ABSTRACT

Objective: to analyze the evidence in the scientific literature about the assistance provided by nurses who work in the family health strategy to children who suffer abuse. Method: Integrative review carried out in the following databases: Web of Science, Embase, Latin American and Caribbean Literature in Health Sciences, Cumulative Index to Nursing and Allied Health Literature and Medical Literature and Retrieval Online System, from March to May of 2021. Results: Eight studies were selected that emerged in the following categories: knowledge of nurses’ professional practice in cases of child violence; nurses’ unpreparedness and lack of protection regarding decision-making in cases of violence and difficulties faced by nurses in primary health care through the referral of cases of violence. Conclusion: The nurses’ lack of care preparation is identified by the absence of a standard operational protocol to guide the assistance to children who are victims of child violence.

DESCRIPTORS: Nursing care; Family health strategy; Humanization of assistance; Child abuse; Violence.

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INTRODUCTION

According to the World Health Organization (WHO), violence against children is defined as any form of emotional and/or physical maltreatment, sexual abuse and/or exploitation, neglect or other forms of exploitation that may result in potential or actual harm to children’s health.¹

In the Brazilian context, in 2020, child violence faced an important historical milestone, the 30th anniversary of the Statute of the Child and Adolescent (ECA),² which established an unprecedented standard of policies directed to childhood and adolescence. Among other innovations, it is worth highlighting the municipalization of the policy of direct care and the hierarchization of the judicial function, through the Council of Guardianship, charged by society with ensuring compliance with the rights of children and adolescents.³

In constant evolution and guaranteeing new rights, especially to child violence, the ECA brought significant inferences such as: the Menino Bernardo Law of 2014 with the prohibition of punishment and physical maltreatment, sexual abuse and/or exploitation, neglect or other forms of exploitation that may result in potential or actual harm to children’s health.¹

Considering the complexity of this issue, it is important to emphasize that well-defined strategies, with the participation of health professionals, are necessary to confront it. Thus, the role of nurses is highlighted, who must be aware of the objective and subjective signs, as well as the emotional issues that must be included in the systematization of care, leading to humanization and quality of nursing care.⁴

However, although it is a privileged space for identification, welcoming, anamnesis, psycho-emotional support, compulsory notification, and referral to the competent bodies, the Unified Health System (SUS) service network still coexists directly with the complex issues related to child violence, whether in its recognition, the skills and abilities of nursing professionals facing this crime, with gaps regarding the interventions provided, underreporting, as well as the shortage of nurses trained to deal with violence against children and adolescents.⁵

Given these meanings and the importance of nursing care for children in situations of violence, the nurses who work in the Family Health Strategy (FHS), as it is the gateway to the SUS, must base their knowledge in order to understand and act in providing integrated and effective care in this realistic and complex situation, with the need for this theme to be addressed in higher education. Thus, the present study aims to analyze in the scientific literature the evidence on the assistance of nurses who work in the family health strategy to children who suffer abuse.
METHOD

This is an integrative literature review that followed the following steps: I) delineation of the problem and research objective; II) search in platforms/databases; III) definition of inclusion and exclusion criteria; IV) analysis of articles; V) extraction of data of interest; VI) presentation and discussion of results.6

The research protocol was registered in April 2021 in the Figsshare repository7 under the address: https://doi.org/10.6084/m9.figshare.14428169.v3

The research question was defined using the PICO (acronym for Patient- Intervention- Comparison- Outcomes) strategy,8 to describe the following elements: P (population) children suffering maltreatment; I (intervention) nursing care; C (comparison) not applicable in this study and O (outcome) humanized assistance in child violence care. Thus, the guiding question was: What is the available evidence on the care given by nurses working in the Family Health Strategy to children who suffer abuse?

The inclusion criteria were primary articles available in English, Portuguese and Spanish in the last 10 years, between March 2011 and March 2021, regardless of the types of design that discussed the theme of nurses working in the Family Health Strategy in relation to children who suffer abuse, except for literature review studies and editorials, response letters, among others.

The search for primary studies was carried out on April 9, 2021 in the databases, through the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) and the Biblioteca Virtual em Saúde (BVS); Web of Science (WOS); Embase (Elsevier); Latin American and Caribbean Literature on Health Sciences (LILACS); Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Medical Literature and Retrivial System onLine (MEDLINE). For this purpose, the following controlled descriptors were used: Health Sciences Descriptors (DeCS), Medical Subject Headings (MeSH) which was used in WOS for not having its own vocabulary, EMTREE, and CINAHL Headings according to each database, using of the combinations and the Boolean operator represented by the connector term “AND”, as shown in Chart 1.

For each search in the databases, an export file was generated for the EndNote x9 reference manager, online version, for the inclusion and exclusion criteria previously cited by the authors, which were identified after crossing the elements of the PICO strategy.

In addition, the web application Rayyan Systems Inc. was used, which helps researchers in the selection of studies, giving a support in methods of systematic reviews, in an agile and effective way by blinding the researchers that will be linked to the process of selection of articles.9

The selection procedure of the primary studies was carried out independently by two researchers, and a script was prepared for data extraction containing the following variables: title, author(s), year, country, objective(s), study design, main results and level of evidence.

The selected studies were classified, following Fineout-Overholt and Stillwell’s reference bringing three classifications of clinical questions, as follows: I) Intervention/Treatment or Diagnosis/ Diagnostic Test; II) Prognosis/Prediction or Etiology; and III) Significance, which were used to classify the level of evidence.10

To present the selection path of the studies, we used the flowchart proposed by the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA),11 as shown in Figure 1.

RESULTS

A total of 1704 scientific publications were found in the databases, of which 333 were duplicate records and 42 were removed because they were studies, thus 1329 articles were selected. Of these, 1282 articles were excluded, which did not meet the inclusion criteria, and 47 were selected for eligibility, in which 38 were not included because they were tertiary care articles and because they addressed the work of professionals from other specialties.

The synthesis of the studies included in the integrative review is shown in Chart 2. Of the eight studies included, two

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**Chart 1** - Databases selected for the search of primary, descriptor, and controlled studies. Alfenas, MG, Brazil, 2021

<table>
<thead>
<tr>
<th>Database</th>
<th>Cross-referencing by Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web of Science*</td>
<td>Child Abuse “AND”; Family Health Strategy “AND”; Humanization of Assistance “AND”; Nursing Care; “AND”; Violence.</td>
</tr>
<tr>
<td>LILACS (English)</td>
<td>Child Abuse “AND”; Family Health Strategy “AND”; Humanization of Assistance “AND”; Nursing Care; “AND”; Violence.</td>
</tr>
</tbody>
</table>

Source: created by the authors, 2021. *Used Mesh in WOS as it does not have its own vocabulary.
were published in 2012, three in 2013, and one each in 2016, 2017, 2020, and 2021. All publications were conducted in Brazil, and eight are of a qualitative nature and one of a quantitative nature. Regarding the type of clinical question (significance), the eight studies selected were classified as to level of evidence, with three articles being level II, four level III, and one level IV.

The primary studies were grouped according to the following categories, which will be discussed as follows: I) Knowledge of the professional practice of nurses in cases of child violence; II) Lack of preparation and unprotection of nurses regarding decision making when facing cases of child violence and III) Difficulties faced by primary health care nurses upon referral of cases of child violence.

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**Figure 1** – Prism Flowchart according to Page, McKenzie, Bossuyt, Boutron, Hoffmann, Mulrow, et al. (2020)
Chart 2 – Description of the articles selected for the integrative review, Alfenas, MG, Brazil, 2021

<table>
<thead>
<tr>
<th>Authors/Year</th>
<th>Study design</th>
<th>Results</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ávila JM., Oliveira AM.N., Silva, PA, 2012</td>
<td>Exploratory, descriptive, qualitative research</td>
<td>The professionals feel unprepared, unprotected and disappointed in relation to the measures taken to confirm or not the cases of suspected sexual abuse. It is also noteworthy that there is no protocol of care for victims that supports the professionals.</td>
<td>III</td>
</tr>
<tr>
<td>Bezerra, KP; Monteiro, AI, 2012</td>
<td>Qualitative descriptive and exploratory research</td>
<td>The fear of reprisals from the aggressor, the work overload, the lack of support from managers, and the difficulty to materialize interdisciplinarity, intersectoriality, and integrality of care were mentioned as barriers to face the problem.</td>
<td>III</td>
</tr>
<tr>
<td>Souza, RG, Santos, DV, 2013</td>
<td>Exploratory, descriptive, with qualitative approach</td>
<td>The results show that the nurses who work in the ESF show difficulties in the assistance and management of care to children victims of violence.</td>
<td>III</td>
</tr>
<tr>
<td>Apostólico, MR, Hino, P, Egry, EY, 2013</td>
<td>Descriptive, qualitative, case study type</td>
<td>The results presented alarming limits regarding the recognition of needs and vulnerabilities that involve the phenomenon of violence</td>
<td>III</td>
</tr>
<tr>
<td>Araújo, AS et al. 2013</td>
<td>Qualitative study</td>
<td>They highlight the non-identification of violence as a nurse’s problem, the denouncements and notifications as a nurse’s function, and the limits encountered when faced with situations of violence.</td>
<td>II</td>
</tr>
<tr>
<td>Leite, JT. et al. 2016</td>
<td>Qualitative approach</td>
<td>Two thematic cores emerged: “Public policies identified by nurses” and “Nurses’ actions in the face of violence permeated by fears and conflicts”.</td>
<td>II</td>
</tr>
<tr>
<td>Galindo, NA, L. et al. 2017</td>
<td>A descriptive and exploratory study, with a qualitative approach</td>
<td>Nurses do not feel qualified to deal with violence and report the existence of numerous difficulties in facing it. It is also noted a great resistance of these professionals to make the notification, mainly for fear of reprisals.</td>
<td>III</td>
</tr>
<tr>
<td>Marques, DO. et al. 2021</td>
<td>This is a quantitative, descriptive, cross-sectional study</td>
<td>It was observed that, among the nursing professionals who studied, that 59.5% had never used cases of violence against children or adolescents and only 11.6% had notified some situation of violence involving children and adolescents during the period of professional practice. It was observed, among the notifications, or the predominance of situations of physical violence (35.0%) by nurses and neglect/abandonment (60.0%) by nursing technicians.</td>
<td>IV</td>
</tr>
</tbody>
</table>

Source: Created by the authors, 2021.

**DISCUSSION**

1) Knowledge of the professional practice of nurses in cases of child violence

Violence against children is a difficult reality to be managed by nurses in their daily work, and it is necessary to perform their care, education, and research practices, in order to form a deeper and more lasting bond with the patient, which provides an interpersonal interaction that facilitates obtaining details that can interrupt the cycle of violence. Therefore, the nurse, when facing situations of intrafamily violence against the child, has the character of coordinating actions, always being articulated to the whole team, decentralizing and articulating the intervention.\(^{12-13}\)

Based on these definitions, it is considered that sexual abuse against children and adolescents is not limited only to the care of physical wounds, but includes specific knowledge that allows managing this problem in a safer and more qualified manner, that is, the need for training the health team.\(^{12}\)

Regarding Primary Health Care (PHC), the professionals’ attitude is limited, in most cases, to monitoring victims of violence and their families. However, regarding prevention and health promotion, one should pay attention to health education, which is one of the essential functions of nurses, and should be valued for the possibility of changing the way of life and health of the community.\(^{13-14}\)

Nurses are essential for the identification of cases of childhood violence in PHC, from observing behavioral changes in
children, such as isolation or agitation, being aware of all the characteristics that the child is being violated, to the development of early actions against violence, as well as having a keen clinical eye to demystify violence against this public that is becoming increasingly neglected due to lack of professional training and failures in the referral to the competent bodies.\textsuperscript{15}

Systematized assistance in the context of nursing care can be obtained by the nursing consultation, through the close relationship between the user and the professional, which can cause changes in the child's family and community epidemiology. However, even though violence is a problem experienced by nurses, they are not prepared to recognize signs of violence and neglect. For an effective and quality assistance, it is essential to build specific diagnoses for each type of situation of violence suffered by children and how to act in relation to this child, family, and aggressor.\textsuperscript{16}

Thus, the importance of nurses acting in strategies directed to the whole population in an effort to reduce the incidence and prevalence of cases of violence is emphasized, such as care actions developed during consultations for monitoring child growth and development, i.e., in the FHS office, being able to identify mistreatment and promote the centralization of the service in this space.\textsuperscript{14}

It becomes emergent to address the training of nursing professionals on violence against children and adolescents, which many have no knowledge about how to handle the mandatory notification form and its recording during their work in PHC services, emphasizing that the main violence identified in these services were about physical violence and neglect and/or abandonment.\textsuperscript{17}

Therefore, it is essential that these professionals are familiar with the care and attention related to cases of violence, as well as being trained for the care, such as training courses, continuing education, in order to raise their awareness about child violence. Furthermore, it is emphasized the importance of inserting curricular content about violence in undergraduate courses.\textsuperscript{17}

II) Lack of preparation and lack of protection of nurses regarding the decision making process in cases of child violence

The contact with situations that generate suffering, possible risks, personal insecurity and insecurity in the units, as well as the feeling of impotence when facing the lack of immediate solutions, regarding child violence, generate frustration and a series of questions about the problem. This is a challenging issue in the daily life of nurses, who start to feel impotent with the care provided and do not consider themselves able to perform such action, especially because in many cases there is no punishment for the aggressors, thus the professionals end up intervening in a discrete and unspecified way, denying the attention that should be directed to the cases detected and the prevention of recurrence.\textsuperscript{12–13–14}

The problems that stand out as impediments to the development of actions for the prevention of family violence against children are: the professional unpreparedness in the identification of cases, the lack of institutional support, the non-recognition of violence as a health problem, the fear and insecurity to intervene in a violent situation, the work overload faced by professionals, and the feelings of impotence and trivialization of violence.\textsuperscript{13–14}

As a result, nurses believe that it is necessary to create systematic opportunities for discussion, sensitization, and training that provide support to the team to expose and elaborate their feelings and reactions, being equipped to record these cases with accuracy and richness of details, which facilitates the work of the social support network, pointing to a greater resoluteness of the problem and, especially, speeding up the removal of the victim from the situation of violence quickly when assisting victims of sexual abuse.\textsuperscript{12}

Some nurses reported fear of conflict, an intense emotional burden, and feelings of insecurity regarding the lack of protection in cases of denunciations. There are reports that after referral to the Guardianship Council, these professionals do not know what the outcome was. Usually the nurses feel intimidated by the perpetrator of the violence and suffer threats from the victim's own family, which makes them not to report these cases because they feel helpless to deal with domestic violence.\textsuperscript{18}

The nurses who work in PHC do not feel qualified for the care of cases of child violence due to lack of training regarding the assistance provided; however, it is clear that there are several failures in this care, ranging from failures in filling out the notification form, the fear of nursing professionals in the fear of dealing not only with the victim, but with the main aggressor, bringing feelings of fear and insecurity when facing this issue.\textsuperscript{15}

III) Difficulties faced by PHC nurses when referring cases of child violence

M Many are the obstacles encountered in the daily life of the FHS that pose challenges to be discussed by users, managers, and professionals, in order to seek integrated political and social strategies capable of building an effective care network, with the need to consider from the micro to the macrosystem, i.e., the family, the school, the community, the social support network, and the health policies aimed at the cases of violence against children and adolescents, being intersectorial and multiprofessional, with an interdisciplinary and even transdisciplinary focus, and that aims at effective actions for the promotion of family health in situations of child violence.\textsuperscript{12–14}

In contrast, in the public network, regarding the cases of sexual abuse, there seems to be no room for reflections, discussions, and creation of new projects to change this scenario, due to several factors, such as, for example, a large part of the professionals not receiving adequate training to intervene in cases of sexual abuse against children, or even a lack of institutional resources, as well as, In this aspect, we can also highlight the fact that, many times, the victim facing the dilemma of denouncing and facing the consequences of her act prefers to keep silent or even withdraw the complaint due to the pressure and lack of family support, leading to the disappointment of the professionals involved, reaffirming their powerlessness in the face of this problem.\textsuperscript{12}

The lack of dialogue with child protection institutions restricts the approach, referral, and assistance offered to the victims, in
addition to the articulation of preventive measures with the community and families, making it difficult for nurses to work in the FHS, because they are not able to solve the problem of violence alone. Thus, the collaboration of the education, social service, executive, legislative, and judiciary sectors, in short, of the entire civil society, is necessary, when the goal is to eliminate child violence, especially when this is a problem that manifests itself in the family, a space where love, affection, respect, and understanding should prevail in child care.12–14

From this perspective, it is essential to rethink the attitude of professionals in PHC, limited, in most cases, to monitoring victims of violence and their families, pointing out the need for nurses to know about these issues since their training in order to reduce these obstacles.12–14

When identifying cases of violence, nurses are responsible for notifying, forwarding, and denouncing, but problems related to not knowing the flow of notifications are routine, and in other cases, when notification occurs, nurses do not perform prevention or intervention actions in the case of social violence. In view of this, the main limitation found is the lack of professional training, showing several times difficulties in reporting cases to the competent bodies and acting in the process of confrontation against violence.19

CONCLUDING REMARKS

This study allowed us to analyze that in the scientific literature, the evidence on the assistance of nurses who work in the family health strategy to children who suffer abuse are related to the deficit of knowledge of professional practice in cases of child violence, the unpreparedness and lack of protection regarding decision making in cases of violence, and the difficulties faced when referring cases of child violence.

The limitations of the study were configured by the lack of decision making of nurses who work in the FHS to children victims of violence. Such difficulty may be due to the lack of preparation, referral and training necessary for a specialized care to this public. Studies in other languages show a lack of approach of nurses to know about these issues since their training in order to reduce these obstacles.12–14

The gaps in knowledge found were the lack of studies focused on the care provided by nurses to child victims of violence in primary care, suggesting new studies that address the construction and validation of a standard operating protocol to guide the assistance of nurses in the FHS in cases of child violence, emphasizing that it will provide specialized care, as well as studies of educational interventions to train them who work not only in primary health care, but also in secondary and tertiary care.

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REFERENCES


The performance of nurses in the family health strategy for children suffering maltreatment: an integrative review


