interdisciplinary intervention, particularly psychological intervention with the parents and/or the victims. Other improvement cases occurred due to the guidelines provided by Speech, Language Pathology and Audiology professionals to the subjects involved⁹.

From this perspective, there is a relationship between the speech-language pathology complaint and the cases of violence since, all situations where there was an intervention were followed by evo-

lution. In this direction, the inverse situation also confirms this relationship because, in cases where no improvement in the speech-language pathology symptom occurred, there was no intervention with the victim and/or family¹⁵.

It is also noteworthy that bonding and listening facilitate the monitoring of children and family members, as they provide loyalty between professionals and users. Listening, when qualified, perceives meanings in the gaps in the speech and the moments of pause and silence, in addition to allowing the analysis to revert to care directed to each case²².

A child or adolescent can live for a long time in a situation of family violence without being able to ask for help. When a request is signaled, it is important that the subject is listened to and has, as a consequence of this listening, developments in care related to health, the legal instance, and/or education. Furthermore, it is worth noting that the development of the child or adolescent depends on establishing a relationship of trust with the professional. Hence, they feel calm and talk about the violence they suffered²³.

Therefore, professionals need to remain aware, opening up space for dialogue with the patient since their way of approaching the issue will allow or prevent the victim from talking about what happened. If the victim feels compelled to speak, it may lead to abandonment²³.

Facing a case of violence means establishing an encounter with the other. The victim may show behavioral manifestations, such as aggressiveness toward health professionals. However, it is important to clarify that these behaviors are not a personal attack on the professional but manifestations resulting from the traumatic experience²⁴.

Coping with violence is fundamental for health professionals, especially in Speech, Language Pathology and Audiology, since the evolution of Speech, Language Pathology and Audiology treatment may be related to the maintenance or elimination of episodes of violence¹⁵.

Conclusion

Regarding the speech-language disorders found in situations of domestic violence against children and adolescents, language changes prevailed in 78.4% of the cases, followed by reading and writing problems in 31.1%. In 14.9% of the

cases, aspects related to fluency were identified, and in less than 10%, hearing loss, voice problems, and changes in the stomatognathic system were reported.

Regarding the course of the speech therapy work, the cases with evolution comprised those whose follow-up took place in an interdisciplinary way, mainly with the psychological treatment of those involved. It is also worth noting that the professionals who related the speech-language pathology complaint to the situation of violence could act beyond the presented complaint, focusing on the subjects and not just their symptoms.

Regarding the outcomes of cases of intrafamily violence against children and adolescents, in many cases, it was not possible to obtain information due to the abandonment of speech therapy work. However, in situations with favorable outcomes, the aggressor was removed from the family context, and all the subjects involved were monitored. Furthermore, in cases of favorable outcomes, the victim was referred for follow-up with other professionals, with whom the speech therapist formed interdisciplinary networks.

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