

The scientific nursing production trend about child sexual abuse: Narrative review

Tendência da produção científica da enfermagem acerca do abuso sexual infantil: Revisão narrativa

Trends in scientific production in nursing about child sexual abuse: A narrative review

RESUMO

Objetivo: identificar a tendência da produção científica da enfermagem acerca do abuso sexual infantil. Método: Trata-se de uma revisão narrativa de literatura, realizada entre outubro e novembro de 2021, nas bases de dados Literatura Latino- Americana e do Caribe em Ciências da Saúde e Scientific Electronic Library Online. Na LILACS utilizou-se as seguintes palavras-chave: "abuso sexual infantil AND enfermagem", "abuso sexual na infância AND cuidados de enfermagem". E, na SciELO: "abuso sexual infantil" AND enfermagem". Selecionou-se 16 artigos. Resultados: identificou-se que os estudos possuem uma tendência em discorrer sobre o perfil de crianças abusadas sexualmente, que são na maioria do sexo feminino, e como ocorre a abordagem às crianças pela enfermagem e pela família, o qual mostram que esses não se sentem preparados para lidar com casos de abuso em crianças. Conclusão: é importante que os profissionais, bem como a família e a escola saibam identificar e estejam preparados para evitar as situações de violência.

DESCRIPTORES: Enfermagem; Abuso sexual infantil; Violência infantil.

ABSTRACT

Objective: to identify the trend of scientific production in nursing about child sexual abuse. Method: This is a narrative literature review, held between October and November 2021, in the Latin American and Caribbean Literature on Health Sciences and Scientific Electronic Library Online databases. In LILACS, the following keywords were used: "child sexual abuse AND nursing", "child sexual abuse AND nursing care". And, At the SciELO step: "child sexual abuse" AND nursing". 16 articles were selected. Results: it was identified that studies have a tendency to discuss the profile of sexually abused children, who are mostly female, and how nursing and family approach children, which show that they do not feel prepared to deal with abuse cases in children. Conclusion: it is important that professionals, as well as the family and the school know how to identify and be prepared to avoid situations of violence.

DESCRIPTORS: Nursing; Child sexual abuse; Child violence.

RESUMEN

Objetivo: identificar la tendencia de la producción científica en enfermería sobre el abuso sexual infantil. Método: Se trata de una revisión narrativa de la literatura, hecha entre octubre y noviembre de 2021, en las bases de datos Latin American and Caribbean Literature on Health Sciences y Scientific Electronic Library Online. En LILACS se utilizaron las siguientes palabras claves: "abuso sexual infantil Y enfermería", "abuso sexual infantil Y atención de enfermería". Y, En el paso SciELO: "abuso sexual infantil" Y enfermería". Se seleccionaron 16 artículos. Resultados: se identificó que los estudios tienden a discutir el perfil de los niños abusados sexualmente, que en su mayoría son mujeres, y cómo la enfermería y la familia abordan a los niños, lo que demuestra que no se sienten preparados para enfrentar los casos de abuso en niños. Conclusión: es importante que los profesionales, así como la familia y la escuela sepan identificar y estar preparados para evitar situaciones de violencia.

DESCRIPTORES: Proceso de Enfermería; Enfermería; Abuso sexual infantil; Violencia infantil.

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INTRODUCTION

Child sexual abuse is characterized when a child's body is used by someone to supply the sexual satisfaction of the abuser, who has an authority relationship. It can occur through the manipulation of genitals, breasts or anus, the practice of caresses, pornography or the performance of the sexual act, whether with or without penetration.¹

According to the Statute of Children and Adolescents (ECA - Estatuto da Criança e do Adolescente), a child is considered to be a person who is under 12 years of age. Thus, anyone who is in this age group and suffers from sexual abuse is considered a victim of child abuse.² Sexual

abuse is a crime, as the victim does not yet have biological maturation and does not have discernment of decisions due to age asymmetries and the power relationship with the abuser.³ Children aged from zero to nine years, who suffer or have suffered sexual abuse, represent 35% of the notifications, thus corresponding to the second largest type of violence.⁴

From the moment the abuse happens, especially when the brain is being formed, it can affect the child's neuronal development.⁵ Thus, it can have consequences such as cognitive, emotional, social and behavioral damage.⁶ Mental health effects can show up through nightmares, night terrors, bedwet-

ting, school problems, learning difficulties and isolation. These are some manifestations that the child can present.⁷ It is worth mentioning that low self-esteem is one of the most frequent changes in victims of sexual abuse and also of greater severity, as it can perpetuate into adulthood.⁸

Most cases of child sexual abuse are difficult to detect, some symptoms can be observed and thus help in detection. In the first 48 hours after the crime, physical symptoms are more noticeable, such as bleeding, injuries and bruises on the body and genitals, and in some cases, sexually transmitted infections may appear.⁹

Violence is an impacting problem

in the lives of victims and people in their family circle. Thus, assistance to victims of violence must be prioritized, because although many do not present clinical symptoms, there are other factors that must also be taken into account, especially psychological damage, which requires a different look at them.¹⁰

According to data released in 2018, by the Epidemiological Bulletin of the Ministry of Health, in Brazil from 2011 to 2017, 184,524 cases of sexual violence were reported, 58,037 against children and 83,068 against adolescents. 76.5% of cases of sexual violence are found in these two life courses. This highlights the complexity of this problem.¹¹ These data show that the number of reports of sexual abuse is high. In this sense, nursing plays an important role in assisting victims and family members.

Given the importance of this theme, this study aims to identify the trend of scientific production in nursing about child sexual abuse.

METHODS

This is a narrative review of the literature, which was carried out through the electronic database Latin American and Caribbean Literature in Health Sciences (LILACS) and the Scientific Electronic Library Online (SciELO), between October and November 2021.

In LILACS the following keywords were used:

“child sexual abuse (abuso sexual infantil) AND “nursing (enfermagem)”, “childhood sexual abuse (abuso sexual na infância)” AND “nursing care (cuidados de enfermagem)”. And, in SciELO: “child sexual abuse” AND “nursing”. For greater coverage of the topic studied, the time frame was not used. The following inclusion criteria were used: articles that meet the objecti-

ve of the study and articles available online and in full, in Portuguese. The exclusion criteria were: dissertations, theses, ministerial manuals and incomplete abstracts.

The guiding question was: what is the trend of scientific production in nursing about child sexual abuse?

The LILACS search resulted in 25 studies, of which 11 articles were

used. And, in SCIELO, the search resulted in 10 articles, of which 5 were analyzed. So, a total of 16 articles were studied in full. Data were analyzed according to the thematic content analysis proposed by Minayo.¹² Thus, the following steps were followed: pre-analysis, the formulation and reformulation of hypotheses and objectives and the

Quadro 1 - Artigos listados

No.	Title of the article	Databa- se	Study place	Year
A1	Care for the family of children in situations of sexual abuse based on humanistic theory. (Cuidado à família de crianças em situação de abuso sexual baseado na teoria humanística.)	LILACS	Non-governmental entity in Fortaleza-CE.	2007
A2	Sexual violence against children and adolescents: an analysis of prevalence and associated factors. (Violência sexual contra crianças e adolescentes: uma análise da prevalência e fatores associados.)	LILACS	Non-governmental entity in Fortaleza-CE.	2020
A3	Characteristics of sexual violence suffered by children assisted by a support program. (Características da violência sexual sofrida por crianças assistidas por um programa de apoio.)	LILACS	Sentinel Program in Sobral – Ceará	2010
A4	Characterization of children and adolescents treated for maltreatment in an emergency hospital in the city of Fortaleza-CE. (Caracterização de crianças e adolescentes atendidos por maus-tratos em um hospital de emergência no município de Fortaleza-CE.)	LILACS	Emergency hospital, in the city of Fortaleza, Ceará	2001
A5	Knowledge of nurses in the face of sexual abuse. (Conhecimento dos Enfermeiros frente ao abuso sexual.)	LILACS	Family Health Strategy	2012
A6	Nursing care for child victims of sexual violence treated in a hospital emergency unit. (Cuidado de enfermagem à criança vítima de violência sexual atendida em unidade de emergência hospitalar.)	LILACS	Hospital emergency unit	2010
A7	Nursing performance in the face of sexual violence against children and adolescents. (Atuação da enfermagem frente à violência sexual contra crianças e adolescentes.)	LILACS	Literature review	2011

treatment of the obtained results and interpretations.

RESULTS

In the presentation of the results of the information, the data were organized in a synoptic table that contains the identification code, the database, the title, the objective and the main results. The articles are listed in the Analysis corpus table.

Most articles were published in LILACS ⁽¹¹⁾ and SCIELO ⁽⁵⁾. And, as for the thematic analysis, it was possible to elaborate the construction of two categories: Profile of sexually abused children and Approach to children by nursing and by the family.

DISCUSSION

Profile of sexually abused children

With regard to the profile of victims of sexual violence, studies show that most abused children were female (A2, A3, A11, A13, A14, A15, A16). However, only one of the studies identified the predominance in male children (A4). And, as for the age group of female victims, there is a variation between 8 and 14 years. Other characteristics found were in terms of skin color, most were white, in terms of income, with the majority being low-income (A15), and in terms of education, as most were attending elementary school (A11). In boys, the highest incidence is in the age group from 5 to 9 years old (A14).

Girls are the main victims of child sexual abuse.¹³ However, there are still cases of sexual abuse against boys, but these data are little publicized due to prejudice, both in terms of the prevalence of sexual abuse in boys, as well as the characteristics that abusers have.¹⁴

A8	Sexual violence against children in the family environment treated at SAMVVIS, Teresina, PI. (Violência sexual contra criança no meio intrafamiliar atendidos no SAMVVIS, Teresina, PI.)	LILACS	Service for Assistance to Women Victims of Sexual Violence (SAMVVIS - Serviço de Atendimento às Mulheres Vítimas de Violência Sexual)	2008
A9	Imaginary of mothers of children victims of sexual abuse: an ideal of overcoming. (Imaginário de mães de crianças vítimas de abuso sexual: um ideal de superação.)	LILACS	Government organization that is part of the Support and Protection Network for Children and Adolescents in Situations of Physical, Sexual, Psychological Abuse, Exploitation of Child Labor and Child Trafficking in Fortaleza-CE.	2010
A10	Violence against children and adolescents: breaking the silence. (Violência contra criança e adolescente: rompendo o silêncio.)	LILACS	Public school in Santo Amaro community, Recife-PE	2019
A11	Characterization of cases in which children and adolescents were victims of sexual abuse in the southwestern region of the city of Ribeirão Preto, SP, in the year 2000. (Caracterização de casos em que crianças e adolescentes foram vítimas de abuso sexual na região sudoeste da cidade de Ribeirão Preto, SP, no ano de 2000.)	LILACS	Reference Center for Children and Adolescents, at the Basic Assistance Center, through the Disque Denúncia	2004
A12	Characterization of sexual violence in a state in the southeastern region of Brazil. (Caracterização da violência sexual em um estado da região sudeste do Brasil.)	SciELO	Database of the Notifiable Diseases Information System obtained from the Minas Gerais State Health Department	2019
A13	Recurrence of violence against children in the city of Curitiba: a gender perspective. (Reincidência da violência contra crianças no Município de Curitiba: um olhar de gênero.)	SciELO	Network for the Protection of Children and Adolescents	2012
A14	Sexual abuse in childhood and adolescence: profile of victims and aggressors in a municipality in southern Brazil. (Abuso sexual na infância e adolescência: perfil das vítimas e agressores em município do sul do Brasil.)	SciELO	Guardianship Councils and care programs in the city of Londrina-PR	2010
A15	Characterization of sexual abuse in children and adolescents reported in a Sentinel Program. (Caracterização do abuso sexual em crianças e adolescentes notificado em um Programa Sentinela.)	SciELO	Records of cases registered in the Sentinela Program	2008

With regard to the place where the abuses took place, most of them took place in the family environment, especially within their own home (A2, A12, A16), followed by the school (A10). And, with regard to the characteristic of the abusers, most of them were male, however, women also appear as the aggressors (A13, A14). Parents (A2, A16, A8, A9), stepfathers (A3, A8, A9, A12), brothers-in-law, boyfriends, acquaintances (A3) and neighbors (A8) are the main abusers (A15).

Only one study showed that the aggressor was unknown to the family (A9). The aggressors use the bond and the relationship of trust and loyalty to take advantage of the situation and carry out the aggression, in this way he silences the child for being a person from the same family environment, as fathers, mothers, uncles, grandparents and brothers.¹⁵ When there is some kinship with the victims, family members sometimes create a barrier to protect the aggressor.¹⁶

With regard to cases of recurrence of child violence, most cases took place within the family and, due to negligence, there was a recurrence of violence against the victim. The mother appears as the main aggressor (A13). Child sexual abuse can generate irreparable consequences for the child and, if nothing is done to prevent recidivism, these consequences can be even worse, especially when the aggressor is a person close to the family or who is inserted in the intra-family environment.¹⁷

Approach to children by nursing and family

Studies show that health professionals feel unprepared and unprotected when faced with cases of child sexual abuse (A5, A6). Also, nurses do not know what measures should be taken in basic health units to confirm or not the suspi-

A16 Sexual abuse: diagnosis of reported cases in the municipality of Itajaí/SC, from 1999 to 2003, as a tool for intervention with families that experience situations of violence.
(Abuso sexual: diagnóstico de casos notificados no município de Itajaí/SC, no período de 1999 a 2003, como instrumento para a intervenção com famílias que vivem situações de violência.)

SciELO Guardianship Council and the Sentinel Program, in the municipality of Itajaí – SC 2005

Source: author.

cion of sexual abuse (A5).

The lack of training combined with the fear of acting in the prevention and notification, the disqualification to deal with the victim of child sexual violence, the fear of the aggressor, insecurity, not knowing where to refer the victim are some of the feelings that professionals experience in their daily work.¹ It is important that there is ongoing education so that nurses feel more prepared and safe for when it is necessary to act in the care of children who are victims of sexual abuse.¹⁸

However, professionals have the perception that the child arrives scared, coerced and insecure, for this reason, they need to exercise care demonstrating love and affection so that the child feels welcomed (A6). In this sense, it is important that they are welcomed from the perspective of comprehensive care and that the assistance provided is humanized.¹⁹

The psychological and organic consequences that children suffered in the face of sexual abuse still lack more information (A11). In this sense, it is highlighted that the health care of children and adolescents is treated as a multiprofessional work, being a challenge for the health sector that needs a paradigm shift to face the problem (A7). The nurse, together with a multidisciplinary team, must have specific skills

and competences that assist in strategic intervention focused on the promotion, prevention and rehabilitation of patients' health.²⁰

The studies also point out that the victims' relatives also feel unprepared to help them, as well as they do not have enough knowledge about the consequences of this abuse for children (A1). Each family has a way of understanding and characterizing child sexual abuse, and this is extremely important, as this characterization can lead to protection or exposure of this individual.²¹

CONCLUSION

Child sexual abuse occurs with great frequency, which generates social concern. Unfortunately, this reality has been increasing more and more, which, combined with the professionals' lack of preparation for the care and monitoring of victims, makes it even more difficult to deal with this issue.

The vast majority of children who are victims of child sexual abuse are female and the cases occur mainly within the family environment. Thus, it is important that professionals, as well as the family and the school know how to identify and be prepared to avoid situations of violence.

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