

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i59p4224-4235>

Primary health care: perception of the nurses in the face of the sexual violence against children and teenagers

Atención primaria de salud: percepciones de enfermeros frente a la violencia sexual contra niños, niñas y adolescentes
Atenção primária à saúde: percepções de enfermeiros/as frente à violência sexual contra crianças e adolescentes

ABSTRACT

Objective: This research aims to understand the perception of nurses that act on the Primary Health Care (PHC) regarding the sexual violence against children and teenagers. **Method:** This is a descriptive and exploratory study with a qualitative approach, realized with 12 nurses acting of the urban and rural zones of Iguatu state of Ceará. **Results:** 10 of the participants are female, about (83%) and only 2 are male (17%), varying between 30 and 41 years old, maintaining itself constant between 30 and 35 years old (42%). It was noticed that there is a certain confusion regarding the ethic and moral violence acting professionals. However, they refer that they are able to take care of children and teenagers in situations of violence and that the accessibility to the services is potentiality to the PHC. **Conclusion:** It was observed that the perception of the nurses was made clear during the study, as well as their knowledge and actions which were oriented to the confrontation of the violence against children and teenagers.

DESCRIPTORS: Primary health Care; Family health strategy; Sexua abuse; Children; Nursing.

RESUMEN

Objetivo: La investigación busca comprender la percepción de los enfermeros que actúan en la Atención Primaria de Salud (APS) acerca de la violencia sexual contra niños, niñas y adolescentes. **Método:** Se trata de un estudio descriptivo, exploratorio con abordaje cualitativa, realizado con 12 enfermeros (as) actuantes de la zona urbana y rural del municipio de Iguatu, Ceará. **Resultados:** 10 de los participantes son del género femenino, alrededor de (83%), y dos del masculino (17%), que van de 30 a 41 años, manteniéndose constante entre 30 a 35 años de edad (42%). Se notó que hay una cierta confusión acerca de la violencia ética y moral por parte de los profesionales actuantes, pero, refieren que están aptos para atender a niños, niñas y adolescentes en situaciones de violencia, y que el acceso a los servicios/redes es una potencialidad de la APS. **Conclusión:** Se constató que la percepción de los enfermeros quedó clara en el decorrer del estudio, bien como sus conocimientos y acciones orientadas al enfrentamiento de la violencia sexual contra niños, niñas y adolescentes.

DESCRIPTORES: Atención Primaria de Salud; Estrategia Salud de la Familia; Abuso Sexual; Niño y niña; Enfermería.

RESUMO

Objetivo: Compreender a percepção dos enfermeiros(as) que atuam na Atenção Primária à Saúde (APS) acerca da violência sexual contra crianças e adolescentes. **Método:** Trata-se de um estudo descritivo, exploratório com abordagem qualitativa, realizado com doze enfermeiros(a) atuantes nas APS da zona urbana e rural do município de Iguatu, Ceará. **Resultados:** Dez dos participantes eram do gênero feminino (83%), e dois do masculino (17%), variando entre 30 a 41 anos, mantendo-se constante entre 30 a 35 anos de idade (42%). Notou-se uma certa confusão acerca da violência ética e moral pelos profissionais atuantes, todavia, os mesmos referem que estão aptos a atender crianças e adolescentes em situações de violência, e que a acessibilidade aos serviços/redes é uma potencialidade da APS. **Conclusão:** Constatou-se que a percepção dos enfermeiros(a) ficou clara no decorrer do estudo, bem como seus conhecimentos e ações voltadas ao enfrentamento da violência sexual contra crianças e adolescentes.

DESCRIPTORES: Atenção Primária à Saúde; Estratégia Saúde da Família; Abuso Sexual; Criança; Enfermagem.

RECEIVED ON: 09/15/2020 APPROVED ON: 10/21/2020

Kadson Araujo da Silva

Student of the Nursing Course at the Regional University of Cariri-URCA.
ORCID: 0000-0001-6397-0686

Antonia Daila Martins de Souza

Nurse by the Regional University of Cariri-URCA. Bachelor of Nursing.
ORCID: 0000-0002-3961-1023

John Carlos de Souza Leite

Nurse. Professor at the Nursing Department at the Regional University of Cariri-URCA. Master in Child and Adolescent Health from the State University of Ceará-UECE.
ORCID: 0000-0002-0183-6913

Riani Joyce Neves Nóbrega

Nurse. Professor at the Nursing Department at the Regional University of Cariri-URCA. Master in Child and Adolescent Health from the State University of Ceará-UECE.
ORCID: 0000-0002-6696-8298

Marília Brito de Lima

Nurse. Professor at the Nursing Department at the Regional University of Cariri-URCA. Master in Nursing from the Postgraduate Program in Nursing - Federal University of Ceará.
ORCID: 0000-0003-1797-2343

João Paulo Xavier Silva

Nurse. Professor at the Nursing Department at the Regional University of Cariri-URCA, Centro Universitário Vale do Salgado-UNIVS and Centro Universitário DR. Lion Sampaio-Unileão. Master in Nursing from the Regional University of Cariri-URCA.
ORCID: 0000-0003-3082-9373

INTRODUCTION

Violence is understood as the use of physical force and/or threats applied to oneself or against other people, resulting in psychological damages, injuries, and in some cases, death. Therefore, it is characterized as a complex and multivocal social phenomenon, affecting several social groups, among them children and adolescents.⁽¹⁾

According to the Child and Adolescent Statute (Estatuto da Criança e do Adolescente - ECA) (1990)⁽²⁾, a child is considered to be an individual up to 12 years of age incomplete and an adolescent from 12 to 18 years old. There are countless ways to rape a child, namely: physical and psychological abuse, sexual abuse and neglect, the most common forms of violence targeting this public.⁽³⁾

In Brazil, between 2011 and 2017, there was an increase of 83% in reports of violence. During this period, 184,524 cases were reported, 31% of which were aimed at

children and 45% at adolescents. In Ceará, between January and June 2017, two thousand complaints were registered, representing an average of 11 per day, compared to 2016, it can be seen that there was an increase of 26% of occurrences.⁽⁴⁾

To deal with violence against children and adolescents, countless entities are involved in this process, thus highlighting the Social Assistance Reference Center (Centro de Referência de Assistência Social - CRAS), Specialized Social Assistance Reference Center (Centro de Referência Especializado de Assistência Social - CREAS), Ministry of Human Rights, minors, Education and Health, and Primary Health Care (PHC).⁽⁵⁾

Inserted in the PHC, the nurse acts as the closest to the family contact, enabling the early recognition of situations that involve any methods of aggression, therefore, it is clear that the performance in coping with violence is broad and complex, in view the nursing process, identification of physical and behavioral signs, as well as

educational actions aimed at the family and community, in addition to compulsory notification.⁽¹⁾

Therefore, the nurse is necessary in the investigations and in the coping actions aimed at this public, serving as a subsidy in the elaboration of effective strategies to combat violence.

That said, this research aimed to understand the perception of nurses working in PHC about sexual violence against children and adolescents.

METHOD

This is a descriptive, exploratory study with a qualitative approach, carried out with nurses who work in PHC in the municipality of Iguatu-Ceará, seven respectively from the urban area and five from the rural area, totaling 12 participants.

The inclusion criteria for the research were defined as: nurses with a minimum of six months of experience in the unit, considering the experience in the sector.

And for the exclusion criteria: absence by license, certificate or during collection, as well as psychoemotional vulnerability of the participant.

Initially, a pilot test was carried out in the municipality where the data was collected, as a consequence of the greater proximity between the site and the researcher. At the end of the test application, some adjustments were made to the sociodemographic questionnaire to better characterize the participants' samples.

Data collection was carried out in the Basic Health Unit (Unidade Básica de saúde - UBS), marked by call or verbal invitation defining the date and time, in the months of September and October 2019, through a semi-structured interview containing questions about the proposed theme, using a digital recorder (smartphone) to preserve the participants' speeches.

After the collection, the data were or-

ganized and digitized in full, in order to assist in the interpretation and analysis of the data and to compare them, later, with a thorough reading. For statistical analysis of the data, the software IRAMUTEQ (Interface of R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) was used, through two methods of analysis, the Descending Hierarchical Classification (Classificação Hierárquica Descendente - CHD) to recover the original corpus, and the Word Cloud (NP) for organizing vocabularies⁽⁶⁾, having the speeches characterized by letters and numbers, corresponding to each participant.

They were informed about the relevance of their contribution to the study, clarifying the objectives and procedures of the research, by which they confirmed their adherence through the signing of the Free and Informed Consent Term (ICF) in order to guarantee that the members had total freedom

of give up at any time, and that their identities would be preserved using anonymity of their names, applying pseudonyms such as: E1, E2, E3, where E indicates the word nurse, followed by subsequent numbering.

The study complied with the determinations proposed by the National Health Council through Resolution No. 466 (7), obtaining approval from the Research Ethics Committee (Comitê de Ética em Pesquisa - CEP) of the Regional University of Cariri (URCA), under opinion number: 3.606.663 and with Certificate of Presentation of Ethical Appreciation (Certificado de Apresentação de Apreciação Ética - CAAE) corresponding to the numbering: 21274319.9.0000.5055.

RESULTS

Ten female professionals participated in the research, corresponding to about (83%) of the interviewees and only two male (17%). With regard to the age range of the participants, there was a variation between 30 to 41 years old, remaining constant between 30 to 35 years old (42%).

In order to describe in detail the participants' profile and other information, it was necessary to outline their sociodemographic and professional characteristics. Presenting these variables in tables 1 and 2, respectively:

The data analysis consisted of a corpus expressed by a total of 12 texts generated based on the transcription of the 12 interviews, thus originating 223 Text Segments (ST), providing up to 169 segments, which is equivalent to 75,7%. Thus, 7.815 distinct words emerged, 740 are consistent with the words that were mentioned only once in the corpus (frequency equal to one) and in total there were 761 active forms with a frequency >= 3. According to Camargo and Justus (2018) in order to have a beneficial progress, the ideal is that the corpus is compatible with a minimum rate of 75%.

Thus, the data collected during the interviews were divided into four classes, where the words were distinguished by means of the Descending Hierarchical Classification before the text segments

Table 1- Sociodemographic characteristics of nurses working in Primary Health Care in the municipality of Iguatu. Iguatu, CE, 2019.

CARACTERÍSTICAS SOCIODEMOGRÁFICA	N°	%
Identidade de gênero		
Mulher Cis	10	83%
Homem Cis	2	17%
Idade		
30-35	5	42%
36-40	3	25%
Acima de 41	4	33%
Raça/cor		
Branca	5	42%
Parda	7	58%
Renda familiar		
2-3 salários mínimos	2	17%
3 ou mais	10	83%

Table 2- Professional characteristics of nurses in Primary Health Care in the municipality of Iguatu. Iguatu, CE, 2019.

CARACTERÍSTICAS PROFISSIONAIS	N°	%
Titulação máxima		
Especialistas	12	100%
Recebeu capacitações na área de violência contra criança e adolescente?		
Não	12	100%

that it displays in different sizes, indicating both the degree of association and parity in– the context of the categories elaborated. In turn, the classes were originated by the most important words, frequency and interconnection with class x2 (chi-square). These are shown in the Dendrogram in Figure 1 below:

Class I: Nurses' understanding of the types of violence

The most significant words were: "sexual", "act", "violence", "physical", "right", "abuse", "lack", "psychological", "common", "respect", which comprise the conception of nurses about violence, standing out in the statements:

(...) Yes, violence is any type of injury that is imposed against the will of the other. Any type of act, not practically practiced, but any act, or attempt, or sexual suggestion. (E12)
(...) It is everything that is. ... stolen, misrepresented of our rights, in the case of violated our rights, there is sexual violence, moral and physical violence, in general there are several types of violence such as lack of ethics, anyway... (E2)

Class II: PHC challenges and potential

The most evident words in this class were: "to approach", "question", "local", "training", "to face", "problems", "thematic", "care", "flow", "challenge", "bond" "And" professional", characterizing the possible challenges and potentialities, highlighted in the speeches.

(...) I think that a challenge to be faced is precisely this issue of training, because as you already asked there, I do not remember having received any type of training related to this theme, something that must be worked on. (E10)
(...) Challenge is exactly what I said, which is found, there is no police support, so it is within the area, it involves issues of violence, it involves social issues, it involves things that cannot be solved, and sometimes it is hand tied, tries to trigger the other networks, but is not always successful. (E09)

Class III: Articulation of the multidisciplinary team in the face of sexual violence against children and adolescents

The words that stood out the most in this class were: "suspicion", "doctor", "he-

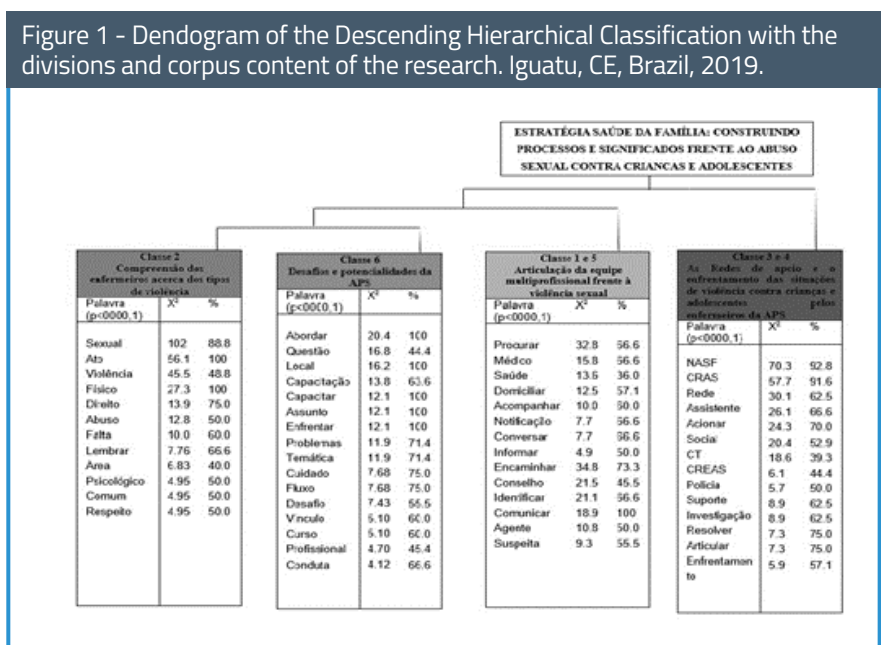
alth", "home", "accompanying", "notification", "talking", "informing", "forwarding", "identifying", "communicate", "agent", corresponding to the articulation of the PHC multiprofessional team, regarding:

(...) We have a notification sheet and try to make the notification on the sheet and leave it here at the health department or contact the tutelary council directly that we have the number. First of all, when we hear about it, we do the notification, communicate the advice and we also try to follow up that we don't deliver the advice and never mind, right? We try to keep up, what did the council do? What were the results? (E4)
(...) In front of this confrontation, we have the health agent who is more in the home and checks the issue of violence more and when looking for us we see the issue of talking to these parents or caregiver and not going like that directly, and gradually so as not to chase this family away. We try to articulate with the tutelary council. (E6)

Class IV: Support networks and coping with situations of violence against children and adolescents by PHC nurses

In this class, the most representative words were: "NASF", "CRAS", "Network", "Assistant", "Acionar", "Social", "Guardianship Council", "CREAS", "Police", "Support", which highlighted the support networks known and used by PHC nurses, found in the speeches.

(...) The network is the CRAS, the Guardianship Council, the police stations as well, the urgency and emergency services. NASFs are now also participating so much that they are also closer to the population, I think these are one of the main points in the case of referrals. (E10)
(...) There is a social worker network, which articulates a lot, social worker, psychologist, if applicable,



to listen carefully to the other's discourse. ⁽¹⁰⁾ Therefore, guidance and support for family members should be based on welcoming, clarification on the importance of parents' attitudes, both in preventing violence and in making decisions, aiming at systematic and comprehensive care. ⁽¹⁴⁾

Therefore, the nurse becomes essential in the assistance in situations of violence, associated with the scientific character in individual care for the victim of violence and his family. Consideration should be given to the way in which care is conducted, so that it is a favorable space for interaction and the development of a bond with the user. ⁽¹⁵⁾

Therefore, it is imperative to reflect on the encouragement of discussions on the topic at hand and to provide training for health professionals, focusing on nurses for playing a relevant role in the identification and notification of cases of violence. That said, it is understood that the theme should be included in the academic context, so that students and future professionals are formed aware of their role, recognizing their contribution to the community focused on situations of violence.

CONCLUSION

The nurses' perception, knowledge

and actions became clear during the study regarding coping with sexual violence against children and adolescents. Taking into account that PHC plays a fundamental role in facing the cycle of violence, affirming the need to reframe health practices and consolidate policies aimed at the theme in question.

Therefore, it is reflected on the relevance of training for these professionals and discussions on the issue. However, there is still a gap in the handling of cases of violence, with this, the present study will spread new knowledge about the theme and broaden new horizons. ■

REFERENCES

- Teixeira SO. Atuação da enfermagem frente ao abuso sexual de crianças e adolescentes: pesquisa integrativa [Monografia] [Internet]. Brasília: Uniplac; 2019. 19 p. [acesso 2020 jul 7]. Disponível em: https://dspace.uniceplac.edu.br/bitstream/123456789/317/1/Shirniara_Teixeira_003424.pdf
- Brasil. Lei no 8.069. de 13 de julho de 1990. República Federativa do Brasil. Brasília: Senado Federal; 1990.
- Ministério dos direitos humanos (Brasil). Ações de Proteção a Crianças e Adolescentes contra violências: levantamentos nas áreas de saúde Assistência social. Turismo e direitos humanos. Brasília (DF): O ministério; 2018.
- Ministério da saúde (Brasil). Análise epidemiológica da violência sexual contra crianças e adolescentes no Brasil. 2011 a 2017. Brasília (DF): O ministério; 2018.
- Ministério da saúde (Brasil). Linha de cuidado para a atenção integral à saúde de crianças, adolescentes e suas famílias em situação de violências: orientação para gestores e profissionais de saúde. Brasília (DF): O ministério; 2014.
- Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. Temas Psicologia [Internet]. [Ribeirão Preto]. 2013 set [acesso 2020 jul 10]; 21(2): 513-518. DOI: <http://dx.doi.org/10.9788/TP2013.2-16>.
- Ministério da saúde (Brasil). Resolução N° 466. de 12 de dezembro de 2012. Comitê de ética em pesquisa humana. Brasília. (DF): O ministério; 2013.
- Hohendorf JV, Patias ND. Violência sexual contra crianças e adolescentes: identificação, consequências e indicações de manejo. Barbarói [Internet]. [Santa Cruz do Sul] 2017 set [acesso 2020 jul 10]; 49: 239-257. DOI: <http://dx.doi.org/10.17058/barbaroi.v0i49.9474>.
- Ministério da saúde (Brasil). Proteger e cuidar da saúde de adolescentes na atenção básica. Brasília (DF): O ministério; 2017.
- Lobato GR, Maraes CL, Nascimento MC. Desafios da atenção à violência doméstica contra crianças e adolescentes no Programa Saúde da Família em cidade de médio porte do Estado do Rio de Janeiro, Brasil. Rev. Caderno de Saúde Pública [Internet]. [Rio de Janeiro]. 2012 set [acesso 2020 jul 13] V.28. n. 9. P.1749-1758. Disponível em: https://www.scielo.org/article/ssm/content/raw/?resource_ssm_path=/media/assets/csp/v28n9/v28n9a13.pdf.
- Ortega MDCB, Cecagno D, Llor MAS, et al. Formação acadêmica do profissional de enfermagem e sua adequação às atividades de trabalho. Revista Latino-Americana em Enfermagem [Internet]. [Ribeirão Preto]. 2015 set [acesso 2020 out 16]; 23(3): 404-410. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&nrm=iso&lng=pt&lng=pt&pid=S0104-11692015000300404.
- Galino NAL, Gonçalves CFG, Neto NMG, et al. Violência infanto-juvenil sob a ótica da enfermagem. Rev enferm UFPE on line [Internet]. [Recife] 2017 set [acesso 2020 jul 16]; 11(Supl. 3): 1420-1429. DOI: 10.5205/reuol.10263-91568-1-RV.1103sup201714.
- Saraiva RJ, Rosas AMTF, Valente GSC, et al. Qualificação do enfermeiro no cuidado a vítimas de violência doméstica infantil. Ciencia y Enfermeria [Internet]. [Chile]. 2012 set [acesso 2020 out 16]; 18(1): 17-27. Disponível em: <https://www.redalyc.org/pdf/3704/370441809003.pdf>.
- Soares EMR, Silva NL, Matos MAS, et al. Perfil da violência sexual contra crianças e adolescentes. Rev. Interd [Internet]. [local desconhecido]. 2016 set [acesso 2020 jul 13]; 9(1): 87-96. Disponível em: <https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/754>.
- Moreira AC, Silva TASM. Cuidados de enfermagem as vítimas de violências interpessoais na atenção básica. Revista Pró-Universitário SUS [Internet]. [local desconhecido]. 2019 set [acesso 2020 jul 21]; 10(1): 42-46. DOI: <https://doi.org/10.21727/rpu.v10i1.1650>.