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Perceptions and practices on coping in a network of violence between adolescent intimate partners

Percepções e práticas sobre o enfrentamento em rede da violência entre parceiros íntimos adolescentes

Percepciones y prácticas sobre cómo afrontar la violencia de pareja entre adolescentes en una red

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ABSTRACT

Objective: to identify the perceptions and practices about violence between adolescent intimate partners of the professionals who comprise the different coordination levels of the Network for the Protection of Children and Adolescents at Risk for Violence. **Method:** a qualitative study anchored in the Theory of Praxis Intervention in Collective Health Nursing. Data collection took place through interviews conducted between December 2020 and July 2021. Thematic content analysis was performed. **Results:** The participants were seven professionals from the Protection network of Curitiba, Paraná. Three empirical categories emerged that deal with the following: perceptions about violence between adolescent intimate partners; difficulties and practicalities of the network to face it; and the potential of the Protection Network for devising interventions. **Conclusion:** The network proved to be a powerful strategy to intervene in this form of violence. However, network coping is still scarce, which denotes the need for its inclusion in the public policy agenda.

Descriptors: Intimate Partner Violence. Adolescent. Health Care Network.

RESUMO

Objetivo: identificar as percepções e as práticas sobre a violência entre parceiros íntimos adolescentes dos profissionais que compõem os diferentes níveis de coordenação da Rede de Proteção à Criança e ao Adolescente em Situação de Risco para Violência. **Método:** estudo qualitativo ancorado na Teoria da Intervenção Práxica da Enfermagem em Saúde Coletiva. Coleta de dados através de entrevistas realizadas entre dezembro de 2020 a julho de 2021. Realizou-se análise de conteúdo temática. **Resultados:** participaram sete profissionais da rede de Proteção de Curitiba, Paraná. Emergiram três categorias empíricas que versam sobre: percepções sobre a violência entre parceiros íntimos adolescentes; dificuldades e facilidades da rede para seu enfrentamento e a potencialidade da Rede de Proteção para construção de intervenções. **Conclusão:** a rede mostrou-se estratégia potente para intervir nessa forma de violência. Todavia, o enfrentamento em rede ainda é escasso, o que denota a necessidade da sua inserção na agenda das políticas públicas.

Descritores: Violência Entre parceiro íntimo. Adolescente. Rede de Atenção à Saúde.

RESUMÉN

Objetivo: identificar las percepciones y prácticas de los diferentes profesionales que componen los distintos niveles de coordinación de la Red de Protección para Niños y Adolescentes en Situaciones de Riesgo de Violencia con respecto a la violencia de pareja entre adolescentes. **Método:** estudio cualitativo basado en la Teoría da Intervención de la Praxis de Enfermería en Salud Colectiva. Los datos se recolectaron a través de entrevistas realizadas entre diciembre de 2020 y julio de 2021. Se realizó un análisis temático de contenido. **Resultados:** Los participantes fueron siete profesionales de la Red de Protección de Curitiba, Paraná. Surgieron tres categorías empíricas relacionadas con lo siguiente: percepciones sobre la violencia de pareja entre adolescentes; dificultades y facilidades de la red para afrontarla y el potencial de la Red de Protección para diseñar intervenciones. **Conclusión:** La red demostró ser una estrategia potente para intervenir en esta forma de violencia. Sin embargo, el afrontamiento en red sigue siendo escaso, lo que denota lo necesario de su inclusión en la agenda de las políticas públicas.

Descriptores: Violencia de pareja. Adolescente. Red de Atención de la Salud.

INTRODUCTION

Intimate Partner Violence (IPV) is defined by violent behaviors maintained in an intimate relationship between two individuals, which can be physical, sexual, psychological, emotional, control-related or cyberviolence. Living violent experiences in relationships can stimulate depression, anxiety, chemical addiction, isolation and suicidal ideation, consequences that can happen in the short- or long-term.[1] According to the World Health Organization (WHO), one out of four female adolescent aged 15 years and over who are in a relationship will be victims of sexual or physical IPV.[2]

Other studies show the magnitude of this form of violence among adolescents in Brazil and in the world, which places the theme in the list of serious public health problems.[3-5] A Spanish study found that adolescent IPV has its own characteristics that differentiate it from IPV among adults.[6] Among adolescents, boys and girls can be both victims and perpetrators of violent behaviors, unlike adult IPV, in which men are the main aggressors. In Brazil, a study conducted with a sample of 525 adolescents aged between 14 and 19 years old in Rio Grande do Sul identified that 75% of them have already perpetrated some type of violence in their affective-sexual relationships.[7]

With regard to seeking help to cope with IPV, a systematic review evidenced that 8% to 40% of the adolescents seek some form of formal help such as social workers, teachers, therapists, school counselors and the Police. However, between 60% and 90% seek other help sources, with the family, friends and close peers being the support sources most resorted to.[8]

In the health area, a research study that analyzed the health professionals' discourse in two Brazilian capital cities about the care provided by the health sector to adolescents in IPV situations identified the precariousness of the health work process with regard to the phenomenon studied. It was noticed that none of the services investigated appeared to assume responsibility for coping with adolescent IPV.[9]

In this scenario, Health Care Networks (HCNs) are powerful tools for coping with and preventing adolescent IPV, as violence is understood as a complex phenomenon that requires an articulated approach between different sectors. The city of Curitiba, capital of the state of Paraná, was a pioneer in Brazil with the creation of the Protection Network for Children and Adolescents at Risk for Violence, implemented in the city in 2000 and officially launched in 2008. It is a set of integrated and intersectoral actions to prevent violence, especially domestic, intra-family and sexual violence, and protect children and adolescents at risk for violence. The general objective is to contribute in an integrated way to the reduction of cases of violence in these groups.[10] However, the protocol that guides the Network does not have specific actions planned to deal with adolescent IPV, which characterizes a gap for the health sector to face this problem.

It is understood that the Curitiba Protection Network for children and adolescents has devices and potentialities to contribute in integrated actions for coping with adolescent IPV. Therefore, the relevance of this study lies in conferring visibility to the phenomenon of adolescent IPV in the health sector and discussing the pertinence of networking and its monitoring policy for the prevention, reduction and cessation of the adolescent IPV cycle, in addition to its organization for the notification and follow-up of cases. This study aims at identifying the perceptions and practices about violence between adolescent intimate partners of the professionals who comprise the different coordination levels of the Network for the Protection of Children and Adolescents at Risk for Violence.

METHOD

This is an exploratory and descriptive research study with a qualitative approach, based on the Theory of Praxis Intervention in Collective Health Nursing (*Teoria de Intervenção Práxica da Enfermagem em Saúde Coletiva*, TIPESC). This Theory is grounded on the historical and dialectical materialist world view and aims at promoting transformation in the objective reality through a dynamic, dialectical and participatory methodology. The TIPESC operationalization proposal presents five stages: 1) capturing the objective reality; 2) interpreting the objective reality; 3) elaborating the intervention project in the objective reality (establishment of priorities, according to the space, content and form vulnerabilities); 4) intervention of the objective reality; and 5) reinterpretation of the objective reality.[11] It is justified that, in this study, stages one and two of TIPESC were developed during data collection and analysis. The *Consolidated Criteria for Reporting Qualitative Research* (COREQ) instrument was used as a guide for the methodological procedures.

The study locus was the Care Network for Children and Adolescents in Risk Situations for Violence from the city of Curitiba-PR. The participants were professionals who work at the central level of the Protection Network and those who work in the local and regional coordination areas of the Network at the Primary Health Care (PHC) level of a Health District in the municipality.

Two inclusion criteria were followed to select the participants, namely: 1- being an SMS professional working at the central, regional and local levels of the Protection Network in the Health District (*Distrito de Saúde*, DS) participating in the research; and 2- having worked in the Protection Network for at least one year. Beyond those opposed to the inclusion criteria, no exclusion criteria were defined. The invitation to participate in the research was carried out actively, through telephone contacts, through the phone lines of the health services available in the website of the Municipal Health Secretariat of Curitiba-PR. After the initial contact,

the consent forms were emailed and virtually signed in the Adobe application. The interviews were scheduled according to the availability of the professional interviewed and conducted in a remote manner, through the WhatsApp application. The recordings were made in the OBS Studio application and totaled 151 minutes, with a mean recording time of 21 minutes per interview.

The data collection period was from December 2020 to July 2021. Data collection was performed using a semi-structured instrument devised to capture the following information: characterization of the participants; participants' perceptions and practices on networking with adolescent IPV. This research was supported by the theoretical perspective of the analytical categories of gender, generation and race and ethnicity, which are fundamental to understand the different individualities that are inserted in the form of organization and construction of society.[12]

The analysis of the study *corpus* was carried out according to Bardin's Thematic Analysis method.[12] The first stage of the pre-analysis encompassed fluctuating reading, choice of documents (*a priori*), constitution of the corpus, formulation of hypotheses and objectives. The second stage consisted of exploration of the material with coding and categorization. Treatment of the results obtained and interpretation took place in the final stage.[13]

As support for the research, the WebQDA software was used, which improves the categorization and interpretation process and allows including or excluding empirical categories perceived at the beginning of data organization.[14] The transcribed interview files were fully inserted into the Internal Sources system of the WebQDA software. Characterization of the studies was carried out using descriptive codes: gender, age group, marital status, children, schooling, technical training, additional training, position or function and time of experience. In the subsequent stage, the data were coded by means of the Tree Code System, which allowed performing the thematic content analysis.

The study followed the guidelines according to Resolution 466/12 of the Ministry of Health, was submitted to and approved by the Research Ethics Committee of the Health Sciences Sector of the Federal University of Paraná (CAAE Protocol 25064619.3.0000.0102) and by the Ethics Committee of the Curitiba City Hall Health Secretariat (CAAE Protocol 25064619.3.3001.0101). All the interviewees signed the Free and Informed Consent Form. In order to preserve the participants' identity, their comments were identified by means of Arabic algorithms respecting the order in which they were interviewed.

RESULTS

Seven professionals who work at the central, regional and local levels of the Network for the Protection of Children and Adolescents at Risk for Violence participated in this study in the municipality of Curitiba - PR. All the participants were female, aged between 30 and 60 years old; six participants were married and had children. Regarding professional training, five participants were nurses, one was a pedagogist and another was a dentist. Chart 1 presents the time of professional experience of these participants and their performance level in the Protection Network.

Three empirical categories emerged from the content of the interviews, namely: Perceptions of the professionals about adolescent IPV; Difficulties and Practicalities of the Protection Network to face adolescent IPV; and Potential linked to the existence of the Protection Network for devising interventions on adolescent IPV.

Perceptions of the professionals about adolescent IPV

This category presents the different perceptions of the participants regarding adolescent IPV, especially those situations that are identified in the territory where the Protection Network operates.

It is noted that the way in which the professionals perceived this violence in the scenarios identified presented a number of divergences. At the central and regional levels, the participants indicated that IPV is identified through the notifications, as described in the excerpt below:

> "[...] here in the network we see some cases, very few that appear in the notification". (E7)

At the local level, the professionals reported noticing this form of violence among adolescents in the territory attached to the health service; however, they did not identify that this group seeks the service to meet this demand.

> "I had a situation in which the adolescent's mother sought me in the unit. She was a teenager who, if I'm not mistaken, was 14 years old, and her mother had witnessed the violence, she came home and the daughter was having [sexual] intercourse and suffering violence from her boyfriend (...) so the mother looked for, called, we talked to her [mother] and made the referrals". (E4)

> "As they are adolescents [IPV] is really veiled to us in the health unit. I don't exactly know where it is that they seek help". (E5)

Some participants reported perceiving adolescent IPV as the reproduction of intra-family behaviors. Others mentioned that situations of social vulnerability and risk behaviors, identified in many adolescents in the territory under study, can aggravate the problem, as exemplified by the following excerpts:

> "Then I think that the issue of what is seen at home, the way they are raised, I think that it influences a lot". (E1)

Chart 1 - Time of professional experience of the participants and their performance level in the Protection Network. Curitiba-PR. Brazil, 2021.

Professional	Time of professional experience	Time of experience in PHC	Time of experience in the Network	Performance Level
1	23 years	8 years	6 years	Local
2	14 years	7 years	5 years	Local
3	21 years	12 years	10 years	Local
4	11 years	11 years	8 years	Local
5	30 years	17 years	15 years	Central
6	27 years	5 years	2 years	Central
7	15 years	7 years	5 years	Regional

Source: The authors (2021).

> “[...] in situations where violence is potentiated by the conditions of vulnerability in which they live, the family exerts a negative influence on their behavior, bringing about risks associated with the use of alcohol and drugs”. (E5)

It was noteworthy that the participants understand that many situations of violence practiced in intimate relationships are interpreted by the adolescents as a form of love, which can be related to the naturalization of different forms of violence in everyday life.

> “I think that teenagers in general subject themselves to a lot of embarrassing and violent situations maybe because they believe that it's normal or because they think love is bigger, so it can hurt, it can hurt, leave bruises, humiliate, scratch. I understand violence as even a hickey on the neck, possessiveness, something like that, I think we really have to interfere”. (E2)

From the speeches, it was identified that the participants believe that adolescent IPV can have consequences for the adolescent's health and, in addition, perpetuate relationships maintained in adult life.

> “It's as if there was a line like this, your adolescence ended all your perspectives. And he starts living an adult's life. Only that he isn't an adult. And hence all that distress and mental disorder. The very mental disorder in adulthood. Because he has to mature very quickly and that is reflected in adulthood”. (E1)

The speeches presented gender issues based on stereotypes as a way to justify the occurrence of adolescent IPV situations, for example, when female adolescent are in relationships with older men:

> “Because I don't know any case where both partners are teenagers. I never saw it in all my years in care and management, never experienced it, but adolescent girls with older partners I've already seen quite a few”. (E3)

Difficulties and Practicalities of the Protection Network to face adolescent IPV

This category indicated that the cases of adolescents IPV in the territory are recognized by the health professionals who comprise the Protection Network in the health services under study. However, despite this acknowledgment, the professionals notice that this is not normally the service to which the adolescents turn for help in IPV situations. Consequently, the interviewees mentioned that they are faced with more IPV cases between adults in the care practice, as in the excerpt below:

> “[...] but it's more common that we find this in adults”. (E5)

No participant reported having received specific training to approach adolescent IPV and, for this reason, the professionals report feeling unprepared for this role. The reports also exposed the perception of the lack of public policies and programs aimed at adolescents, showing how the absence of these actions weakens the health care provided to this population group.

> “I don't remember attending any type of training, then at the very moment I will seek and do. And this was quite discouraging for me to have to get out of the room and find out the referral, the course of action to be followed with that adolescent girl”. (E3)

Thus, the participants indicated that entry of the adolescent population segment to the health services is hampered by the relationship with the service itself and that their interaction is limited to the collection of exams, vaccination or some acute condition.

> "So for healthy teenagers we don't have much to offer them and they end up not attending the unit". (E1)

The professionals reported feeling powerless in dealing with adolescent IPV, despite the existence of the Protection Network; they realize that most situations are not resolved, or even not detected in the services.

> "I think that we are, in fact, we're stuck because we have protocols and we have laws that are not few and are good. We have conduct, right, but there at the end that is to make the final decision, for example: to welcome this teenager or give a living condition even for this family, it all gets halted". (E1)

For the professionals participating in this research, adolescence is a phase permeated by several conflicts, which determines the complexity of bonding with this population and the late identification of situations of violence that affect adolescents.

> "We have many cases of losing the bond because we lose communication with the adolescents' families and don't see outpatient monitoring anymore". (E5)

Data analysis allowed identifying that there is disarticulation in the actions of the teams that comprise the local, regional and central levels of the Protection Network. In addition to that, the absence of some systematization of the work process was perceived in the network components regarding each form of violence, especially adolescent IPV. As highlighted in the excerpt below, these issues hinder the teams' effective and resolute work in the territories in relation to coping with violence.

> "[...] we need to work more with the intersectoral side, we hold the monthly forum and have meetings with the network's council, the network is each one of us together and the employees think that the network is just a meeting in which everyone participates every month". (E5)

Regarding the practicality linked to the existence of the Protection Network for devising interventions to face adolescent IPV, the participants mentioned the coordination of the Protection Network with the members of the multiprofessional team that comprise the network in Primary Health Care. They emphasized that networking enables the development of strategies that consider the reality of the services for coping with violence, providing comprehensive care for adolescents. For such purpose, communication is a key element to manage each case discussed across the local, regional and central levels of the Protection Network, as exemplified in the following report:

> "[...] articulation of the network eases everything in this case [coping with adolescent IPV], the presence of the multiprofessional team is also useful". (E3)

Potential linked to the existence of the Protection Network for devising interventions on adolescent IPV

In the setting under study, adolescent IPV is part of the violence scenario; however, it is not recognized in the health care policy for the adolescent population in the municipality. In this sense, the participants identified that the instrument for notifying these cases is important for implementing actions and for the qualification of databases at the municipal, state and federal levels, in addition to enabling a description of the epidemiological profile of a given region, as presented below:

> "[...] the notification and identification belongs to the professional, this is my job as a professional". (E6)

From the interviewees' perspective, another factor that positively contributes to the work of the Protection Network is the workers' personal involvement with the theme of violence, which drives them to act with determination and dedication to intervene in the cases detected.

> "[...] in my current unit, we're alert, and attentive, we're not lazy or afraid to make a report, forward cases to the public prosecutor or guardianship council, we face it, we go deep down". (E2)

The participants indicated that the school is a favorable locus to conduct intersectoral interventions aimed at coping with adolescent IPV. In this sense, the teaching devices stand out for being able to integrate young people and for being characterized as the main places for adolescents to socialize, where they normally undergo their first experiences of intimate relationships.

> "Education is a very important area, most of the notifications come from teachers who report to the network, we would need more groups in schools because it's something they like, which is close to them". (E1)

The adolescents' leading role in the formulation of interventions to deal with IPV was highlighted as a

strategy that allows collaboration and mutual learning and that, in addition, escapes from a hierarchical model, understood as not beneficial and not very effective in dealing with violence.

> "[...] you can be the articulator of the conversation and the information and they bring the information to you". (E6)

In addition to that, the participants highlighted the ability of networking to promote multiple approaches to health care, for which communication was identified as an integration element of case management and expansion of possibilities for developing preventive actions:

> "[...] I bring someone from health because I don't know about health, but he will be able to explain it to me, the network, when we talk about it, it's not a network that only works on issues of violence, the network is the network of the services". (E6)

DISCUSSION

The "Perceptions of the professionals about adolescent IPV" category showed that the occurrence of adolescent IPV was identified in the opposite way among the professionals who comprise the different levels of the Protection Network in the scenario under study. At the local level, adolescent IPV was perceived as a form of violence found in the routine of the PHC health services. Contradictorily, at the central and regional levels, which carry out actions of an administrative nature, it was alleged that few cases are reported in the notification system. This contradiction is disturbing, as the professionals at the local level identify adolescent IPV, but notification of these situations does not seem to be done and, thus, these instances of violence are not seen at the other levels of the Protection Network.

This data is corroborated by a study which found that underreporting of violence against adolescents is reported in Brazilian health services. To face this problem, the professionals claim lack of standardization in the information, that is, it is necessary to create a flow of notifications for the types of violence that affect adolescents.[15]

The participants of this study stated that they perceive adolescence as a period that is susceptible to the reproduction of behaviors found in the family. According to the literature, the existence of violent practices in parental behavior can influence new violent habits on the part of the adolescents, so that traumatic events can be expressed in the future with replication of the same behaviors in their relationships.[16] A study found that witnessing acts of parental violence facilitates the acceptance of violence in intimate relationships maintained in adolescence and adulthood, implying the naturalization of these behaviors.[17-18] In this way, it is possible to assert that generational transmission of violence between intimate partners is a mechanism by which violence is perpetuated over generations.[19]

It is important to highlight that the differences between the gender roles are accentuated and consolidated from childhood into adolescence. This process is built in the family, school, community and social relationships experienced by these individuals, being a continuous process.[20] In this way, it is possible to understand that discourses that associate the occurrence of IPV to the fact that female adolescent relate to older men are supported by gender issues that, historically, naturalize the hegemony of male power that subjugates women[21] and, in addition, it normalizes the socially accepted concept that women mature faster to justify that adolescents enter into relationships with older men.

For the participants of this study, adolescents believe that violence is an expression of love, corroborating a national study that reveals that the naturalization of violent acts is surrounded by gender, cultural and social issues[22] and is present in the different socialization spaces of the adolescents.

As identified in the results of the current study, the literature shows that the use of illicit substances is a wear-out factor that precipitates the occurrence and acceptance of adolescent IPV.[23] In addition to that, situations of social vulnerability contribute to the worsening of IPV, as adolescents are often exposed to violence in their own community, contributing to acceptance and perpetuation of the phenomenon.[24-25]

In the "Difficulties and Practicalities of the Protection Network to face adolescent IPV" category, it was observed that the professionals showed a feeling of powerlessness in the face of the difficulties imposed to face adolescent IPV through networking. This feeling can be related to the absence of other structures capable of comprising the Protection network given the problematic of adolescent IPV. Therefore, it is important to emphasize that, in addition to the PHC professionals' actions, other care levels need to dialog and effectively articulate to ensure success in this coping.[26]

Another aspect addressed was the invisibility of adolescent IPV in the official demands of the Protection Network under study, which is characterized as a contradiction, as it is a phenomenon of worldwide magnitude, characterized in the literature.[19,27-28] It can be assumed that invisibility is supported by the fact that adolescents in IPV situations do not seek help in the health services; however, this issue does not detract from the importance of actions for coping conducted by the health sector. It was noteworthy that the identification of adolescent IPV in the health services is performed in a secondary way, that is, it is discovered when an adolescent seeks help for another health problem, a situation identified in a national study.[29]

It was reported that there is lack of programs and training aimed at adolescents' health care. This absence equates health actions aimed at this population segment with those provided to adults, ignoring the specific health needs of the adolescent population. [30] Other consequences of these deficits are the difficulties presented in terms of establishing

bonds with the adolescents and early diagnosing the situations of violence.[24]

Prevention programs aimed at adolescent IPV are indispensable for helping adolescents to perceive abusive behaviors in intimate relationships and for them to learn to solve conflicts without violence, through dialog, for example. The literature points out that these programs can be developed in partnerships between schools and the health care network, using language aimed at the adolescent population and with the protagonism of their peers.[31-33]

In this study, it was highlighted that most of the professionals interviewed were female nurses, which points to the predominance of this professional category in dealing with violence in the PHC territories and in the development of actions aimed at adolescents.[34] However, in a national study it was verified that the Nursing actions in PHC directed to the adolescent population predominantly consist of guidelines. This is partially explained by the adolescents' absence from the service, which collaborates for the impasse in bonding. On the other hand, many services lack adequate physical structures and duly prepared professionals, and the high demand of services for other population segments precludes articulation of periodic actions.[35]

In the "'Potential linked to the existence of the Protection Network for devising interventions on adolescent IPV" category, it was presented that articulation of the network combined with the multiprofessional team is a factor that contributes to coping with adolescent IPV. However, it is necessary to investigate if this articulation occurs superficially, due to the precarious conditions found. The main actors in charge of the due articulations to fight against violence are the State secretariats. In addition to that, it is necessary to perform a detailed analysis of the performance of each of the network components to verify if, in their competence scope, violence is being faced efficiently.[36]

It was mentioned that there are professionals engaged in coping with adolescent IPV; it is necessary to encourage the professionals who have an affinity with the initial reception of the adolescents, as this is the moment that makes it possible to meet the true needs of the individual.[37] Such professionals can play a leadership role in the identification, notification and care of individuals in situations of violence.[38]

In this study, the school emerged as a privileged locus for carrying out intersectoral and network activities to face violence, as it is the first environment in which the adolescents express and experience their identities outside the family environment.[39] Regarding adolescents acting on their realities, it is important to perceive this population segment as actors for social changes, which need to be included in their health actions. The partnership between health and education professionals can be an important strategy to present and address adolescent IPV as a health problem that can turn into adult IPV, marked by gender violence.[40]

The current study is not exempt from limitations. The reduced number of participants is justified by the fact that the research was carried out during the COVID-19 pandemic and that, due to work overload in the health services, many professionals were not able to participate in the interviews scheduled.

CONCLUSION

The results listed and discussed in this study allowed identifying various processes linked to the occurrence of adolescent IPV in the territory investigated. The Protection Network proved to be powerful in enabling the development of strategies and interventions aimed at preventing and dealing with violence between adolescent intimate partners, especially those developed intersectorally with the education sector. Despite this perception, it drew the attention that the actions aimed at this coping are scarce in the practice. Therefore, it is recommended that further studies be conducted to confirm this conclusion and that adolescent IPV be included in the agenda of public policies aimed at adolescents, envisioning comprehensive care for this group, in line with the principles of the Unified Health System.

With regard to the application of this study to the Nursing practice, it is emphasized that many people, including adolescents, in situations of violence, are regularly assisted by nurses within the health care network, which illustrates the importance of these professionals' performance for the detection and action in the face of this phenomenon, given that it was corroborated by the findings of this study. Therefore, the need is reiterated for the professionals who comprise the Nursing categories to be sensitized to acting in the face of adolescent IPV, especially in the context of an already established and consolidated protection network, as in the municipality investigated in this study.

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