

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i69p7000>

# Care for children and adolescents violence of violence in emergencies: knowledge of nursing professionals

Atendimento a crianças e adolescentes vítimas de violência em emergências: conhecimento dos profissionais de enfermagem

Atención a niños y adolescentes violencia de la violencia en emergencias: conocimiento de profesionales de enfermería

## RESUMO

Objetivo: Identificar o conhecimento de profissionais da enfermagem acerca dos aspectos epidemiológicos, éticos e legais da violência contra crianças em emergências. Método: Estudo quantitativo, transversal, com profissionais de enfermagem de um hospital materno infantil do interior de São Paulo, realizado entre novembro e dezembro de 2019, que responderam um questionário sobre conhecimento acerca de violência doméstica contra a criança, abrangendo tipo, natureza e conduta da violência em emergências. Resultados: 30 participantes; níveis satisfatórios de conhecimento em 100 % dos enfermeiros, em 75% dos técnicos de enfermagem e em 69% dos auxiliares de enfermagem. Conclusão: A maioria dos participantes era do sexo feminino e sua maioria eram auxiliares de enfermagem, seguidos por enfermeiros e finalmente técnicos de enfermagem. Os enfermeiros apresentaram maior nível de conhecimento sobre violência doméstica contra crianças e adolescentes, obtendo maior domínio em relação aos demais sobre a conduta frente a violência.

**DESCRIPTORIOS:** Equipe de enfermagem; Maus-tratos infantis; Defesa da Criança e do Adolescente

## ABSTRACT

Objective: To identify the knowledge of nursing professionals about the epidemiological, ethical, and legal aspects of violence against children in emergencies. Method: Quantitative, cross-sectional study, with nursing professionals from a maternal and child hospital in the interior of São Paulo, conducted between November and December 2019, who answered a questionnaire about knowledge about domestic violence against children, covering type, nature, and conduct of violence in emergencies. Results: 30 participants; satisfactory levels of knowledge in 100 % of nurses, in 75% of nursing technicians, and in 69% of nursing assistants. Conclusion: Most participants were female and most of them were nursing assistants, followed by nurses and finally nursing technicians. Nurses showed a higher level of knowledge about domestic violence against children and adolescents, obtaining greater mastery in relation to the others about the conduct in the face of violence.

**DESCRIPTORS:** Nursing team; Child abuse; Child and Adolescent Defense

## RESUMEN

Objetivo: Identificar el conocimiento de los profesionales de enfermería sobre los aspectos epidemiológicos, éticos y legales de la violencia contra los niños en las emergencias. Método: Estudio cuantitativo, transversal, con profesionales de enfermería de un hospital materno-infantil del interior de São Paulo, realizado entre noviembre y diciembre de 2019, que respondieron a un cuestionario sobre el conocimiento de la violencia doméstica contra los niños, abarcando el tipo, la naturaleza y la conducta de la violencia en las emergencias. Resultados: 30 participantes; niveles de conocimiento satisfactorios en el 100% de los enfermeros, en el 75% de los técnicos de enfermería y en el 69% de los auxiliares de enfermería. Conclusión: La mayoría de los participantes eran mujeres y la mayor parte de ellos eran auxiliares de enfermería, seguidos de enfermeros y, por último, técnicos de enfermería. Las enfermeras tenían un mayor nivel de conocimiento sobre la violencia doméstica contra niños y adolescentes, teniendo un mayor control sobre la conducta ante la violencia que las demás.

**DESCRIPTORIOS:** Equipo de enfermería; Maltrato infantil; Defensa del Niño y del Adolescente

RECEIVED: 10/09/2021 APPROVED: 09/11/2021

**Débora Grigolette Rodrigues**

Psychologist at the Children and Maternity Hospital (HCM) of the São José do Rio Preto Medical School Foundation - FUNFARME. Master in Health Psychology from the Graduate Program in Health Psychology at the Faculty of Medicine of São José do Rio Preto - FAMERP.

ORCID: 0000-0002-0979-9088

**Camila Borge Freitas**

Psychologist at the Hospital de Base (HB) of the São José do Rio Preto Medical School Foundation - FUNFARME. Master in Health Psychology by the Graduate Program in Health Psychology at the Faculty of Medicine of São José do Rio Preto - FAMERP.

ORCID: 0000-0001-9272-2817

**Emerson Roberto dos Santos**

Nurse. Master in Nursing from the Postgraduate Program in Nursing at the Faculty of Medicine of São José do Rio Preto - FAMERP.

ORCID: 0000-0002-9513-1083

**Stella Grigolette Rodrigues**

Social Worker at the Hospital de Base (HB) of the São José do Rio Preto Medical School Foundation - FUNFARME. Master's student in Nursing at the Postgraduate Program in Nursing at the Faculty of Medicine of São José do Rio Preto - FAMERP.

ORCID: 0000-0001-5869-9887

**Júlio César André**

Doctor. Professor at the Faculty of Medicine of São José do Rio Preto - FAMERP, researcher at the Center for Studies and Development of Health Education - CEDES/FAMERP.

ORCID: 0000-0002-0549-4527

**Maria Cristina de Oliveira Santos Miyazaki**

Lecturer. Professor at the Faculty of Medicine of São José do Rio Preto - FAMERP, Department of Psychology.

ORCID: 0000-0002-6792-4529

**INTRODUCTION**

The theme of violence is consolidated in the social structure of humanity and cannot be explained through a unilinear view of cause and effect. It is the result of a context and a sociocultural and political dynamic that establishes power relations that permeate the social sphere in a profound way. It can be committed in small acts and at different times of everyday life. Some naturalize the aggressions they suffer on a daily basis or need to "get used to it" to live with the various acts of violence. This naturalization, however, needs to be faced and overcome.<sup>1,2</sup>

In all its manifestations, violence irrefutably affects children and adolescents. In relation to Brazil, there is an aggravating factor: the lack of dignified living conditions, which affects a large part of the population, creating a favorable framework for making family relationships vulnerable. Problems

**In all its  
manifestations,  
violence irrefutably  
affects children and  
adolescents.**

such as unemployment, alcoholism and drug abuse, poverty, misery and social exclusion are behind many cases of domestic violence, sexual exploitation and abuse against children and adolescents.<sup>3</sup>

Violence against children and adolescents, according to Pires and Miyazaki<sup>4</sup> it is often referred to in the literature as maltreatment.

The main types include: negligence (omission of basic care and child protection against avoidable injuries); physical violence (use of physical force against a child or adolescent); Munchausen Syndrome by proxy (when parents or guardians provoke or simulate in the child signs and symptoms of various diseases, with falsification of laboratory tests; administration of drugs or substances that cause drowsiness or seizures); sexual violence (when the victim, child or adolescent, has a lower psychosexual development than the aggressor, who exposes them to sexual stimuli inappropriately).

te for their age or uses it for their sexual satisfaction or that of another person, with or without penetration, through sexual activity involving touching, caressing and exposing the genital, sexual exploitation involving prostitution, pornography, voyeurism and sexual harassment) and psychological violence (all forms of rejection, discrimination, belittling or disrespect towards the child or adolescent).

According to article 245 of Law No. 8.069 (Statute of Children and Adolescents - ECA), 5 health professionals are obliged to report suspected or confirmed cases of violence against children and adolescents to the competent authority. Notification can also be considered an indicator of better monitoring of violence.<sup>6</sup>

As a health team, attention is drawn to the existence of indicative signs of violence in children and adolescents, as well as to remain careful in evaluating these signs. It is important to consider the severity, frequency and adequacy of the explanation given for the existence of the sign in question, avoiding hasty diagnoses that result in emotional harm to the child or adolescent and their guardians.<sup>6</sup>

The most common indicators of physical violence suffered by the child or adolescent are: contusion, fracture or unexplained burns, continuous distrust of any contact and permanent presence of alertness and defense, aggressive or excessively shy behavior, relationship difficulties and running away from home.<sup>6</sup>

In the case of sexual violence, the signs can be extreme, sudden and unexplained change in appetite, mood and school performance, regression to childhood behaviors such as excessive crying or thumb-sucking, torn or bloody clothes, vaginal or rectal bleeding, pain on urination, swollen or discharged genitals, aggressive behavior, nightmare, nighttime screaming or restlessness, sudden and unusual interest in sexual matters or persistent sexualized play, compulsive masturbation, and running away from home.<sup>6</sup>

Professionals who work in emergencies are on the front line to detect situations that indicate suspicion of any type of vio-

**According to article 245 of Law No. 8.069 (Statute of Children and Adolescents - ECA), 5 health professionals are obliged to report suspected or confirmed cases of violence against children and adolescents to the competent authority. Notification can also be considered an indicator of better monitoring of violence.**

lation of rights. The notification of domestic violence or abuse by these professionals contributes to the epidemiological dimension of the problem, allowing the development of specific programs and actions.<sup>7</sup>

Aiming at the importance and need for studies that verify the knowledge of professionals involved in the front line to guide public health policies and to combat domestic violence against children and adolescents, the objectives of this study were outlined.

Therefore, the objective of the study was to identify the knowledge of nursing professionals about the epidemiological, ethical and legal aspects of violence against children and adolescents among nursing professionals from the Emergency (ES), Obstetrics (OSE) and Pediatric (PSE) sectors, and Infirmaries of a maternal and child hospital in the interior of São Paulo.

## METHOD

This is a quantitative, descriptive, correlational and cross-sectional study, carried out among nursing assistants (NA), nursing technicians (NT) and nurses (N) of the Obstetric and Pediatric Emergency and Infirmaries of a Mother and Child hospital in the interior of São Paulo.

For data collection, two self-administered instruments were used (Data Collection Instruments - DCI):

- Questionnaire of Sociodemographic and Professional Variables, created by the researchers, containing closed questions about sex, age, education level, sector of work, function, length of work in the function and active participation in any religion.

- Knowledge about domestic violence against children in the practice of health professionals 8 : Composed of 56 questions with 3 dimensions: types of violence (16 questions - 1 to 16), nature of violence (19 questions - 17 to 35) and the professionals' conduct in relation to violence against children (21 questions - 36 to 56), which can be answered according to a Likert-type scale, with 3 levels: -1 = wrong answer; 0 = don't know; +1 = right answer. To clas-

Table 1. Sociodemographic and professional data of the study participants. (Child and Maternity Hospital - HCM, 2019, n = 30)

Variable	Total		NA		NT		N	
	%	n	%	n	%	n	%	n
<b>Role in the Sector</b>	100	30	43,3	13	26,7	8	30	9
<b>Age</b>								
≤ 39 years	20	6	10	3	3	1	7	2
< 39 years	80	24	33	10	23	7	23	7
<b>Mean</b>	34,37							
<b>Standard deviation</b>	8,76							
<b>Gender</b>								
Female	93	28	40	12	23	7	30	9
Male	7	2	3	1	3	1	-	-
<b>Education</b>								
Incomplete Higher education	20	6	10	3	10	3	-	-
Complete Higher education	63	19	20	6	13	4	30	9
Didn't answer	17	5	13	4	3	1	-	-
<b>Work Sector</b>								
Emergency	83	25	43	13	27	8	13	4
Nursery	17	5	-	-	-	-	17	5
<b>Working Time in the Function</b>								
< 1 year	7	2	7	2	-	-	-	-
1 to 10 years	67	20	20	6	20	6	27	8
> 10 years	27	8	17	5	7	2	3	1
<b>Religion</b>								
Yes	67	20	33	10	10	3	23	7
No	33	10	10	3	17	5	7	2

NA - Nursing assistant; NT - Nursing technician; N - Nurse  
Source: The author

sify the level of knowledge, a scale from 0 to 100 is used: scores > 70 points indicate satisfactory knowledge; <70 indicate poor knowledge.

Data collection was carried out between November and December 2019. Those who met the inclusion criteria were personally invited by the researchers to participate.

After data collection, they were tabulated in EXCEL®. Descriptive statistical analysis was performed from the calculations of measures of central tendency and

dispersion and frequency counts. For the inferential statistical analysis of the quantitative variables, the Kolmogorov Smirnov test was used to verify the normality of the data and the Pearson correlation test. For frequency comparison, the Classical Chi-square Test was used.

In all analyses,  $p < 0,05$  was considered statistically significant. The programs used were PRISMA® (version 6.10, 2015) and GraphPad Instat® (version 3.10, 2009).

This study was submitted to the Research Ethics Committee of the Faculty of Me-

dicine of São José do Rio Preto (FAMERP), under CAAE n. 19889119.9.0000.5415, and approved on November 5th, 2019, with Opinion no. 3.683.313. All participants signed the Informed Consent Form (ICF).

## RESULTS AND DISCUSSION

Thirty professionals participated in the study, corresponding to a response rate of 29,1% of all nursing professionals working in the institution's ward and emergency room. Participants' data are shown in Table 1.

In the analysis of knowledge about domestic violence against children, in the practice of health professionals who participated in the research, among the three domains, the one with the lowest level of knowledge score was the type of violence and the highest was the conduct of professionals regarding violence against children.

Table 2 shows the scores and total scores of the study participants, according to the domains of knowledge about domestic violence against children in the practice of health professionals.

The analysis of knowledge about domestic violence against children in the practice of health professionals among research participants revealed satisfactory levels for 100% of the N, 75% for the NT and 69% for the NA, as shown in Table 3.

The comparative analysis of the correlation between function in the sector and the study participants' scores according to the domain of knowledge about the conduct of health professionals in relation to domestic violence against children showed a moderate positive correlation ( $r = +0,45$ ) and a significant ( $p = 0,0126$ ). This means that professionals N had higher scores in the domain of knowledge about the conduct than NT and NA, respectively.

All other correlations of function in the sector and the other domains (type of violence and nature of violence) were non-significant ( $p > 0,05$ ).

It is possible to identify a small but significant sample for the survey of reflections that can contribute to new practices of he-

Table 2. Maximum, minimum, mean and standard deviation scores of the participants according to the domains of knowledge about domestic violence against children. (Child and Maternity Hospital - HCM, 2019, n = 30)

SCORE	SCORES			TOTAL SCORE (0-100)
	Type of Violence	Nature of Violence	Professional Conduct	
Average	9,2	11,56	13,63	78,27
Maximum	13	17	21	94,27
Minimum	3	7	8	55,97

Source: Author

Tabela 3. Level of knowledge about domestic violence against children. (Child and Maternity Hospital - HCM, 2019, n = 30)

Knowledge level	Total		N		NT		NA	
	%	n	%	n	%	n	%	n
S	80	24	30	9	20	6	30	9
U	20	6	-	-	7	2	13	4
Total	100	30	30	9	27	8	43	13

NA - nursing assistant; NT - nursing technician; N - nurse; S = satisfactory; U = unsatisfactory  
 Source: The author

alth professionals' performance in confronting the violation of rights. As described by Dahlberg and Krug,<sup>9</sup> it is part of the public health service's remit to examine as much basic knowledge as possible about all aspects of violence and systematically gather data on the extent, purpose, characteristics and consequences of violence at local, national and international levels.

Nursing professionals are responsible for triage care in emergencies and tend to have greater contact with patients and their families. Thus, they play an important role, as through this contact they can identify signs of violence and prevent or reduce possible harm and recurrence to the victim. Recent studies<sup>10</sup> show that such professionals face several difficulties in the hospital environment, among them the lack of training and fear to act in the prevention and notification of violence, unpreparedness to deal with the victim, lack of support and confidentiality of competent bodies, lack of

interest, lack of knowledge, insecurity, fear of the aggressor, doubts regarding the referral to the victim, emotional interference between the professional and the victim and their families, and work overload, resulting in unpreparedness for effective care.

Research in the field of nursing also shows that there is a lack of academic training to address the problems of violence in subjects that cover children, adolescents and the family. The curriculum inclusion of the violence theme would prepare nursing staff, favoring the early intervention of care and prevention of this phenomenon, as well as training professionals for a broad and humanized approach, not focusing their care exclusively on physical damage.

The number of technicians and assistants caring for patients is often higher than the number of nurses.<sup>11</sup> Such correlation can be identified given the country's reality. In Brazil, technicians and nursing assistants are allowed to assist patients under the su-

pervision of a nurse.

According to the professional data of the sample, it can be identified that most professionals have been exposed to emergency situations for some time and do not master the topic of domestic violence, particularly the domain of conduct of violence.

In emergency situations, such as in the case of violence, special attention is needed, given the biological and psychological peculiarities and characteristics of this patient and family member. Thus, the recognition of the signs of various forms of violence against children must be part of the routine of health professionals, as well as the approach to these situations, which, at times, are extremely complex.

When measuring the level of knowledge of health professionals about domestic violence against children and adolescents, among the three domains covered in the study, the one with the lowest level of knowledge score was the type of violence and the highest was the conduct of professionals regarding violence against children.

According to Costa and Aguiar,<sup>12</sup> the lack of knowledge about the routing flow must be considered. Fear of reprisals by the aggressors, or even by the victims' families, means that this process is not carried out, which can obscure the true dimension of the problem, inhibiting effective strategies for confronting and preventing this phenomenon.

When comparing the level of knowledge of professionals between the three categories (Ns, NTs and NAs), there was a satisfactory level in 100% of nurses, 75% for NTs and 69% among nursing assistants. This difference can be due to several factors. It is possible that nurses have greater knowledge due to the topic being addressed during graduation, as well as the willingness to identify and report violence is influenced by cultural, religious and social issues, such as acceptance of the use of physical punishment as a practice of educational imprint.<sup>13-14</sup>

The comparative analysis of the correlation between function in the sector and the study participants' scores according to the domain of knowledge about the profes-

nals' conduct showed a moderate and significant positive correlation. This means that nurses had higher scores in the domain of knowledge about the conduct than the NT and NA, respectively, that is, the higher the level of education, the greater the knowledge. In general, the approach of most health professionals involved in the care of these children and adolescents demonstrates the lack of preparation in identifying and dealing with violence.

During the study, some difficulties in data collection were evidenced. The short time for professionals to answer the questionnaire resulted in a small sample. As well as the inaccessibility of professionals from other areas such as physicians, it limited the sample in the nursing area. As this is an

issue that involves interdisciplinary actions, it is important to direct studies to a greater number of nursing professionals and cover other areas involved.

It was shown how much there is still a lack of specific research to assess the knowledge of health professionals in dealing with violence. Assessing knowledge about the type, nature and conduct of violence was relevant. In addition, all health professionals must be trained and qualified to intervene and articulate with the support network involved in coping with domestic violence.

## CONCLUSION

There were satisfactory levels for 100%

of nurses, 75% for nursing technicians and 69% for nursing assistants about the knowledge of domestic violence against children and adolescents in the practice of health professionals.

As for the comparative analysis of the correlation between function in the sector and scores according to the domain of knowledge about the conduct of health professionals in relation to domestic violence, nurses had a higher score in the domain of knowledge about the conduct than technicians and assistants, respectively. All other function correlations in the sector and the other domains (type of violence and nature of violence) were not significant.

## REFERENCES

1. Rates SMM, Melo EM, Mascarenhas MDM, Malta DC. Violência infantil: uma análise das notificações compulsórias, Brasil 2011. *Ciência e Saúde Coletiva* [serial on internet]. 2015 [cited 2021 jul 24];20(3):655-666. Available from: <http://doi.org/10.1590/1413-81232015203.15242014>
2. Ministério da Saúde. Secretaria de Vigilância em Saúde, Departamento de Vigilância de Doenças e Agravos Não Transmissíveis e Promoção da Saúde. Viva: instrutivo notificação de violência interpessoal e autoprovocada. [serial on Internet]. 2016 [cited 2021 jul 26]. Available from: [https://bvsm.sau.gov.br/bvs/publicacoes/viva\\_instrutivo\\_violencia\\_interpessoal\\_autoprovocada\\_2ed.pdf](https://bvsm.sau.gov.br/bvs/publicacoes/viva_instrutivo_violencia_interpessoal_autoprovocada_2ed.pdf)
3. Moura ACAMD, Scodelario AS, Camargo CNMFD, Ferrari DCDA, Mattos GDO, Miyahara RP (2008). Reconstrução de vidas: como prevenir e enfrentar a violência doméstica, o abuso e a exploração sexual de crianças e adolescentes. [serial on Internet]. São Paulo: SMAD; 2008 [cited 2021 jul 24]. Available in [http://cpu007782.ba.gov.br/sites/default/files/biblioteca/crianca-e-adolescente/violencia-sexual/cartilhas/reconstrucao\\_de\\_vidas.pdf](http://cpu007782.ba.gov.br/sites/default/files/biblioteca/crianca-e-adolescente/violencia-sexual/cartilhas/reconstrucao_de_vidas.pdf)
4. Pires AL, Miyazaki MCOS. (2005). Maus-tratos contra crianças e adolescentes: revisão da literatura para profissionais da saúde. *Arquivos de Ciências da Saúde* [serial on Internet] 2005 [cited 2021 jul 24];12(1):42-9. Available from: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/2733.pdf>
5. Brasil. Lei n. 8.069, de 13 de Julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. *Diário Oficial da União*. 13 jul 1990.
6. Scodelario AS, Camargo CNMF, Ferrari DCA, Sousa e Silva MA, Miyahara RP. O fim da omissão: a implantação de pólos de prevenção à violência doméstica. São Paulo: Fundação Abrinq; 2004 [cited 2021 jul 23] Available from: [http://www.sedes.org.br/Centros/o\\_fim\\_da\\_omissao.pdf](http://www.sedes.org.br/Centros/o_fim_da_omissao.pdf)
7. Saliba O, Garbin CAS, Garbin AJI, Dossi AP. (2007). Responsabilidade do profissional de saúde sobre a notificação de casos de violência doméstica. *Revista de Saúde Pública* [serial on Internet] 2007 [cited 2021 jul 20]; 41(3):472-477 Available from: <http://doi.org/10.1590/S0034-89102007000300021>
8. Oliveira LB, Soares FA, Silveira MF, Pinho L, Caldeira AP, Souza Leite MT (2016). Violência doméstica contra a criança: elaboração e validação de instrumento para avaliação do conhecimento dos profissionais de saúde. *Revista Latino-Americana de Enfermagem* [serial on Internet] 2016 [cited 2021 jul 24]; 24:1-8. Available from: <http://doi.org/10.1590/1518-8345.0805.2772>
9. Dahlberg LL, Krug EG. Violência: um problema global de saúde pública. *Ciência & Saúde Coletiva* [serial on Internet] 2006 [cited 2021 jul 24];11:1163-1178. Available from: <http://doi.org/10.1590/S1413-81232006000500007>
10. Santos IB, Leite FMC, Amorim MHC, Maciel PMA, Gigante DP. Violência contra a mulher na vida: estudo entre usuárias da Atenção Primária. *Revista Ciência Saúde Coletiva* [serial on Internet] 2020 [cited 2021 Jan 30]; 25(5):1935-1946. Available from: <https://doi.org/10.1590/1413-81232020255.19752018>
11. Rossetti AC, Gaidzinski RR (2011). Estimativa do quadro de pessoal de enfermagem em um novo hospital. *Rev. latino-am. enfermagem* [serial on Internet] 2011 [cited 2021 jul 24];19(4):01-07. Available from: <http://doi.org/10.1590/S0104-11692011000400021>
12. Costa V, Aguiar R (2020). Percepção da equipe multidisciplinar acerca dos cuidados à criança e ao adolescente vítima de violência. *Research, Society and Development* [serial on Internet] 2020 [cited 2021 jul 24]; 9(4):7. Available from: <http://doi.org/10.33448/rsd-v9i4.3038>
13. Alrimawi I, Rajeh Saifan A, Abu Ruz M. Barriers to child abuse identification and reporting. *Journal of Applied Sciences* [serial on Internet] 2014 [cited 2021 jul 23];14(21): 2793-2803. Available from: <http://doi.org/10.3934/jas.2014.2793.2803>
14. Boyd D, Bee H. A criança em crescimento. São Paulo: Artmed Editora; 2011