



THE ROLE OF THE NURSE IN THE SERVICE OF CHILD SEXUAL VIOLENCE VICTIM

A ATUAÇÃO DO ENFERMEIRO NO ATENDIMENTO A CRIANÇA VÍTIMA DE VIOLÊNCIA SEXUAL EL PAPEL DE LOS ENFERMEROS EN EL CUIDADO DE LOS NIÑOS VÍCTIMAS DE VIOLÊNCIA SEXUAL

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ABSTRACT

Objective: to describe nurse's actions on the child victim of sexual violence and their families; to discuss the strategies that nurse uses in addressing to the child victim of sexual violence. **Method:** this is a search field, type as descriptive in a qualitative approach. The subjects were six nurses working in care to the child victim of sexual violence. The scenario was a public hospital, located in São Gonçalo-RJ that takes care of children victims of violence, after aprovement of Anna Nery Nursing School-RJ research project, under protocol 059/2009. As data colect instrument, was used an interview screenplay and, as technique, individual interviews recorded on MP3 and subsequently fully described, with six nurses that work in care of children who has been victims of sexual abuse. The screenplay was composed with the questions: What is your action with the child victim of sexual abuse? Which are the strategies with the child victim of sexual abuse? Which are the strategies you use to approach the child victim of sexual abuse? What is your action with the family of the child victim of sexual abuse? The interpretation of speech was given by the Thematic Analysis. **Results:** two categories emerged: Role of nurses in relation to child and family: multidisciplinary approach; The strategies used by nurses: Approximation as a therapeutic method. **Conclusion:** Nurses should adopt a welcoming attitude, to listen and share with other professionals possible solutions to the problems presented to it. There is a need to add a precautionary approach in the curricula of the health professionals, preparing professionals still in the educational institutions against abuses. **Descriptors:** child; sexual violence; nurses.

RESUMO

Objetivos: descrever a atuação do enfermeiro diante da criança vitima de violência sexual e de sua família; discutir as estratégias que o enfermeiro utiliza na abordagem a criança vitima de violência sexual. **Método:** pesquisa de campo, do tipo descritiva, com abordagem qualitativa. O cenário foi um hospital público, situado no município de São Gonçalo-RJ que atende crianças vítimas de violência, após a aprovação do projeto de pesquisa pela Escola de Enfermagem Anna Nery-RJ, sob protocolo nº 059/2009. Como instrumento de coleta de dados foi usado um roteiro de entrevistas e, como técnica, entrevistas individuais gravadas em MP3 e posteriormente descritas na íntegra, com seis enfermeiros que atuam nos cuidados à criança vítima de violência sexual. O roteiro foi composto pelas seguintes questões: Qual a sua atuação junto à criança vítima de violência sexual? Quais as estratégias que você utiliza na abordagem à criança vítima de violência sexual? Qual a sua atuação junto à família da criança vítima de violência sexual? A interpretação das falas deu-se pela Análise Temática. **Resultados:** após análise dos dados emergiram duas categorias: 1) Atuação do enfermeiro em relação a criança e família: visão multidisciplinar 2) As estratégias utilizadas pelo enfermeiro: aproximação como método terapêutico. **Conclusão:** O enfermeiro deve adotar postura acolhedora, onde escute e compartilhe com outros profissionais as possíveis soluções para os problemas que lhe são apresentados. Há necessidade de acrescentar a abordagem preventiva nos currículos dos profissionais de saúde durante a graduação, preparando os profissionais ainda nas instituições de ensino contra abusos contra criança. **Descritores:** criança; violência sexual; enfermagem.

RESUMEN

Objetivo: describir la actuación del enfermero en el niño víctima de la violencia sexual y sus familias, para discutir las estrategias que utilizan las enfermeras en el tratamiento de los niños víctimas de violencia sexual. **Método:** se trata de una investigación de campo con un estudio cualitativo descriptivo. Los sujetos forman seis enfermeras que trabajan en la atención, los niños víctimas de violencia sexual. El escenario era un hospital público ubicado en São Gonçalo, Rio de Janeiro, que sirve a los niños víctimas de la violencia, después de la aprobación del proyecto de investigación de la Escuela de Enfermería Anna Nery, RJ, bajo el protocolo 059/2009. Como instrumento de recolección de datos se utilizó un conjunto de entrevistas y, como técnica, las entrevistas individuales grabados en formato MP3, y más adelante se describe en su totalidad, con seis enfermeras que trabajan en la atención a los niños víctimas de la violencia sexual. El guión se compone de las siguientes preguntas: ¿Cuál es su rol con el niño víctima de la violencia sexual? ¿Qué estrategias utiliza el enfoque a los niños víctimas de violencia sexual? ¿Cuál es su rol con la familia de un niño víctima de la violencia sexual? La interpretación de los discursos pronunciados por el análisis temático. **Resultados:** tras el análisis de los datos se dividen en dos categorías: 1) el desempeño de las enfermeras en relación con el niño y la familia: una visión multidisciplinaria 2) Las estrategias utilizadas por las enfermeras: como un enfoque de tratamiento. **Conclusión:** las enfermeras deben adoptar una actitud de acogida, donde escuchar y compartir con otros profesionales de las posibles soluciones a los problemas que se le presenten. Hay una necesidad de añadir un criterio de precaución en los currículos de profesionales de la salud durante la graduación, preparación de profesionales que siguen en las instituciones educativas frente a los abusos contra los niños. **Descriptor:** niño; violencia sexual; enfermera.

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INTRODUCTION

Violence is a global problem that plagues more human existence, being used to coerce people, always exercising a force power, whether physical or mental so that it can suppress the other one by fear, which destroys self-esteem and haunts, very often, their victims forever. The term violence derives from the Latin *violentia* (which is any behavior or set of derived from strength, vigor); force application, force, against anything or being.¹

Sexual violence is any action in which a person, in a power position, requires another to carry out sexual practices against their will, by means of physical force, the psychological influence (intimidation, deception, seduction), or use of weapons or drugs. Includes handling of the genitals, sexual intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or production of pornographic material. Many experts believe that sexual abuse is the most underreported form of abuse against children, because of the secrecy or "conspiracy of silence" that often characterizes these cases.²

In recent years has been identified an increase in the number of cases of violence against children and adolescents, especially the sexual kind, both in the intra familial and extra familial. Studies show that children and adolescents who are victims of violence are, in most cases, female, 80.9% for age and social status of various.³

In the course of time, this took larger proportions, affecting society as a whole, raising conflicts between groups and/or families, as well as affecting the individual in isolation, creating a difficult trauma to reverse, since the act of violence occurs in a repetitive way, causing increasing damage to violated individuals.

With the enactment of the Federal Constitution of 1988 and the creation of the Child and Adolescent Statute (ECA) in 1990, it was noticeable changes in our society in order support the child, which is increasingly being seen as a subject of rights, with repressive protection measures to attitudes that prevent lead being subjected to beatings and humiliation.³

If health is understood as a process that involves individual and social factors, violence is now seen as a serious public health problem, needing of special programs and actions for prevention, control and assistance toward victims and offenders.⁴

The numerous cases of incest, the classes and internships focused on the children and adolescents health made us discuss, analyze and witnessing cases of children who suffered sexual abuse, beyond identifying a few texts written by nurses toward this subject, which explains our choice for subject, in addition to interpellate on the following research problem: What is the role of a nurse to the child sexual violence victim and their families? Thus, our object of research was outlined as: the role of nurse to the child sexual violence victim and their families.

The objectives of this study are: to describe nurses' actions in the face of a child sexual violence victim and their families; to discuss the strategies that nurses use in dealing with child victims of sexual violence.

We believe that the development of this research will contribute to increase the collection of texts aimed to Nursing on this topic, as well as provide support for nurses with actions and guidelines that can help to reduce the recurrence of these cases, since the role of a nurse is paramount in identifying the type of violence suffered by children, guidance and referral to integrated treatment.

THEORETICAL FRAMEWORK

Childhood is a period of great physical development, marked by the gradual growth of height and weight of the child - especially in the first three years of life and before puberty. More than that, it is a period where the human being develops psychologically, involving gradual changes in the behavior of the person and the acquisition of foundations from his personality. The psychological aspects of personality development, with the presence or absence of behavioral changes and / or emotional disorders, including all kinds of needs, neglect, violence and abuse, will determine the child's behavior in the first stage of adulthood.¹

The abused child has a great opportunity to become a violent adult, who also abuse their children is a fact that violence in the home contributes to the growth of crime rates, because the violence with which the child becomes used to home can be placed at the service of crimes and misdemeanors. Subjected to violence, the child learns and incorporates violent mechanisms of conflict resolution to be put into practice in adult life, including education of their children. The fact that children have suffered or witnessed abusive act leads her to believe that harsh and coercive measures is a legitimate part of educational practices, and adulthood take

Tomás CMS, Benedicto IC, Furlan KV et al.

The role of the nurse in the service of child...

hold of these resources because they believe in their effectiveness.²

Violence is explained as a behavior that causes harm to another person, living being or object. It is denied autonomy, physical or psychological integrity and even the life of another. It is the excessive use of force than is necessary or expected. The force means, in its philosophical sense, energy or "firmness" of something, because violence is characterized by the corrupt action, based on impatient and angry, that does not convince or persuade another search, simply attacks. The violence is explicit when there is disruption of social or moral standards established in this regard: it is not an absolute concept, ranging from companies. For example, initiation rituals can be seen as violent by Western society, but not by the societies that practice. Violence can be classified according to their most striking characteristics, action or omission that results in physical, sexual, emotional, social or equity of a human being, where there is or not intimate and ties family between the victim and their assailant.¹

A national study reported that the Health Secretariat of São Paulo shows that 60 out of 71 child victims of sexual abuse reported that they knew the person who was sexually assaulted and that in most cases it was a biological parent. The residence of the child was configured as the most common site of occurrence of aggression (42.3%), followed by the domicile of the perpetrator (28.2%) and in locations close to the victim's home (22.5%).⁹

The proposal of the Law 8069 of 13/07/1990 - the Child and Adolescent Statute (ECA) (8) - presupposes a change of child care in Brazil, taking into account the humanization of procedures, training staff, upgrading and reorientation of strategies, greater allocation of resources, understanding that children and adolescents go through as singular moments in the formation as a citizen.¹⁰

The ECA provides specific policy guidance and support through social and family, legal and social protection, education and social support, special services for prevention and medical care to psychosocial victims.⁹

The role of the nurse is essential to break the violent cycle, since it is for the nursing professional the early identification of the existence and type of violence suffered by the child victim, and guidance to its officers, referred to the integrated treatment, helping to decrease and recurrence of these cases, beyond the reporting of suspected or confirmed cases.⁴

It is the responsibility of the nurse the prevention, which is the set of techniques designed to reduce risks and / or minimize the consequences of accidents. The prevention demand, particularly for predicting the unpredictable, from thence by marching to the measures necessary to prevent or reduce the consequences of harmful events. The nurse is ready to have to use this technique in a society where violence against children / adolescents became normal.⁴

It is the nurse educator guiding prevent violence through lectures, campaigns, newsletters, and other means of clearly and consistently, avoiding the occurrence of such these cases.¹¹

Early identification is defined as an identification of the problem as early as possible is desirable to have this identification in primary care. You detect the problem before it gets worse, or there is recurrence of the same case. The nurse must have a form of specialized approach to this problem, due to its constant presence in their nursing practice. It must adjust your point of view within the reality experienced by society, where violence against children and adolescents is a form of relationship established between family members both in their own internal organization and in social life.¹¹

Nursing actions are seen as a relational process of rehabilitation. Therefore, when offenders take their child to be hospitalized due to some form of violence, eventually approaching the nursing team, and it lets you get to know and interact with the offending team. This opens space for the construction of a helping relationship that seeks to permanently create awareness of the importance of a new form of relationship with the child, establishing healthy lifestyle and the opportunity to break the multigenerational cycle of violence.¹¹

The notification aims at the protection of child victims of neglect, cruelty, exploitation and oppression, through home visits the nurse must break the silence and accommodation, checking any form of neglect and focusing for parents and guardians to health education.¹²

The notification is a report issued by a health sector or any other body or person, for the Guardian Council, in order to foster social sanitary care aimed at protecting the child and adolescent victims of maltreatment. The act of notifying starts a process that seeks to disrupt violent attitudes and behaviors within the family and by any aggressor.⁸

According to the Nursing Code of Ethics, is considered ethical breach "cause, cooperate or collude with abuse," under penalties ranging from a simple warning to the forfeiture of rights to practice. The document that guides ethical practitioners of nursing, although it does not explain the term mentioned violence abuse. Here we understand that this expression should be interpreted broadly referring to all forms of violence.¹³

In the Federal Constitution found articles that refer to the professional expertise on the evidence of the occurrence of maltreatment to the child or adolescent, are as follows:

Article 13 - Cases of suspected or confirmed abuse against a child or adolescent must be notified to the Council of Guardianship of the respective locality, without prejudice to other legal measures¹⁴.

Article 245 - Leave a doctor, teacher or responsible for establishing health care and basic education, preschool and kindergarten, communicate to the competent authority becomes aware that cases involving suspected or confirmed abuse against the child or teen.¹⁴

Confirmation of abuse is important, especially for legal and necessary care to protect the child. In this sense, should be observed some behavioral indicators, listed in the literature on the subject, taking into account the caveat that the presence of some of these indicators are helpful, but are not conclusive.¹⁵

METHOD

This study is characterized as descriptive, in which there is no interference from the researcher, ie, it describes the object of research⁵. And the methodological approach was qualitative since this method works with a deeper space of relations, processes and phenomena that cannot be reduced to the operationalization of variables.⁶

This is a field research where we had as subjects six nurses working in care to child victims of sexual violence and are inserted in the chosen scenario. The setting was a public hospital facing children's area, located in São Gonçalo serving child victims of sexual violence.

As a collection data instrument we chose a set of interviews composed of open questions that were recorded in MP3 and later described in full. The interview was composed of the following questions: What is your role to the child victim of sexual violence? What strategies do you use the approach to child victims of sexual violence? What is your role

with the family of a child victim of sexual violence?

It is noteworthy that were met all ethical and legal issues related to research with human subjects contained in Resolution 196/96 National Health.⁷

Given that the educational institution to which this research is linked and the hospital, the scene of this research, do not have the Ethics Committee (CEP), request approval from an independent CEP, which in this case was the Anna Nery School of Nursing . The study was approved under protocol 059/2009.

Therefore, data collection only happened after that authorization. In addition, subjects were reserved the right to choose participation in research as well as they were informed about their anonymity, confidentiality of information and use of pseudonyms by signing the consent form. It should be noted that the subject was approached only by the researchers involved in this study and randomly chosen.

The subjects were randomly selected and invited to participate. They were covered in the midst of their work activities, where they were invited to participate in the study, through clarification of the study. We used a physical space more reserved and quiet drive, which will ensure the privacy of participants.

The completion of data collection occurred after the saturation of the lines, ie, from the time when the lines began to repeat itself, the collection was closed. The interpretation of the speeches given through the thematic analysis, because it consists in discovering the meaning cores that make a statement whose presence or frequency mean something to the analytical object used.⁶

The thematic analysis unfolds in three steps: 1) The pre-analysis, which includes the choice of documents to be analyzed, the resumption of the initial objectives of the research and development of indicators to guide the final interpretation. At the pre-analytical unit determines the registry (keyword or phrase), a unit of context (the context of understanding the boundaries of the register unit), the cuts, how to categorize the type of encoding and more general theoretical concepts to guide the analysis; 2) the exploration of the material, is essentially the transformation of raw data in order to reach the core of understanding the text. At this stage it is the clipping of text in log units as established in the pre-analysis, then pick up the rules for counting and subsequently carried out the classification and aggregation of data, choosing the theoretical categories

Tomás CMS, Benedicto IC, Furlan KV et al.

that will command the specification of subjects; 3) Treatment of results and interpretation: the raw results are subjected to statistical operations and thereafter carried out inferences and interpretations according to the theoretical study.⁶

It should be noted that all costs of research were defrayed by the authors of the paper, without any kind of burden for the institution and / or the research subjects.

RESULTS AND DISCUSSION

• Category 1 – Role of the nurse in relation to child and family: multidisciplinary approach

The first category expresses the role of nurses in relation to child victims of sexual violence with emphasis on joint work of the multidisciplinary health team. Analyzing the testimony, observed the tendency of subjects to report the need to interact with other professionals to care for victimized children. An interaction that shows that the sum with other professionals creates a more global, comprehensive, focused on the social, emotional and psychological, providing a better service, higher quality, as can be seen in the statements below:

In case of suspicion must ask the doctor's evaluation, because only those who may request notification, is chasing the doctor, the nurse does not have that autonomy is notifying by linking to juvenile court and chasing. [...] The conduct of the nurse is the first course and report on the prescription. [...] We try to work together with psychologists, social workers. [...] Rose

My role is to communicate the doctor, if she is not aware of sexual violence to contact social care to know what the involvement of the father and mother have a stable family and if they are drug users. Jasmine

Procedure assistance only if that agent does have a tear if the child has been abused beyond sexual violence agent will be doing healing. [...] Hydrangea

After being informed of a suspected sexual abuse, talk to the child, physical examination and to refer her to the pediatrician. Depending on the severity the doctor will request an opinion from a specialist. Lotos

Each team member has a different responsibility in the care, all acting together for the welfare of a child victim of sexual violence.

The multidisciplinary care should provide a potentiation of action of each professional and at the same time identify the role of each in various stages of care. So it is clear the

The role of the nurse in the service of child...

need for routine meetings to discuss team and the establishment of a reference system with an attention seeking quality and resolution.¹⁶

In this context we can identify the nurse tries to operate on all the needs of child victims of violence, from primary care, psychological support to children and families practicing a humanized, providing yet difficult at the moment of pain, a welfare the patient.

We emphasize the actions of the nurse as part of multidisciplinary team interventions, being developed in several stages of care, including: prevention, identification of cases, support to prevent recurrence of the case, the child health promotion, training of staff and students, and health education of the family.¹⁷

As can be seen in the following statements:

Seeking to identify their major problems such as momentary fear, pain, anguish, frustration, disappointment ... finally. Looking at the whole child, not just his bad, then practice the humanization itself as in the general context. Daisy

Assess the child, identify, add stories, history, chat, [...] Victoria Regia

[...] The role of a nurse is more focused on the psychological side and more with children than with their own family. Hydrangea

The availability of an interdisciplinary team to ensure the medical, psychological and social support for victims and their families is an important measure to ensure the right to adequate assistance.

It is clear that performance of the nurse encompasses several actions in attendance, however, some interventions are the responsibility of other professionals, such as notification that it is the responsibility of the physician, however, we must emphasize that not only is the medical professional who can make the notification, when it does not, or when responsible for the health facility, the nurse also has the autonomy to make it, as is usually the first to identify what happened.

According to ECA (Child and Adolescent Statute)⁸ the notification is mandatory, and professionals who refuse will be subject to legal penalties, as can be seen in the following articles:

Article 13 - Cases of suspected or confirmed abuse against the child or adolescent must be notified to the Council of Guardianship of the respective locality, without prejudice to other legal measures.

Article 245 - Leave a doctor, teacher or responsible for establishing health care and basic education, preschool and kindergarten,

Tomás CMS, Benedicto IC, Furlan KV et al.

The role of the nurse in the service of child...

communicate to the competent authority becomes aware that cases involving suspected or confirmed abuse against the child or teenager.

When we arrived at the end of this category realize that nurses' actions to the child victim of sexual violence are directly linked to performance of other professionals. The action in these cases should be multidisciplinary, with the performance of the team as a whole, each in its role, working in an interactive way, favoring the rapid recovery of the child victim.

The valuation of joint actions is of paramount importance for providing a suitable support, where efforts are not directed only to the physical examination and diagnosis, but also the emotional and psychological support for the well being of children.

Category 2 – The strategies used by nurses: Approximation as a therapeutic method

In this category demonstrate the performance of the nurse to the child victim of sexual violence with emphasis on the approach as a therapeutic method. One of the trends found in the statements of the subjects, demonstrates that the treatment of child victims of sexual violence must be humanized, the approach of the nurse with the child should be as harmonious as possible, trying to make the child more confident. The approach to the family is also important in order to know the real facts, avoiding its recurrence of the same. As can be seen in the statements below:

[...] we will create a link to try to get answers to this child, if she feels confident she might speak [...] Rose

I always come talking, joking and trying to create a bond with the child so the child can rely on me so I can talk and she tells me things that are happening that she feels it what she is thinking because if you do not is how to help. [...] Hydrangea

The first contact is the key after all that's where the child will trust in you or not. Talk about what she does for fun, where she plays, which the design / favorite color, or things which you establish verbal contact with it, then seek to identify the causes and the cause of the violence itself [...] Daisy

Use toys to distract the child so she can feel relaxed and not use a lot of pressure to feel confident in describing the possible violence. Lotos

Talking to children and families. Family history [...] His parents and living with relatives, neighbors. Victoria Regia

By treating the family of a child victim of sexual violence, the professional should have a welcoming attitude, non-judgmental and non-punitive, even if the offender is present. Such behavior aims to avoid negative reactions or more suffering to children and their families, besides providing trust, thus facilitating the assessment of the situation and planning for follow-up, most likely to access.¹⁸

The nurses surveyed reported that sexual abuse is something traumatic in the life of a child and that to approach it is essential to seek a climate of trust and respect for the difficult situation the same now.

The approach should be careful, trying not to cause more suffering to the victim or the family, who are already highly sensitized by the pain of the trauma.^{23;19}

The child needs to recognize the staff, friendly people, who are there to take care of them and not mistreat them.

However, as can be identified in the following quote, the approach to Jasmine should not occur to her that approach is seen as bad, though she does not put the child victim of sexual violence as one more case, says it should be treated seriously and commitment of the nurse, trying to act in ways that minimize the recurrence of the event.

[...] We do not seek to have closer ties with the child agent seeks to raise awareness that there is a child no longer an agent seeks to improve this statistic to decrease violence [...] Jasmine

According to the literature, in the vicinity, care acquires significant dimensions, because the exchange and sharing of emotions and feelings. The bonding occurs through an act of listening; dialogue enables children to acquire confidence in who cares. A relationship can start with the first contact and first contact. Bonding means speak of the essence of human life in the sense that human beings relate and links to other people, being happy and suffering as a result of these inter-relationships.^{24; 20}

Nurses, most of them, had great discomfort when talking about the subject, emphasizing the technical care, as a way to prevent yourself from reprisals, since the institution is free to everyone.

Nursing is a profession in which there is a great worker emotional exhaustion due to constant interaction with sick beings, often accompanied by pain and suffering of abuse.²¹

This is due to the fact that nursing is the area where professionals are in greater

Tomás CMS, Benedicto IC, Furlan KV et al.

contact with patients and their families, since these individuals constantly remain in prolonged contact with their caregivers.²²

So many times, the nursing staff feels the trauma of the patient as if it were someone in your family. As a consequence, the suffering they experienced is similar to someone they love very much.

We know that the suffering of child victims of sexual violence may reveal the professional feelings not previously experienced, but we believe that even with the contrasts of feeling, although it is difficult, the professional should succinctly stimulating approach, so you can establish a greater contact with, both verbal and nonverbal, so you can reap the greatest number of information, providing the most effective treatment.

Nursing before that time should help the child and family, because it requires care, support and comfort.²²

Actions must be drawn aiming to provide a less painful experience to the family, as can be seen in the statements below:

[...] The really side of the nurse is care for any psychological counseling. [...] See how the child is, the more the psychological part of it, loving attention to the game one way or another you have to help the child overcome the trauma that is going to be traumatic for any child is then more attention. Hydrangea

Agent tries to find out how the social problem of them during the visit agent asks the parents if they live well if they have a social life centered there and this agent will liaising things agent asks what happened to this child in this situation and through this examination of agent determines that the child actually suffered such violence agent will make a connection between one thing and other [...] Jasmine

[...] First establish trust [...] Daisy
Psychological support and assistance in referral to the pediatrician, social assistance and advice. Lotos

Identify the normal process among family members. Anamnesis. Search well to let the child will talk to the child and family; communicate the fact to the competent organization assumed. Engage the child protection agency. Making identify, has causes, and what caused it and is fixed. Victoria regia

The child, to feel loved improves their self-esteem and personal worth. When we understand what a child feels she has a sense of security, even when he cannot speak.²³

Currently, the care provided to children, parents and family members are present

The role of the nurse in the service of child...

which is very important for child care. The family is fundamental, because, besides being the first social nucleus in which the child is inserted, it is that children have their first relationships, develops affection and get security.²⁴

In terms of family care of a child victim of sexual violence, nursing must identify what the family needs care to face that moment of sadness. It is noteworthy that deal with the reactions of the families that experimentation trauma of sexual abuse against children requires a comprehensive assistance of the nurse. The focus of care should not be directed only to the child, because in this case could not meet the demands of family, especially to expose your feelings.²⁵

Nursing, especially before this time, should help the family, because it requires care, support and comfort. Actions must be drawn aiming to provide a less painful experience to the family.²⁵

The contact, work / family, occurs slowly and carefully, since for many times the offender is part of the family, and those who are directly involved with the child suffer from, preferring to remain silent, as is seen in the following quote:

Contact with family is complicated because a mother will feel very guilty for letting it happen, then contact the family together is to create a link, talk, move to her that she does not blame [...] Rose

Attention to family is also very important, when this relationship is positive with the family provides the child greater security. A family with attention, love and affection increase the chances of the child feel supported to overcome this difficult situation.

It is essential that nurses advise the family of the child to deal with a difficult situation such as child sexual abuse. This should be explained that when the child is the presence of the family, she feels safer.²⁶

In severe or difficult the existence of people giving support during the process of overcoming the problems helps reduce your impact on children.²⁶

As we finish this category, we understand that the approach does not occur easier and much less in the first contact, there are barriers that must be transfixed, however it is clear which is the best option for a more comprehensive therapeutic care.

The approach is the best way to attain a bond of trust with the child victim and family, who are at this moment of pain, totally vulnerable. Only through this contact that nurses can decipher answers that are hidden

at first sight, but with which confidence can be achieved.

CONCLUSION

This study provided us with reflections on the role of nurses, child victims of sexual violence, making us recognize that this issue is very complex and has deep roots in the social, political and economic, which affects society as a whole, marking the victimized children and their families forever.

We can consider that the objective was reached, and found that the multidisciplinary interaction promotes better recovery for child victims of abuse, the approach, although difficult, and full of care is the best option to achieve a therapeutic treatment that is not geared care only to injuries, and it's not worth treating only the child victim, their families also need psychological support, encouragement, and above all, trust the team for which is being serviced.

Nurses should adopt a welcoming attitude, where listen and share with other professionals for possible solutions to the problems presented to it.

For a better development of nursing actions, professional liability, perception and continuity of care is of paramount importance, as well as the vision of integration and equality proposed by SUS.

Child sexual abuse can be avoided since the health care, education, police; government officials know how to recognize signs suggestive and do work together, reducing cases and preventing relapses.

We emphasize that the need to add a precautionary approach in the curricula of health professionals during graduation, preparing professionals still in educational institutions for abuses against children, outlining the facts underlying the cases of sexual abuse, epidemiology, causes and consequences related this type of violence.

These are important efforts to encourage students to develop awareness of social forces that affect the life and health and awakening recognition of their role in the community who opposes violence.

Finally, we point out the ECA as the best instrument for constant consultation wards, emergency, and outpatient clinics that serve children, permeating clarification of the rights of children, supporting the work of professionals and having the responsibility and duty to notify the act, pointing out the feathers imposed on those who choose the omission before the suspected and confirmed cases.

REFERENCES

1. Gonçalves HS. Infância e violência no Brasil. Rev bras ci soc [Internet]. 2010 Dec [cited 2011 Dec 20];2(9):223-26. Available from:http://www.rbhcs.com/index_arquivos/Resenha.Viol%C3%Aanciacontraacrian%C3%A7a.pdf
2. Silva LL, Coelho EBS, Caponi SNC. Violência silenciosa: violência psicológica como condição da violência física doméstica. Interface comun saúde educ [Internet]. 2007 Jan [cited 2012 Mar 20]; 11 (21): 10. Available from:<http://www.scielo.br/pdf/icse/v11n21/v11n21a09.pdf>
3. Monteiro CFS, et al. Violência sexual contra a criança no meio intrafamiliar atendidos no SAMVVIS, Teresina, PI. Rev bras enferm [Internet]. 2008 July [cited 2012 Mar 15]; 61(4): 459-63. Available from:<http://www.scielo.br/pdf/reben/v61n4/10.pdf>
4. Souza MKB. Santana, JSS. Concepções de Enfermeiros Gestores Municipais de Saúde sobre a violência. Rev enferm UERJ [Internet]. 2007 Jan. [cited 2011 Dec 15];15(1):94-99. Available from:<http://www.facenf.uerj.br/v15n1/v15n1a15.pdf>
5. Barros AJS, Lehfeld NAS. Fundamento de metodologia científica - um guia para a iniciação científica. 2º ed. São Paulo: Pearson Makron Books; 2007.70.
6. Minayo MCS. Pesquisa social: teoria, método e criatividade. 15. ed. Petrópolis: Vozes; 2000.
7. Brasil. Conselho Nacional de Saúde. Resolução nº196 de 10 de outubro de 1996. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF): Ministério da Saúde; 1996
8. Brasil. Ministério da Justiça. Estatuto da Criança e do Adolescente. Lei Federal 8.069/1990. Brasília; 1990.
9. Souza CM, Adesse L. Violência sexual no Brasil; perspectiva e desafios. Secretaria Especial de Políticas para mulheres. Brasília, (DF); 2005.
10. Santana JSS. Saúde-doença no cotidiano de meninos e meninas de rua: ampliado o agir da enfermagem, 1998. Tese (Doutorado em Enfermagem) - Escola de Enfermagem Anna Nery. Universidade do Estado do Rio de Janeiro, Rio de Janeiro; 1998.
11. Souza LJEX, Rodrigues AKC, Barroso MGT. A família vivenciando o acidente do doméstico: relato de uma experiência. Rev

Tomás CMS, Benedicto IC, Furlan KV et al.

The role of the nurse in the service of child...

latino-am enferm [Internet]. 2000 Jan [cited 2011 Nov 22];8(1):83-9. Available from: <http://www.scielo.br/pdf/rlae/v8n1/12438.pdf>

12. Algeri S. A violência infantil na perspectiva do enfermeiro: uma questão de saúde e educação. Rev gaúcha enferm [Internet]. 2005 Dec [cited 2011 Oct 15];26(3):308-15. Available from: <http://www.lume.ufrgs.br/bitstream/handle/10183/23551/000560652.pdf?sequence=1>

13. Brasil. Ministério da saúde. Conselho federal de enfermagem, resolução 240. Aug; 2000.

14. Brasil. Constituição da República Federativa do Brasil de 1988. Brasília (DF): Senado; 2006.

15. Cunha JM. Atendimento às crianças e adolescentes vítimas de violência doméstica: impasses e desafios, 1998. Dissertação (Mestrado em enfermagem) - Instituto Fernandes Figueira. Fundação Oswaldo Cruz. Rio de Janeiro; 1998.

16. Silva MCM, Silva LMP. Guia de Assistência Integral a Saúde da Criança e do Adolescente em situação de violência: abordagem multidisciplinar. Recife, 2003 [cited 2011 Dec 11]. Available from: http://www.ccms.saude.gov.br/sociedadeviv/a/itinerancia/recife/Guia_Assistencia_Integral.pdf

17. Pierantoni LMM. Caminhos do protetor da criança em situação de violência: subsídios para ação da enfermagem na equipe de saúde. 2007. Dissertação (Mestrado em Enfermagem)- Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro, Rio de Janeiro, 2007.

18. Ferreira AL. Acompanhamento das crianças vítimas de violência: desafios para o pediatra. J pediatr [Internet]. 2005 [cited 2011 Oct 20];1(5):173-180. Available from: <http://www.scielo.br/pdf/jped/v81n5s0/v81n5Sa07.pdf>

19. Sociedade Brasileira de pediatria. Guia de atuação frente a maus-tratos na infância e adolescência. 2 ed. Rio de Janeiro: SBP;2001.

20. Pedro ENR, Funghetto SS. Concepções de cuidado para cuidadores: um estudo com a criança hospitalizada com câncer. Revista gaúch enferm [Internet]. 2005 Aug [cited 2012 Apr 18];26(2):210-9. Available from: <http://www.lume.ufrgs.br/bitstream/handle/10183/23627/000710036.pdf?sequence=1>

21. Baggio MA. O significado de cuidado para profissionais da equipe de enfermagem. Rev eletrônica enferm [Internet]. 2006 May [cited 2011 Nov 22];08(1):9-16. Available from:

<http://www.revistas.ufg.br/index.php/fen/article/view/949/1164>

22. Shimizu HE. Como os trabalhadores de enfermagem enfrentam o processo de morte. Rev bras enferm [Internet]. 2007 May [cited 2011 Dec 15];60(3):257-62. Available from: <http://www.scielo.br/pdf/reben/v60n3/a02.pdf>

23. Oliveira TJ. O cuidar de enfermagem a criança vítima de violência intra-familiar: uma análise fenomenológica. 2004. Dissertação (Mestrado de enfermagem) - Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro, Rio de Janeiro, 2004.

24. Dias SMZ, Motta MGC. Processo de cuidar a criança hospitalizada e família: percepção de enfermeiras. Rev gaúch enferm [Internet]. 2006 Dec [cited 2011 Nov 15];27(4):575-82. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/4643/2559>

25. Poles K, Bousso RS. Compartilhando o processo de morte com a família: a experiência da enfermeira na UTI pediátrica. Rev latinoam enferm [Internet]. 2006 Mar [cited 2011 Nov 15];14(2): 2007-13. Available from: <http://www.scielo.br/pdf/rlae/v14n2/v14n2a09.pdf>

26. Assis SG, Pesce RC, Avanci JQ, Njaine K. Por que é importante ajudar os filhos a “dar a volta” por cima? Conversando com pais de crianças e adolescentes sobre dificuldade da vida. Rio de Janeiro: Fiocruz, 2006 [cited 2011 Dec 11]. Available from: http://www4.ensp.fiocruz.br/eventos_novo/ados/arq6840.pdf

Tomás CMS, Benedicto IC, Furlan KV et al.

The role of the nurse in the service of child...

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