

Violence Prevention Center in Primary Health Care

Núcleo de Prevenção à Violência na Atenção Primária à Saúde

Núcleo de Prevención de la Violencia en la Atención Primaria de Salud

RESUMO

Objetivo: A violência é reconhecida como problema de saúde pública a ser enfrentada em todos os níveis de atenção à saúde. A Atenção Primária à Saúde (APS) é considerada como a ordenadora do cuidado no setor saúde e estudos voltados para este nível de atenção se apresentam como importantes no contexto da Política Nacional de Redução da Morbimortalidade por Acidentes e Violências (PNRMAV). Sendo assim, este artigo volta sua atenção para a estratégia de criação dos Núcleos de Prevenção à Violência (NPV) nos municípios, focalizando a experiência de implementação do NPV pela APS no município de Maricá (RJ). Tendo como objetivo analisar a implementação do NPV como estratégia para o enfrentamento da violência pela APS. **Método:** Através de um estudo qualitativo de cunho analítico, por meio da técnica de coleta de dados em 4 grupos focais com 43 profissionais da APS e equipe multidisciplinar. **Resultados:** Como principais resultados destaca-se a dificuldade dos profissionais na identificação dos tipos de violência. Assim como a compreensão quanto à importância da notificação para o enfrentamento da violência dentro da APS, mas ainda entendem como um grande desafio, principalmente nos territórios mais violentos. Os profissionais elencaram a contribuição da estratégia do NPV nas capacitações, no monitoramento mediante planilha dos casos notificados de violência e, principalmente, para a materialização do trabalho em rede intrasetorial e intersetorial. **Conclusão:** Observou-se a contribuição do NPV, já que a própria existência do núcleo vislumbrou a visibilidade da temática dentro desse nível de atenção, pois a mobilização gerada pelo NPV fomenta a identificação, notificação, caso contrário, as demandas relativas à violência não seriam discutidas e, muitas vezes passariam despercebidas, assim como as oportunidades dentro desse nível de atenção para o trabalho de prevenção da violência e acompanhamento das pessoas em situação de violência.

DESCRIPTORIOS: Núcleo de prevenção à violência. Atenção primária à saúde. Estratégia.

ABSTRACT

Objective: Violence is recognized as a public health problem that must be addressed at all levels of health care. Primary Health Care (PHC) is considered the care provider in the health sector, and studies focused on this level of care are important in the context of the National Policy for Reducing Morbidity and Mortality from Accidents and Violence (PNRMAV). Therefore, this article focuses on the strategy of creating Violence Prevention Centers (NPV) in municipalities, focusing on the experience of implementing NPV by PHC in the municipality of Maricá (RJ). The objective is to analyze the implementation of NPV as a strategy for addressing violence by PHC. **Method:** Through a qualitative study of an analytical nature, using the data collection technique in four focus groups with 43 PHC professionals and a multidisciplinary team. **Results:** The main results highlight the difficulty professionals have in identifying the types of violence. As well as the understanding of the importance of reporting to confront violence within the PHC, but still seen as a major challenge, especially in the most violent territories. The professionals listed the contribution of the NPV strategy in training, in monitoring reported cases of violence using a spreadsheet and in the materialization of intra and intersectoral networking. **Conclusion:** The contribution of the NPV was observed, since the very existence of the center made the issue visible within this level of care, since the mobilization generated by the NPV encourages identification and reporting, otherwise, demands related to violence would not be discussed and would often go unnoticed, as well as the opportunities within this level of care for violence prevention work and monitoring of people in situations of violence.

DESCRIPTORS: Violence prevention center. Primary health care. Strategy.

RESUMEN

Objetivo: La violencia es reconocida como un problema de salud pública que debe abordarse en todos los niveles de atención sanitaria. La Atención Primaria de Salud (APS) se considera como la coordinadora del cuidado en el sector salud, y los estudios enfocados en este nivel de atención son relevantes en el contexto de la Política Nacional de Reducción de la Morbimortalidad por Accidentes y Violencias (PNRMAV). Así, este artículo centra su atención en la estrategia de creación de los Núcleos de Prevención de la Violencia (NPV) en los municipios, enfocándose en la experiencia de implementación del NPV por la APS en el municipio de Maricá (RJ). El objetivo es analizar la implementación del NPV como estrategia para enfrentar la violencia desde la APS. **Método:** Se trata de un estudio cualitativo de carácter analítico, mediante la técnica de recolección de datos en 4 grupos focales con 43 profesionales de la APS y del equipo multidisciplinario. **Resultados:** Como principales hallazgos, se destaca la dificultad de los profesionales para identificar los distintos tipos de violencia, así como la comprensión de la importancia de la notificación como herramienta para el enfrentamiento de la violencia en la APS, aunque sigue siendo un gran desafío, especialmente en los territorios más violentos. Los profesionales destacaron la contribución de la estrategia del NPV en las capacitaciones, en el monitoreo a través de planillas de los casos notificados de violencia y, principalmente, en la materialización del trabajo en red intra e intersectorial. **Conclusión:** Se observó la contribución del NPV, ya que su propia existencia permitió dar visibilidad al tema dentro de este nivel de atención. La movilización generada por el NPV fomenta la identificación y notificación de los casos; de lo contrario, las demandas relacionadas con la violencia no serían discutidas y, muchas veces, pasarían desapercibidas, así como las oportunidades que este nivel de atención ofrece para la prevención de la violencia y el acompañamiento de personas en situación de violencia. **DESCRIPTORES:** Núcleo de prevención de la violencia; Atención primaria de salud; Estrategia.

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INTRODUCTION

In Brazil's markedly unequal society, violence must be understood in a contextual and transversal way, permeated by social, political, economic and cultural determinations and by values of competitiveness and individualism in social relations. As a result, in different scenarios, social relations based on solidarity are weakened, leading to intolerance and estrangement between individuals, which causes conflictual social relations. In this context, it is a major challenge for care professionals to implement resolute practices to prevent violence as a social practice (Galheigo, 2008).

Violence affects everyone indiscriminately, regardless of race, social class, gender or religion, and is recognized by both the World Health Organization (WHO) and the Pan American Health Organization (PAHO) as a health problem, due to its strong impact on the population's quality of life and morbidity and mortality. However, in order to deal with it, in addition to recognizing it, public policies must be drawn up and implemented that go beyond just curative measures. Thus, violence prevention and health promotion strategies need to be included, especially within the scope of PHC, which is proposed as the care coordinator in the Health Care Network (RAS) (Holanda; Holanda; Souza, 2013).

The issue of violence in the health sector faces major challenges, among other factors because the sector's rhetoric is based on biomedical rationality. However, the theme of violence and health transcends this conception, proposing practices more in line with integrality, understanding violence as a sociocultural phenomenon (Mendonça *et al.*, 2020).

The literature and normative documents recognize integrality as a guiding principle of PHC for violence prevention and health promotion, but also recognize that professionals are not trained and sensitized to understand the issues surrounding violence, nor are they prepared to articulate with-

in health policy and other policies to tackle the phenomenon (Mendonça *et al.*, 2020).

In recognition of the impact of violence and the need to take measures to combat it, a construction process involving governmental and non-governmental actors began, with the formalization of the PNRMAV by Ordinance MS/GM No. 737 of May 16, 2001. In this way, the complexity of the phenomenon of violence was recognized, going beyond just the practice of providing care to taking responsibility for prevention with intersectoral action, guided by a broader policy of improving quality of life.

Another important step towards the implementation of the PNRMAV was the formalization by Ordinance No. 936, of the Ministry of Health, of May 18, 2004, with the structuring of the National Network for Violence Prevention and Health Promotion and the Implantation and Implementation of Violence Prevention Centers in States and Municipalities (Nijaine *et al.*, 2020). The RNPVPS aims to articulate the actions of the Ministry of Health with the local level, as a way of materializing the PNRMAV, with the state, municipal and Federal District NPVs, with academic institutions and non-governmental organizations in agreement.

These centers received financial incentives and were funded, from 2004 onwards, through agreements, public calls for proposals, in which they were supposed to fund projects that went beyond care, based on the objective of working on prevention and health promotion. These centers should also qualify public management for prevention and promotion work, contributing to the structuring of the care and protection network for victims of violence. As such, the proposal to set up NPVs in the municipalities is a strategy for health professionals to become aware of the problem and articulate actions across sectors and sectors to prevent vi-

olence and promote health within the scope of PHC.

There is a gap in the literature in relation to studies based on experiences developed in PHC. Numerous works focus on the effects of violence and its data, but do not discuss the practices and work processes involved in dealing with it, as presupposed by the NPV in PHC. In view of the invisibility of action to deal with violence in PHC and the magnitude of the problem of violence, this article sought to analyze the implementation of the NPV as a strategy for dealing with violence in PHC.

METHOD

The methodology used in the research was an exploratory study with a qualitative, analytical approach, focused on understanding the phenomenon under study, based on the knowledge, perceptions and experiences lived collectively by the participants. According to Deslandes (2011), qualitative research responds to particular issues and is concerned, in the social sciences, with immeasurable reality because it operates with a world of meanings, desires, beliefs, values and actions, corresponding to a deeper space of relationships and phenomena that cannot be reduced to the operationalization of variables.

This qualitative research is analytical in nature and involves the study of information that explains the context of a phenomenon, in order to provide input for future research on the same topic. The data collection technique based on the focus group with a semi-structured script aims to allow subjects to interact with a given phenomenon in order to problematize and exchange knowledge to discuss internal strengths and weaknesses, as well as external opportunities and challenges (Backes *et al.*, 2011).

The research project was sent to the Ethics Committee (CAEE) 76323223.4.0000.5284, and the participation of the professionals was

carried out after approval by the committee and by signing the Informed Consent Form (ICF), respecting the anonymity of the participants, in all phases of the research, in accordance with the rules that regulate research involving human beings, according to Resolution No. 510/2016, of the National Health Council of the Ministry of Health.

The research sample was carried out in the municipality of Maricá, which belongs to the Metropolitan Region of the State of Rio de Janeiro, in April and May 2024. The subjects of the studies were primary care professionals and the Emulti team. The municipality of Maricá (RJ) has 27 primary care units divided into four districts and has an Emulti team.

Before analyzing the focus groups, it is important to note that four focus groups were held, one in each district, with the locations of the meetings coordinated with the managers of the units, with a total of 43 participants. The groups were held after the district intersectoral meetings with those who were willing to take part voluntarily, with prior notice of the research after contact by telephone with all the managers of the 27 USF teams and the respective coordinator of the Emulti team, and lasted an average of one hour.

The groups were coordinated by the researcher and had the participation of another observer to record relevant observations. When the participants agreed to the recording, it was later transcribed to identify categories and analyze the content according to Bardin (BARDIN, 1977). During the focus group, all the professionals sat in a circle, which made it easier for everyone to participate.

RESULTS

Based on the analysis of the research data in the focus groups, using a semi-structured script, categorization was carried out and, for the purposes of this article, will be analyzed below:

Table 1 - Categorization of data

Category	Identification
I) Profissional perante a violência	Identification of types of violence by professionals and users
	Notification, from the territory, of the contradiction between benefits and challenges
	Violence as a cultural, collective issue
II) NPV in Maricá from the professionals' point of view	Training
	Materialization of networking
	Tracking sheet as a tool

Source: Prepared by the author.

Each of these categories identified and proposed according to the results is analyzed below. Firstly, on PHC professionals in the face of violence, the aim of this category was to analyze how PHC professionals perceive their place of work in the face of violence, obtaining the following sub-categories: identification of types of violence by professionals and users, notification from the territory with the contradiction of challenges and benefits, and violence as a cultural and collective issue.

The difficulty professionals and users have in recognizing the types of violence was raised in the survey and, according to Galheigo (2008), a major challenge for professionals would be to work with empowerment as a form of prevention with the population. Another reflection is the difficulty for people in situations of violence themselves to understand that they are experiencing or even living in situations of violence.

In this sense, the professionals recognize the importance of identifying the types of violence in order to then begin the debate on the notification

of suspected and confirmed cases of violence.

Regarding reporting from the territory, a contradiction between benefits and challenges, the municipality of Maricá has violent territories with drug trafficking and a high rate of urban violence. As a result, especially in these districts, the professionals reported that they were afraid to report situations of violence, even though they knew that reporting would be important for health care, believing that the population still sees it as a complaint because of its consequences.

The reports reaffirm the importance of PHC in dealing with violence in terms of identifying, welcoming and notifying situations of violence at an early stage, as well as PHC's proposal of territorialization and building bonds. However, situations of violence must be seen as collective constructions.

Regarding the emphasis on violence as a cultural and collective issue, Galheigo (2008) states that there is a major challenge for education and care practices in the face of the spread of violence as a social practice. In this

way, the professionals reported the complexity of the subject of violence due to cultural issues and ways of relating to and seeing others who seem different.

Prejudice and discrimination are often naturalized, and it is essential and necessary to work on these issues as a way of reconstructing the thinking rooted in society so that, increasingly, reflection provokes other ways of relating based on another prism, because, just as we learn, we are capable of relearning. In this sense, it is important to work on these issues collectively and not just individually, but many still believe that domestic violence is a cultural issue and a cycle that is difficult to break due to emotional dependency.

The materialization of intrasectoral and intersectoral networking to tackle violence as a multidimensional phenomenon. With regard to the NPV, everyone had taken part in at least one of the center's activities and reflected on the recognition of the existence of the NPV in the municipality, reporting that there had been a process of raising awareness of the notifications, the place being relevant for understanding the subject and there being a change in the subject and its perception.

On the question of the NPV's contribution, the professionals highlighted the promotion of training on the subject of violence provided by the NPV, such as annual training sessions. Rodrigues et al. (2018) highlight the need to invest in the qualification and training of PHC professionals as a way of transforming learning into practice, as well as the difficulty of networking.

The professionals reported the importance of the NPV for the "materialization of networking", for understanding how to really practice intersectorality. In theory, they understand the importance, but in practice, this action is based on referrals of

reports. When the NPV started discussing cases of violence in the health districts with the participation of the intersectoral network, they began to understand the meaning of this articulation and networking.

Among the contributions of the NPV reported by professionals is the possibility of monitoring situations of violence notified by the municipality. The monitoring of situations of violence notified in the municipality by PHC, through the NPV's proposal of monitoring notified cases through an internet portal restricted to health professionals, achieves the qualitative objective of notification in the comprehensive care of people in situations of violence, despite the fact that professionals recognize the difficulty of following up in the face of routines in the unit.

DISCUSSION

Holanda, Holanda and Souza (2013) reflect on the unpreparedness of professionals to recognize possible situations of violence, due to gaps in professional training, which hinders the work of preventing and dealing with violence, making systematic studies and research on the subject extremely important.

The professionals reported their difficulty in perceiving and identifying violence that is not apparent, such as physical and sexual violence, which may be why the highest number of notifications in health units is for the most serious situations. They therefore reflected on the importance of raising awareness of the issue, especially in PHC, in order to initially try to break the cycles of violence.

That's why ongoing education and the visibility of the issue that the NPV strategy proposes are important, with updates on the types of violence that seem to be imperceptible and sometimes not possible in the area, such as slave and child labor and human traf-

ficking, which are also the subject of the SINAN compulsory notification form.

Neto *et al.* (2021) highlight the challenges faced by PHC in violent territories and the extent to which this has an impact on their work in general, and especially on tackling violence in the territory. At the same time, they understand the importance of PHC notifying health care before the aggravation caused by violence that is not identified in a timely manner, so as not to "wait for the emergency".

In understanding violence in its cultural and collective aspect, it is essential that professionals learn to deal with tolerance, difference and respect for diversity, thus accepting individuals' self-determination over their lives. For this reason, training to deal with the issue of violence must be based on a humanized and non-stigmatizing approach, and must also include gender issues.

From the professionals' point of view, the NPV's proposal served to give visibility to the issue of violence and provide them with training on reporting, building an intrasectoral and intersectoral network and following up on reported cases of violence in the area

Although it is necessary to work with the intersectoral network, it is difficult in practice to align other sectors towards a common goal, which would be the population of the territory, through public policies to improve the quality of life of these people, and to recognize the lack of communication between different sectors in order to understand the limitations of each policy and recognize flaws for joint improvement, because each sector and each secretariat assigns the flaws to the other, so the task is not as easy in practice as the literature romanticizes, but it is necessary and powerful as an object of transformation of society.

CONCLUSION

As stated above, the aim of the article was to analyze the implementation of the NPV as a strategy for tackling violence in PHC. It was shown that PHC is the privileged place for preventing violence by creating spaces for dialogue and empowering the population in its territory, due to the principles of territorialization, comprehensiveness and continuous care, and that the NPV strategy is essential for instrumentalizing practices aimed at making a culture of peace a reality.

It was possible to see its contribution from the research with PHC professionals, since the very existence of the center within PHC not only gave visibility to the issue at this level of care, understanding that it is one of the social determinants that influence the health-disease process, but also helped to increase the reporting of violence via PHC, since the "noise" caused by the NPV encourages identification and reporting, otherwise the demands relating to violence would not be discussed and would often go unnoticed.

In terms of contributions, the research showed that the NPV should continue to provide training on the subject of violence, as it helps to identify suspected cases by raising awareness and is an agent for disseminating information, but that this training should be carried out in all the units, with all the professionals, as it provides an opportunity to reflect on the territories and health determinations.

During the research, only one focus group included the medical category and how these professionals should also be involved in these discussions in order to go beyond the purely biological nature of health care in the sense of the expanded concept of health itself, in order to understand the power of collective and network work. As in all the groups, there were

CHAs present who questioned, at times, their non-participation in other training courses, even though they are key professionals in territorialization, a structuring concept of PHC, and essential in identifying situations of violence.

The groups were unanimous in their support for the materiality of the networking promoted by the NPV, through intersectoral practices that "involve" other sectors and other public policies in direct communication towards the common goal of quality of life for the population.

The groups emphasized the need to hold intersectoral district meetings to get to know the territory and the network of that health district, pro-

viding intrasectorality and intersectorality in the same space, contributing not only to the discussion of cases of violence, but also to building a network in every sense of the work being offered to the same users, which also avoids duplication of actions.

At the same time, they point out the difficulty of this intersectorality beyond referrals and reports, as well as the identification of flaws and complaints in the way the work is carried out and the extent to which this involvement and collaboration must be built up in order for all sectors to resolve complaints and shortcomings, as this is the only way to achieve effective network communication.

One contribution mentioned in

the research would be for PHC to monitor cases of violence based on the reported cases of violence. Although some professionals report not being able to carry out this monitoring, they understand its importance for the health care of people and families in situations of violence which, many times, have not been flagged up in the territory.

This article sought to deepen knowledge of the strategy in order to encourage practical experiences that could serve as a model for actions to combat violence, as well as strengthening the National Policy for Reducing Morbidity and Mortality from Accidents and Violence.

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