



PHYSICAL ABUSE AGAINST CHILDREN AND TEENS: PERCEPTION OF PEDIATRIC NURSING TEAM

MAUS TRATOS FÍSICOS CONTRA CRIANÇAS E ADOLESCENTES: PERCEPÇÃO DA EQUIPE DE ENFERMAGEM PEDIÁTRICA

ABUSO FÍSICO CONTRA LOS NIÑOS Y ADOLESCENTES: LA PERCEPCIÓN DEL EQUIPO DE ENFERMERÍA PEDIÁTRICA

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ABSTRACT

Objective: to evaluate the knowledge of the nursing staff of a pediatric emergency unit about physical abuse against children and adolescents. **Methodology:** a qualitative study with 18 nurses, a quaternary teaching hospital in the North West of São Paulo, São Paulo / Brazil. Data collection was through interviews recorded, using a form and analyzed by the technique of content analysis. The data were presented in figures and descriptively. The research project was approved by the Research Ethics, Opinion n°. 369/2010 and Protocol n°. 5697/2010. **Results:** most of the nursing staff had knowledge about physical abuse, although many confuse the kinds of violence, too, had little knowledge about related laws. **Conclusion:** there is need for training of the nursing staff about the types of abuse against children and adolescents, to the appropriate conditions of diagnostic, reporting and interventions. **Descriptors:** Battered Child Syndrome; Domestic Violence Children; Teens; Nursing Team.

RESUMO

Objetivo: verificar o conhecimento da equipe de enfermagem de uma unidade de emergência pediátrica quanto aos maus tratos físicos contra crianças e adolescentes. **Metodologia:** estudo qualitativo, com 18 profissionais de enfermagem, de um hospital escola quaternário no Noroeste paulista, São Paulo/Brasil. A coleta dos dados foi por meio de entrevista gravada, com uso de formulário e analisados pela Técnica de Análise de Conteúdo. Os dados foram apresentados em figuras e de forma descritiva. O Projeto de Pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, parecer n°. 369/2010 e Protocolo n°. 5697/2010. **Resultados:** a maioria da equipe de enfermagem possuía conhecimento sobre maus tratos físicos, apesar de muitos confundirem os tipos de violência; também, tinha pouco conhecimento sobre normas legais relacionadas. **Conclusão:** há necessidade de capacitação da equipe de enfermagem sobre os tipos de maus tratos contra crianças e adolescentes, visando as condições adequadas de diagnóstico, notificação e intervenções. **Descritores:** Síndrome da Criança Maltratada; Violência Doméstica; Crianças; Adolescentes; Equipe de Enfermagem.

RESUMEN

Objetivo: evaluar el conocimiento del personal de enfermería de una unidad de emergencia pediátrica sobre abuso físico contra los niños, niñas y adolescentes. **Metodología:** estudio cualitativo con 18 enfermeras, en un hospital docente cuaternario en el noroeste de São Paulo, São Paulo / Brasil. La recolección de datos fue a través de entrevistas grabadas, usando un formulario y se analizó mediante la técnica de análisis de contenido. Los datos se presentan en las figuras y descriptivamente. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, Dictamen n°. 369/2010 y en el Protocolo n°. 5697/2010. **Resultados:** la mayor parte del personal de enfermería tenía conocimiento sobre el abuso físico, aunque muchos confunden el tipo de violencia, también, tenían poco conocimiento acerca de las leyes relacionadas. **Conclusión:** existe necesidad de la formación del personal de enfermería sobre los tipos de abusos contra los niños, niñas y adolescentes, a las condiciones apropiadas de diagnóstico, presentación de informes y las intervenciones. **Descriptor:** Síndrome del Niño Maltratado; Violencia Infantil; Adolescentes; Equipo de Enfermería.

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INTRODUCTION

Domestic violence includes child abuse, in the physical, neglect, sexual and emotional, that pose a public health problem because undertake the development of children and adolescents and produce consequences in adulthood of people.^{1,2}

Are characterized as physical abuse, all abusive acts committed by use of instruments, strokes, burns, bites, cuts, choking, cruel, whose injuries are caused intentionally.³⁻⁷ Neglect refers to the failure of the family or guardian in relation to the basic needs of children or adolescents.^{3,4,6,7} Emotional abuse includes psychological harm related insults, declining or constant criticism, threats, intimidation, humiliation, embarrassment, rejection, exploitation or corruption, denial of emotional support, discrimination, disrespect and acts to terrorize.⁴⁻⁸ Sexual abuse is any act, play or intercourse caused by adults against children or adolescents, including molestation and sexual relationship itself.⁴⁻⁸

In recent decades, various social groups have been fighting for the rights of children and adolescents in Brazil, especially after 1990, when it entered into force the Child and Adolescent (ECA), Act nº 8069, aiming to secure rights of children and adolescents. Its highlight is the role of health and education, which have the responsibility to identify and report cases of violence, and determines the penalties for those who practice or act or omission commissive regarding mistreatment in childhood and adolescence.^{7,10,11}

So that determinations under ECA are met, it is necessary to the formation of the Guardian Council, which takes measures including guidance and support to victims, seeking shelter, communication of the facts to the Childhood and Youth¹² and conducting referrals for protective services social, legal or mental health.¹¹⁻¹⁵

Health professionals have an important role in the perception and reporting of domestic violence against children and adolescents, to provide appropriate care process and help the child.¹⁶ For both should have knowledge about the concepts, the warning signs, legal aspects, the public health policies prevailing epidemiological data, risk factors and consequences of maltreatment.^{11,17}

Considering the relevance of the answers to this question, this research was developed, whose objectives were:

- To identify the sociodemographic characteristics of the members of the nursing

team working in a pediatric emergency department.

- To check knowledge of these professionals regarding physical abuse against children and adolescents.

METHODOLOGY

A qualitative study was conducted in the Pediatric Emergency Unit of a quaternary teaching hospital in the northwest of São Paulo, with 12 inpatient beds and 1 bed emergency, with daily attendance of about 55 children. Study subjects were 18 members of the nursing team, all females, corresponding to 6 (33.3%) nurses and 12 (66.7%) nursing assistants, who consented to participate.

Data collection was carried out between October and November 2010, through interviews recorded in MP3 player, using a form with identification data and four open questions about concepts and warning signs of physical abuse and measures protection. The interviews were transcribed and repeated readings, in order to categorize participants' speech.

Data analysis followed the model Bardin, which seeks to define the content analysis with clustering techniques that aim to deduction of knowledge commensurate to the reception of these messages and the central ideas of the data obtained are presented in the form of categories Utterances, in focus of warning signs, knowledge of legal rules and procedures to be achieved.¹⁸

The data are presented in Figures and descriptively being discussed in the light of the scientific literature on the issues.

The research project was submitted to and approved by the Research Ethics (Opinion no. 369/2010 and Protocol no. 5697/2010).

RESULTS AND DISCUSSION

In Figures 1, 2 and 3 are characterized the 18 nurses participating in this study, all were female, and 6 (33.3%) nurses (one was on improving student pediatrics, which is a specialized form of remuneration in molds nursing residence) and 12 (66.7%) nursing assistants. The age of respondents ranged from 21 to 51 years old between nursing assistants and 22 to 41 years among nurses. The time of practice was between 10 months and 18 years among nurses and 2 years to 30 years between nursing assistants. In pediatrics, worked between 2 months to 8 years, nurses and 18 months and 14 years and 9 months between nursing assistants.

Interviewed	Age (years)	Profession	Time in the profession (years)	Time Expertise in Pediatric Emergency (years)
1	23	AE	3	3
2	21	AE	2	1,5
3	41	E	15	8
4	34	AE	9 years old	7 years old
5	37	AE	4 years old	3 years old and 6 months
6	41	E	18 years old	Acts as cover
7	35	AE	7 years old	2 years old - coverage
8	29	E	3 years old	2 years old
9	28	E	4 years old	4 years old
10	34	AE	2 years old and 8 months	2 years old and 3 months
11	41	AE	20 years old	14 years old and 9 months
12	24	AE	4 years old	4 years old
13	26	E	5 years old	4 years old
14	30	AE	8 years old	6 years old
15	29	AE	9 years old	5 years old
16	22	E	10 months	2 months
17	51	AE	30 years old *	13 years old
18	44	AE	24 years old *	12 years old

Figure 1. Features of the team of emergency nursing pediatric teaching hospital. São José do Rio Preto, 2010. * Nursing assistant (AE), Nursing (E).

The classification of nurses to work in Pediatrics is noted by Figure 2 that would be trained to recognize the warning signs of physical abuse and other violence against children and adolescents, as only the nurse

number 6 had no expertise in pediatrics but had expertise in Public Health. Also, the nurse no. 9 made improvements in pediatrics and nurses of numbers 6 and 13 made specialization and improvement in pediatrics.

Interviewed	Specialization	Upgrading
3	Adult ICU, Pediatric Nurse. Trauma	-
6	Public Health	-
8	Neonatal ICU	-
9	-	Pediatrics
13	Pediatrics	Pediatrics
16	Pediatrics	Pediatrics

Figure 2. Specialization held by nurses working in pediatric emergency unit. São José do Rio Preto, 2010.

It can be seen from Figure 3 that the majority of nursing assistants in this study were well-educated, as only 3 (25%) had only course nursing assistant. Among the others who worked as nursing assistants in the pediatric emergency studied, 6 (50%) were

already nursing techniques and these two were attending undergraduate nursing; 2 (16.7%) were also nurses and 1 (8, 3%) had an undergraduate program in Business Administration.

Interviewed	Additional Training	Studying
1	Nursing technique	Bachelor's degree in Nursing
2	Nursing technique	Bachelor's degree in Nursing
4	No	-
5	No	-
7	Nursing technique	-
10	Nursing technique	-
11	Nursing technique	-
12	Administration	-
14	Bachelor's degree in Nursing	-
15	Bachelor's degree in Nursing	-
17	Nursing technique	-
18	No	-

Figure 3. Additional training of nursing assistants working in pediatric emergency unit. São José do Rio Preto, 2010.

Presents the following qualitative data on knowledge of the nursing staff of the pediatric emergency study on physical abuse against children and adolescents, organized into three categories of analysis: I- knowledge of the warning signs of physical abuse; II- knowledge the legal norms in Brazil protection of children and adolescents and III- conducts adopted.

♦ I - Category Knowledge of Warning Signs for Physical Maltreatment

Knowing the warning signs are important in suspected or confirmed physical abuse against children and adolescents. If health professionals do not know how to recognize these signs, somehow contribute to the maintenance of the cycle of violence in the physical and mental health of the child victims.^{3, 7,19-22}.

In order of greatest quote the warning signs pointed out by nurses in this study were lesions on the body, behavior of child victims; observations made by a professional during hospitalization of the victim and the mother's behavior during hospitalization or guardian. There were some quotes of physical situations such as repeated hospitalizations of the same victim; myiasis, the "beast feet" of poor hygienic conditions of the victim of injuries in the gynecological and STD, which revealed that the study participants mistook physical violence with related violence neglect and sexual abuse. Below are presented reports of nurses and nursing assistants participating in this study as to what they consider signs of physical abuse, with the transcript of the speech of them.

• Reports of Nurses

[...] Bodily injury, bruising, scarring, swelling, skin signs, unexplained pain complaints [...] 3 month baby with femur! she returned with another fracture in the region, I think time [...] later she returned with corneal injury [...] after a long time we discovered that the perpetrator was the father, with knowledge of the mother who omitted because the love for her husband was greater than the love for his son [...] some injury to the genital region. [...] A child once arrived with myiasis in the ear; critter standing, also a sign of mistreatment [...] children who have a history a bit suspicious [...]re not hitting what we see [...] [...] very agitated child, tearful, anxious, angry [...]; behavior of the mother, as the mother cares for the child here, and pick him up, as it gives the milk [. ..]. from the behavior of the child and the mother, we already begin to notice other signs right [...].

• Reports of Nursing Assistants

[...] that is the middle child afraid, [...] afraid when one approaches, when approaching a family member, we suspected some mistreatment. [...] the child is already retracted, that child who does not look in the eyes, the child who is always looking at the ground [...] is a child who does not communicate well, [...] that is always hidden behind or guardian she trusts [...]. few signs such as bruising [...] sometimes the child gets scared, do not talk to us, is retracted [...] [...] Since I happened to see children with signs of burning cigarette type [...] [...] she has some bruising, or she is very afraid of her parents, she does not talk much [...] bruising [...] a break [...] you see the child's injury means aloof right, the skin, [...] have a lot, but at the moment I cannot remember [...] Spots on body [...] purple background little eye [...] we see that has been beaten, it was whack.

The responses of the majority of professional nursing study on alert for signs of physical abuse ranged physical injuries, differential behavior of victims and repeated hospitalizations, which is consistent with the literature^{8,10,16,17,22}. Still, the stories are not consistent with the state of the child and / or adolescent or reports between different family members and / or guardians lead to suspected abuse. Professionals should attend to these and other possible signs suggestive, to seek measures to protect victims^{20, 23}.

Still, the fragments below reports, it appears that some nurses and nursing assistants erroneously mentioned as characteristic of physical abuse certain signs of lesions in the genital area, sexual diseases, parasitic infections, skin lesions and poor hygiene, defined as sexual abuse and neglect, respectively.^{4,6,7,8,24-29} The reports demonstrate the difficulty in relation to the concept of physical mistreatment and, consequently, for the other types of maltreatment. The failure to identify violence may hinder a proper attention to the child or adolescent and victimized.^{4,8,7,24-31}

• Report of Nurses

Ah, as the child[...] Part gynecological child right [...] [...] fix the little things the child, if the clothes are in order, they are clean [...] So we will watching all this we have is on the back foot [...]

• Reporting of Nursing Assistants

[...] We think may have been sexual violence. [...] In the genital region [...]. injuries by giving venereal diseases that a child would not have this kind of problem [...] very child retracted, very afraid of everything [...] if so ill treatment, lack of child care [... .] you see that is malnourished, mistreated, unkempt, dirty [...]. Yeah, so rape. [...] Sometimes the child arrives with hematoma with myiasis (I also think it's abuse) [...] could also include pediculosis [...]. Scabies [...]

♦ II- Category Knowledge of Legal Rules and Conduct recommended in Brazil for the Protection of Children and Adolescents Victims of Maltreatment.

In Figure 4 is shown as Brazil is oriented in the flow of assistance to child victims of violence. Evidenced in this study that most of the nurses knew, albeit superficially, legislation on notification for suspected and / or confirmed abuse. Cited the occurrence reporting agencies to protect children and adolescents, as the Guardian Council, the Court of Childhood and Youth; conducting police report; trigger CRAMI and Welcoming

Project, which is only related to sexual violence. Overall it was stressed that the participants did not know at least describe the main steps of delivering a child victim of abuse, as reflected in the reports below.

◆ Report of nurses

[...] We forward more Guardian Council're[...] that will do all this direction [...] There was a time where we were asking police report, forwarding to IML, and we came to the conclusion that the IML is not one of the most suitable places for these children [...] referring to Stick childhood and Youth [...] the Guardian Council [...] we have a printed here step by step we have to do, both trigger CRAMI too, which is the organ that came along, both Project welcome when abuse is suspected [...] I've read, but really just do not know to tell you [...] what we're writing just right [...] [...] I know that children and adolescents have a specific law that defends [...] know little. [...] Know well, our routine here, the attitudes that we have to be here now, plus, plus, I do not have much knowledge [...]

◆ Reporting of nursing assistants

[...] Oh, how calls [...]! [...] Usually doctors that make [...] they make that notification, call the Guardian Council [...] if it is something more serious to make police report [...] We still in itself, does nothing [...] suspected abuse is welcome Project, the Hospital and all children who are suspected or confirmed abuse must be referred either pro Guardian Council, the police have to be triggered, there is test that has to be done, there corpus delicti, gynecological examination [...] I know that first we have to trigger the Guardian Council right then or at least call the police to see what is happening [...] what I'm talking about? [...] Statute of the child and the laws that govern [...] we pass pros when doctors found that the child is being abused, [...] they also analyze the situation and themselves that trigger the Guardian Council and that they fulfill all the roles [...] is that here we already have the protocol right? Already have thus specific paperwork right, and where it should be reported, then it is all right. Then came, that paperwork is completed and is in contact with the right service social worker [...] No, not social [...] is [...] of [...] By mistreatment there [...] Guardian Council! [...] ECA? I never read in full, some things I've ever read, but in full in full I have not read [...] I do not know the background there. I've read, but well, well over, so I do not know, to tell to you that I know all the articles, I do not know. We have a sense right? [...] The legislation I do not know, but then we know our routine here. Then the legislation anyway, notice these things, no!

[...] I do not know the background, I'd like to know.

Deduce the answers of the participants reported that they never violence against children and adolescents, as if they had done that would know the flow quoted by them is incorrect. It is noteworthy that in 2001, an interdisciplinary team from the hospital this research field created Project Welcome to specifically meet victims of sexual abuse. The purpose is to provide assistance to victims, provide emergency care for prevention of pregnancy and STD / AIDS; subsequent monitoring for control and prevention of physical consequences, psychological and social changes resulting from violence; inform the population on the issue; assist in the prevention of this type violence and increase the number of notifications.³⁸

According to information obtained during a visit to CRAMI (Regional Centre of Attention to Childhood Maltreatment of São José do Rio Preto) is the Guardian Council - the central organ of receipt of notifications of abuse - which forwards the victims and their families to services psychosocial care in health networks, as CRAMI, whose goal is also to treat and prevent domestic violence for children, adolescents and families victimized.

What is striking is the lack of reference to the Statute of the Child and Adolescent (ECA), mentioned only superficially by only one interviewee (8). The points mentioned were: forward the Guardian Council, to prosecute, to the police report, the Welcome Project; take offense and ACE body with its laws. We have cases where some said they had no knowledge or just have some notion, and evidence of professional ignorance about the legislation.

A curious fact, and that is worth being discussed was that a nursing assistant approached me and asked if I could fix the ECA for her because she would like to know more about the topic. I sent to your e-mail and she told me that would print and leave the unit so that all could also inform. This proves the deficiency on the topic for some professionals and shows how some officials have an interest in learning more, to work optimally, helping victims. Knowledge of legislation and activeness allow minimize underreporting, the fact that masks the real situation of violence.^{7,24,26-7,39-40}

Was asked about the professional experience of any case of physical mistreatment and consequent conduct:

Many! Many! [...] Here usually in the notification, the nurse does not get involved much. Usually those who make the

notification is resident, for him to learn, because it will be the person facing right, start to be doing this notification [...] if the doctor says, "I will not do the notification," the professional Nursing is a bit insecure to want to do. I think it's a bit of people do not want problems later pro our side [...] if you shirk a child maltreatment, at risk, you do not report it, you will meet with the offender because you have omitted, that we know very clear [...] usually have witnesses and we are one of the witnesses, but usually is not we who fill [...] Logical that we often makes a convincing for them to do the notification, they often say: "ah, but need not, Nana [...]" No, have to notify! [...] Still the same question was asked: "So your conduct is to communicate to the doctor" and she said: "Yes!"

(Interview 3 - Nurse)

Yes. We informed the medical staff, medical staff triggered the Guardian Council, and many of these children do not need to be hospitalized, more were admitted to a social [...] Then, from the moment we announced the Guardian Council, were accompanied by social workers in psychology, NE? [...] We have had several cases here [...].

In relation to the conduct of cases of physical abuse, it is necessary that the work of attention the victims and their families involved are carried out in an interdisciplinary way, with a multidisciplinary network, intersectoral and inter-institutional. The sectors involved are: education, health, justice, security, culture and work. In health care, interdisciplinary teams must act together, because respecting the specificities of each area, all play important roles in prevention, promotion and rehabilitation of victimized children and adolescents and their families.¹⁶

Another issue identified in the study is the fact communicate the medical staff in the first place, and the nurse responsible for nursing staff and often the assistance unit should do the dialogue necessary for the benefit of the patient. Starting with the notification, which is a means of protection, also conducts other important the nurse is able to act and direct the nursing staff in procedures and diagnoses, conduct a physical examination to assess patient status and identify potential warning signs; promote the welfare of the victim, serving not only their physical but also emotional and behavioral needs, to promote a therapeutic environment during hospitalization; seek to develop a job with the victim's family in order to promote, prevent and intervene in this situation

violence; empower the nursing staff for proper identification and conduct of cases; direct the actions of team care nursing; forwarding to work together with other professionals in the multidisciplinary team.^{21,25}

Still, in the case of suspected abuse it must be made to correlate with several factors, where the diagnosis should be given only after being ruled out other pathologies. Therefore, this diagnosis should be done by trained professionals who know the criteria that should be used to frame a case as being of physical abuse against children and adolescents, and this is one possible reason for the attitude of the hospital in relation to notification by the doctor. However every professional should be able to have the necessary knowledge that empower them to contribute to the identification and conduct ideal victims.^{20,23}

It is clear, therefore, no direct involvement of the nurses in situations of suspected violence, because the communication is done primarily for the medical team, because there is no protocol actions directed at nursing staff, not questioning the norms established in the hospital, the proof of cases that were identified by the doctor, when in fact the nurse should be a fundamental part also in recognition of physical abuse. The other issues raised, as described in the table above do not show clearly who performs the action, but the ideal would be also be done by the nurse.

Another factor of concern is the secrecy, highlighted in the Code of Ethics of Professional Nursing, when comes the responsibilities and duties - "keep secret about the fact that confidential aware as a result of their professional activities, except for the cases provided by law, order court or with the written consent of the person concerned or his legal representative. " Furthermore, it is important that work in conjunction with the interdisciplinary team is necessary.^{16,35}

It became clear in this study that the nursing assistants, perhaps by a closer, more direct conduits carrying the victims. So, how welcome, listen and serve the victimized children and adolescents, influences on adherence to care and treatment, health professionals should take a critical look and responsive to analyze each situation and correct conduct. For this, professionals must first establish a climate of affinity, harmony and trust with children and adolescents, in addition to performing the essence of care: the welfare and comfort of the client, which requires a constant effort of professionals in understanding the complexity and fragility of

humanity under their responsibility. The nursing staff must conquer the child and adolescent, creating a bond of trust that expresses sincere attitudes during care. Should also familiarize them with the hospital environment and the people who will be involved in your care.^{20,22,31-2}

The fact that there is a contact person for notification and assistance to victims, makes the other team members may delegate the performance in suspected or confirmed cases, only one professional reference is. This acts against the ethical, where every professional has a duty to comply with its social, political and moral, notifying suspected and / or confirmed, in order to protect the victim, and that each, in its specificity, can contribute to compose this information network that allows establishing diagnostic criteria for physical mistreatment and appropriate action to be taken by every professional.^{8,23,25}

The concepts and perceptions about the different types of abuse and the ideas associated with them are not so simple, a fact that is exacerbated by the lack of knowledge and the lack of health professionals. It is possible that no such contents have not been adequately addressed during graduation, which compromises the correct identification, reporting and referral of victims of violence. What is advocated as a professional duty, respect the humanistic aspects and devices ethical and legal professionals is awareness, continuing education, continuing and constant search for knowledge, to recognize warning signs in dealing with child victims of violence.^{22,30}

The recommendation is that the child or teen to be seen holistically, considering the biopsychosocial be subject to changes as a result of violence. As preventive measures of diseases it is recommended to give importance to signs visible and invisible, with research during hospitalization, especially when there are repeated hospitalizations, they suggest that something is wrong.²¹⁻²

In view of the foregoing, it must be implemented necessary conditions for the Nursing professional is knowledgeable about the identification of the warning signs to serve children and adolescents victims of physical abuse. The professional nurse should be provided with specific knowledge to empower your staff to know and recognize signs of domestic violence in the care of children and adolescents victimized.

CONCLUSION

The nursing staff has studied knowledge of the warning signs that characterize suspected and / or confirmed physical abuse against children and adolescents, but have poor knowledge of the law, too, that both nurses and nursing assistants is mistaken in considering as physical mistreatment, characteristic signs of sexual abuse and neglect.

The analysis of the perception of many professionals studied revealed unpreparedness in relation to the issue of violence against children and adolescents, too, that nurses surveyed pediatric units must undertake scientific-technical, social, political and moral, in the care of children and adolescents victims of violence, and how to fulfill their role in the training of nursing assistants and technicians in the context of attention to victims children and adolescents in situations of physical abuse.

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