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## Nursing in the care of victims of child sexual abuse: An integrative literature review

Ana Carolina Siqueira dos Santos<sup>1</sup>, Bruno Vilas Boas Dias<sup>2</sup>, Júlia Mesquita Platinetty<sup>3</sup>, Larissa Ferreira Váz<sup>4</sup>, Rafael Antonio da Silva<sup>5</sup>

<sup>1, 3, 4</sup> Graduating in Nursing at the Padre Anchieta University Center, Brazilx

<sup>2</sup> Professor Master of the Undergraduate Course in Nursing, Padre Anchieta University Center and Campo Limpo Paulista College, Brazil

<sup>5</sup> Professor Course in Nursing, Padre Anchieta University Center, Brazil

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### Abstract

**Introduction:** Considered a public health problem by the Ministry of Health, sexual violence against children and adolescents, in addition to violating human rights, generates changes in the physical, mental and social development of the victims, so it is necessary that the nurse is able. However, there are difficulties for the professional in knowing how to deal with the situation, due, among others, to the lack of approach on the subject during graduation.

**Objective:** To identify the main actions of nurses regarding care for children and adolescents victims of sexual violence.

**Method:** The study was conducted by an integrative literature review, using the databases BDNF, LILACS, MEDLINE and Scielo, where three descriptors were defined: Sexual Violence, Child and Adolescent and Nursing, associating the term boolean and. The historical cut was from 2014 to 2019.

**Results:** A total of 568 articles were found and selected, according to the inclusion and exclusion criteria, 10 of them.

**Conclusion:** The study concluded that among the articles that were part of the work, the actions of the nurse that were cited in greater number are: notification of cases; host; bond creation; history and physical examination; qualified listening and home visits. Already in smaller numbers were pointed to data collection and humanized care.

**Keywords:** nursing, sexual violence, child and teenager

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### Introduction

Considered a public health problem by the Ministry of Health, sexual violence against children and adolescents, in addition to violating human rights, generates changes in the physical, mental and social development of victims, which can lead, among others, to suicide, depression and inappropriate sexual behavior<sup>[1]</sup>.

Child sexual violence is an illegal act defined by the interaction of a child or adolescent in sexual activity with an adult, and this relationship is not fully understood by the victim, since the victim was unable to give consent. This involvement is not only through physical contact, such as incest, rape and prostitution, but also through the display of genitals, pornographic materials and verbal harassment<sup>[2]</sup>. Violence can also be practiced without the use of physical force, thus leaving no apparent marks, resulting in greater difficulties in the process of proving abuse<sup>[3]</sup>.

Such violence occurs universally, in the sense that both boys and girls are victims, although there is a prevalence of cases in females. In the context of the act it is evidenced that in the vast majority, the aggressors are included in the family environment, among them: father, uncle, grandfather, cousins and, especially, the stepfather. In addition, often, the family often has a problem that makes it unstructured, such as: separation of parents and use of alcohol and/or drugs<sup>[3]</sup>.

In Brazil, reports of sexual abuse and exploitation of children and adolescents begin factually in the colonial and slave-like period, in which the segregated mass was sexually exploited. However, such events were not recorded at the time, as the victims were not recognized as subjects of law<sup>[4]</sup>.

The evolution and development of the human rights of children and adolescents, turning them into subjects of law, was implemented by Article 227 of the Federal Constitution of 1988 and 1990, creating the Statute of Children and Adolescents (SCA). Although child violence is a subject of much attention in the world, Brazil is still new to the measures taken to remedy the problem. Following the creation of the SCA in 1990, it was not until 2017 that more specific legislation was introduced to provide guidance on compliance with the necessary measures to protect the juvenile population from sexual abuse, Law 13.431 of April 4, 2017<sup>[5]</sup>.

Faced with this problem, it is extremely important that Nursing takes action to try to minimize the psychological damage caused to the victims and their families, since the nurse's role is fundamental in identifying and conducting the occurrences, so that their early intervention will prevent continuous trauma and reduce health damage<sup>[6]</sup>.

For this, the nurse must have as main focus, welcome and provide comprehensive assistance to victims, both in hospital

and in Primary Health Care, and for this to occur, the professional must be trained during their graduation to be able to deal with problems and situations of violence.

The education of these professionals has to be done permanently in the work environment, so that they can act in the best way, in order to elaborate and implement strategies and actions that focus on the physical and psychological integrity of children.

Thus, the interest in the theme has emerged from the difficulties of nurses when facing victims of child sexual violence, in which they encounter obstacles related to legal, ethical and cultural norms and that require specific actions by these professionals.

This study hopes to raise the main actions of nurses in relation to child and youth violence to guide a more humanized, integral and efficient care to these victims.

### Objective

Identify, through a literature review, the main actions of nurses regarding care for children and adolescents victims of sexual violence.

### Method

Research integrative literature review. For the bibliographic survey we used the scientific electronic databases: Nursing Database (BDENF), Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Scientific Electronic Library online (SciELO). Three descriptors were defined: Nursing, Sexual Violence and Children and Adolescents associated with the Boolean operator "AND". The research took place in the first and second half of 2019, following the inclusion criteria for articles published in Portuguese between 2014 and 2019; available in consulted databases and in full text. The exclusion criteria adopted were: literature review articles; editorials; summaries; dissertations and theses.

### Results

Table 1 shows the descriptors used, databases, number of articles found and selected articles, according to the integrative literature review. Table 1 presents the articles in relation to the base, year, author, theme and conclusion.

**Table 1:** List of association of descriptors used, databases, number of articles found and selected articles.

Descriptors	Base	Articles Found	Selected Articles
Sexual violence <i>and</i> Child and teenager	Lilacs	65	2
Sexual violence <i>and</i> Child and teenager	Bdenf	10	1
Sexual violence <i>and</i> Child and teenager	Medline	20	0
Sexual violence <i>and</i> Child and teenager	Scielo	17	0
Sexual violence <i>and</i> Nursing	Lilacs	52	2
Sexual violence <i>and</i> Nursing	Bdenf	64	2
Sexual violence <i>and</i> Nursing	Medline	0	0
Sexual violence <i>and</i> Nursing	Scielo	31	0
Nursing <i>and</i> Child and teenager	Lilacs	95	0
Nursing <i>and</i> Child and teenager	Bdenf	111	1
Nursing <i>and</i> Child and teenager	Medline	20	1
Nursing <i>and</i> Child and teenager	Scielo	83	1
Total		568	10

**Table 2:** List of articles according to database, year, author, theme and conclusions.

Base	Year/Author	Theme	Conclusion
LILACS	2015 / Trigueiro, <i>et al.</i>	Victims of sexual violence attended at a referral service.	Humanized care as focus; Follow-up to the Protocol of Attendance by the Ministry of Health, with outpatient follow-up by nurses and other health professionals, including data collection regarding the aggression suffered, victim reception and request for the presence of IML expert and specialized doctors.
LILAC	2015 / Justino, <i>et al.</i>	Sexual violence against adolescents in Campo Grande, Mato Grosso do Sul.	Notification of suspected and confirmed cases of sexual violence; Emergency care, with early detection of cases through observation of signs and symptoms of the clinical condition and reception; Minimize damage and prevent situations of violence; Referral to the tutelary council and primary health care for follow-up.
BDENF	2016 / Oliveira; Daher.	Analysis of the implementation of a referral service against child and youth violence.	There should be age-adjusted or understanding communication for the child and document all information, including the emotional state of the victim and his family; Bond and explain what will be done and why, never promising what cannot be fulfilled; Home visit to check the environment in which the child is inserted.
LILACS	2017 / Hohendorff; Patias.	Identification, consequences and management indications in sexual violence against children and adolescents.	The nurse should make the notification, even in cases of only suspected violence; Being available to listen to the victim at any time, as it is common for them to start dialogues to see if they can trust the professional, and should also believe their report and say that she is not guilty.
BDENF	2017 / Galindo, <i>et al.</i>	Child and youth violence from the perspective of nursing.	Provide psychological care; Reduce the consequences of injuries and act for the defense and protection of the child; Identify warning signs and predisposing factors; Accomplish the host with qualified listening, history taking, physical examination, injury repair, emergency contraception and STI/HIV testing; In addition to planning and conducting therapeutic conduct for subsequent reception; notify in suspected and confirmed cases.
BDENF	2018 / Batista,	Profile of notifications about	Full notification of sexual abuse cases; Agile and qualified approach; Effective reception;

	<i>et al.</i>	sexual violence.	Hepatitis B vaccine / immunoglobulin as well as emergency contraception.
LILACS	2018 / Zuchi, <i>et al.</i>	Analysis of Family Health Strategy professionals' conceptions about listening to women in situations of violence.	Listening should take place without judgment, confidentially and in a safe environment, with patience as the victim will not always tell everything on the first contact. And the narrative must be stimulated through indirect questions so that there is no denial of the situation by the child.
BDEF	2015 / Costa, <i>et al.</i>	Profile of domestic violence against children and adolescents.	During a home visit by the nurse, it is important to take a family approach, so that the situation can be observed more easily and that there may be counseling. In this connection, a bond is created and the professional notices the violence experienced by the victim.
MEDLINE	2016 / Leite, <i>et al.</i>	Coping with domestic violence against children and adolescents from the perspective of primary care nurses.	Nursing professionals have difficulties in reporting cases of sexual violence, many are afraid, receive little information from family members or are poorly qualified to perform actions regarding the problem.
SCIELO	2018 / Schek, <i>et al.</i>	Professional practices that silence domestic violence against children and adolescents.	Forward situations of violence to other professionals, as well as to the Guardianship Council. It is also up to these professionals to promote protection for victims.

After analyzing the 10 studies selected to be part of this study, the main actions of the nurse regarding the sexual violence of children and adolescents were raised, as shown in Table 3.

**Table 3:** List of the main actions of nurses facing sexual violence of children and adolescents.

Nursing actions	Number of citations	%
Notification of Cases	5	25
Reception	4	20
Bonding with the victim / healthcare professional	3	15
History and physical examination	2	10
Qualified Listening	2	10
Home visit	2	10
Data collect	1	5
Humanized care	1	5
Total	20	100

## Discussion

Given the results, notification is the main action to be offered by nurses. According to Hohendorff and Patias <sup>[2]</sup> (2017), it is very important to notify suspected or confirmed cases of sexual violence, the nurse, or any other health professional should perform it as soon as possible. According to article 13 of the SCA, any case of suspected or confirmed violence must be notified to the local Guardian Council, by Dial 100, anonymously or not, or through the application "Protect Brazil", in that the professional is responsible for following the case. The authors also clarify that nurses should be aware of the functioning of protection networks and care for cases of child sexual abuse in the municipality where they work so that it is known to which organ the victim should be referred and properly assisted.

Notification records are not made by some nurse professionals, who end up passing this important task to the guardian council, transferring full responsibility and failing to follow up with the victim and family members. Thus, they do not know if that child or adolescent had the effective referral and if it contributed to protect the victims <sup>[7]</sup>.

Welcoming was the second most cited action in the research. Qualified listening is a welcoming instrument that should be implemented throughout the process of customer care, since

from this, it is possible to promote the protagonism of the victim and not only limit the search for pain comfort and treatment of sequelae. from violence. For this, it is necessary that the nurse acts dynamically, interacting with his patient and highlighting communication with the user as a priority. In practice, this listening should occur without judgment, empathically, patiently and based on the ethics of confidentiality of shared information. The author elucidates that the valorization of the victim's speech is to assure him / her a safe environment, either in the health unit or at home, with guarantees of protection. facilitating the plot of the case <sup>[8]</sup>.

Bonding between professional and victim is also extremely important, ranking third in research. It is common for the victim to seek to open dialogue about trivial things just to check if the interviewing nurse can be trusted. This confidence gained can offer the victim better conditions and provide more details of what happened. The authors also add that the communication must be adapted to the age range and the comprehension capacity of the victim, documenting the collected information, such as emotional aspects of the child or adolescent and their family <sup>[9]</sup>.

Nursing professionals are of fundamental importance for overcoming problems related to child sexual violence. Nurses should receive these victims and promote qualified listening, following a good history, a good physical examination, planning care and comfort strategies and monitoring these children. The next steps are the notification and follow-up of cases in the network, always based on the principles of bioethics, reducing the consequences of injuries and acting for the defense and protection of the client. In addition to injury repair, sexually transmitted infection prophylaxis, emergency contraception, and HIV testing. Based on the data collected by the author, nursing should also offer psychological care and promote measures to strengthen victims of violence, helping them to cope with the problems arising from the situation experienced. In addition, during such assistance, the necessary guidance should be provided, as well as the communique to the Guardianship Council or the Childhood Court <sup>[10]</sup>.

Qualified listening is not restricted to just hearing what the other has to say, it is the holistic view, it is necessary that the other senses are able to detect what the victim does not verbalize, but ends up demonstrating, either through a posture or even an externalized lesion <sup>[8]</sup>.

Home visiting is another strategy used to analyze the environment in which the child is inserted, checking from the physical environment for the interaction and behavior of the inhabitants of the residence. In cases of sexual violence, a multidisciplinary and interdepartmental care model is followed, based on the protocol of care recommended by the Ministry of Health, where the victim must undergo at least four consultations after the case registration, including nursing consultations and home visits., in addition to examinations and drug treatment. Emphasizing the importance of rich data collection in the first attendance <sup>[11]</sup>.

It is important that the nurse is trained to identify the signs of violence, understand the behavior of the child or adolescent, screen families and notify the fact, to be monitored by the competent body. He says it is necessary that nurses also take a family approach during the home visit, thus observing the signs of what happened, being able to advise and bond with them, to understand the situation and act in the best way possible to help <sup>[12]</sup>. Another measure of attention is to offer victims a humanized care, where the questions should be made softly, never directly interrogating, so that the negation of the lived experience is avoided and the victim can express the situation, representing the meaning that it had for itself and from this the professional can elaborate new questions without suggesting or confusing the victim in his report. At the end of the conversation, one should choose a different theme of violence, something the victim likes and ensure that she is able to return to her routine <sup>[2]</sup>. Finally, the prevention of cases of child sexual violence, with the formulation of effective public policies and practices by the various sectors that work with the theme, ie, in general, it is up to the nurse and other health professionals to act in a committed and competent, with deepening and broadening discussions with all professionals involved in this problem, to early detect cases by observing clinical signs and symptoms, notify suspected and confirmed cases, welcome, minimize damage and prevent situations of violence against children and adolescents <sup>[12]</sup>.

## Conclusion

After the end of the study it was observed that the scientific production on the subject is scarce in view of the magnitude and dimension of the problem. The health sector, specifically nurses, suffers from the difficulties of providing qualified care to victims of child sexual abuse, knowing that the marks of this abuse are wide and leave psychological traces throughout their lives. According to the results, it was concluded that the main actions of the nurse are related to the notification of cases, even if suspicious, to welcoming, bonding, anamnesis, physical examination, qualified listening, home visit, data collection and a humanized care. Given this, corroborates that we need more studies to improve and expand these nursing actions, to provide greater support and minimize the lifelong effects of these children and adolescents. Finally, it is also emphasized the need to introduce this theme in the professional formation of nurses, to instrumentalize them in their performance in the face of the situation of child and youth sexual violence.

## References

- Marafon P, *et al.*. Suporte materno mediante o abuso sexual infantil - Revisão de literatura. Estudos disciplinares em psicologia. 2017; 8(1):119-134.
- Hohendorff JV, Patias ND. Violência sexual contra crianças e adolescentes: Identificação, consequências e indicações de manejo. Revista do departamento de ciências humanas Barbarói. 2017; 49:239-257.
- Souza LS, Silva RM, Gonçalves FMS. Um enfoque sobre as principais políticas públicas que atuam no caso de abuso sexual em crianças e adolescentes. Revista Eletrônica Psicologia PT. 2018. Disponível em: <<https://www.psicologia.pt/artigos/textos/A1217.pdf>>. Acesso em Julho de 2019.
- Ministério Público Federal e Territórios – MPDFT, Violência Sexual contra Crianças e Adolescentes. 1º Ed. Brasília: Identificação e enfrentamento, 2015.
- Rossi R. Direito da criança e educação: construindo e ressignificando a cidadania na infância. [Dissertação de Mestrado]. Londrina: Universidade Estadual de Londrina, 2008.
- Albuquerque LM, *et al.* Terminologia da Enfermagem caracterizadora da violência doméstica contra crianças e adolescentes. Revista brasileira de Enfermagem. 2015; 68:452-459.
- Schek G, Silva MRS, *et al.* Práticas profissionais que silenciam a violência intrafamiliar contra crianças e adolescentes. 2018; 27(1):e1680016.
- Zuchi CZ, Silva EB, Costa MC, Arboit J, Fontana DGR, Honnef F, *et al.* Violência contra as mulheres: Concepções de profissionais da estratégia saúde da família acerca da escuta. REME - Revista Mineira de Enfermagem. 2018; 22:e1085.
- Oliveira BM, Daher DV. Implantação do serviço de referência contra violência infanto juvenil: um relato de experiência. Revista de Enfermagem UFPE. 2016; 10(Sup. 4):3704-9.
- Galindo NAL, Gonçalves CFG, Neto NMG, Santos SC, Santana CSC, Alexandre ACS. Violência infanto-juvenil sob a ótica da Enfermagem. Revista de Enfermagem UFPE. 2017; 11(Sup. 3):1420-29.
- Trigueiro TH, Merighi MAB, Medeiros ARP, Ribeiro CEL, Mata NDS, Jesus MCP. Vítimas de violência sexual atendidas em um serviço de referência. Cogitare Enfermagem. 2015; 20(2):249-56.
- Justino LCL, Nunes CB, *et al.* Violência sexual contra adolescentes em Campo Grande, Mato Grosso do Sul. Revista Gaúcha de Enfermagem. 2015; 36:239-46.