RESEARCH

AGGRESSION INFLICTED ON AN ADOLESCENT RESULTANT: IMBALANCE IN BASIC HUMAN NEEDS

ADOLESCENTE VÍTIMA DE AGRESSÃO: DESEQUILÍBRIO NAS NECESSIDADES HUMANAS BÁSICAS

UNA ADOLESCENTE VÍCTIMA DE AGRESIÓN: DESEQUILIBRIO EN LAS NECESIDADES HUMANAS BÁSICAS

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ABSTRACT

Objective: Describe the basic human needs affected in a female adolescent after assault with a sharp object. **Method:** The analytical framework was based on the theory of Basic Human Needs. Data were collected at a teaching hospital in Campo Grande, Mato Grosso do Sul state, Brazil, using a specially designed instrument, and drawn from medical records. **Results:** The psychophysiological needs affected by the event were oxygenation, hydration, nutrition, and cutaneous-mucosal integrity. The affected psychosocial needs were low education, low income, lack of access to information about prevention and health promotion, and social and family difficulties. The victim's search for spiritual balance after the act of aggression was attributed to impact on a psychospiritual need. **Conclusion:** Imbalances in human life caused by aggression and violence are also an object of nursing care. **Descriptors:** Adolescent behavior, Nursing theory, Violence, Nursing assistance.

RESUMO

Objetivo Descrever as necessidades humanas básicas afetadas em uma adolescente vitimada por agressão por arma branca. **Método**: O referencial de análise foi a teoria das Necessidades Humanas Básicas . Os dados foram coletados em um hospital-escola de Campo Grande, MS, utilizando um instrumento especialmente elaborado, assim como o prontuário.**Resultados:** As necessidades psicobiológicas afetadas foram oxigenação, hidratação, nutrição e integridade cutâneo-mucosa. As psicossociais foram baixa escolaridade, baixa renda, falta de acesso a informações sobre prevenção e promoção à saúde e dificuldades familiares e sociais. Quanto às necessidades psicoespirituais, constatou-se na pós-vitimização a busca pelo equilíbrio espiritual**. Conclusão**: Os desequilíbrios na vida humana ocasionados por agressões e violências também constituem objeto do trabalho de enfermagem. **Descritores:** Comportamento do adolescente, Teoria de enfermagem, Violência, Assistência de enfermagem.

RESUMEN

Objetivo: Describir las necesidades humanas básicas afectadas en una adolescente víctima de agresión con arma blanca. El marco referencial de análisis fue la teoría de las Necesidades Humanas Básicas. **Método:** Se recabaron datos en un hospital escuela de Campo Grande, MS, Brasil, con un instrumento especialmente elaborado, así como otros de la historia clínica. **Resultados:** Las necesidades psicobiológicas afectadas fueron la oxigenación, la hidratación, la nutrición y la integridad cutáneo-mucosa. Las psicosociales fueron la baja escolaridad y escasa renta, la falta de acceso a la información sobre prevención y promoción de la salud y dificultades familiares y sociales. Sobre las necesidades psicoespirituales,se constató, luego de la victimización, una búsqueda de equilibrio espiritual. **Conclusión**: Los desequilibrios en la vida humana ocasionados por agresiones y violencia también forman parte del trabajo de enfermería. **Descriptores:** Comportamiento del adolescente, Teoría de enfermería, Violencia, Asistencia de enfermería.

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INTRODUCTION

According to the World Health Organization, violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation."[1]

Other authors consider that "violence is a specific social, historical phenomenon, related to conditions and which has roots and forms in everyday interpersonal relations".[2]

From the 1990s, violence began to be discussed by the health sector, given its outbreak in epidemiological indexes that began to be recorded and investigated by researchers, as well as making up a large part of highly-complex health care.[3-4]

Since then, this scenario has required increasingly massive investments of financial resources to high and medium complexity sectors, in response to a clientele composed mostly of adolescents and young adults.

When confronted with adolescents in situations of violence, health teams of different levels of complexity must apply biomedical care using efficient operating procedures to minimize this hazard to health.[5]

Due to the large social and psycho-emotional transformations involved in adolescence, exposure to violent events often happens on a daily basis, making it a priority to consider the needs of this age group in developing a congruent nursing care.[6]

The nursing team, as health team participants, is confronted daily with victims of violence at all levels of care.[7]

The nursing process is the method of legal work of nursing professionals and consists of the stages of patient history, physical examination, nursing diagnosis, nursing prescription, and nursing evolution.[8]

Nursing has been following the developments of health problems, seeking to adapt in order to meet the health needs and expectations of individuals. As it is a profession that is practiced in close proximity to patients over the entire 24 hours, it has a fundamental role in health care.

To provide this assistance, the nursing process requires the use of theories applicable to individualized care for different patients in any care scenario.[9]

In this context, the theory of Basic Human Needs emerges, whose main focus is to verify the affected needs in human beings.[10]

The Basic Human Needs (BHNs) are states of stress that cause homeostatic and/or homeodynamic imbalances to the vital stability of human beings, and are therefore aspects of nursing work in patient care. Human imbalances generate nursing problems and consequently require nursing care that allows a return to and maintaining balance. For this author, the nursing process consists of the following stages: a nursing history, nursing diagnosis, assistance planning, care plan, nursing evolution and nursing prognosis. Through these interrelated and prioritized phases, nurses can assess the affected basic human needs and intervene to resolve them.[10]

In situations of violence, it falls upon the nursing professional to understand the context in which they occur, so they can properly utilize their expertise in attending individuals and communities in their care.

Considering the various scenarios of nursing practices and their work with victims of violence, this study aimed to describe the affected basic human needs and/or imbalance of a teenage stabbing victim.

METHODOLOGY

A case study with a qualitative approach using the theory of Basic Human Needs for analysis.[10]

The subject of this research was a female 18-year-old adolescent stabbing victim.

The adolescent was included in this study even for having been the victim of a stabbing, a criterion outlined by the authors as a study object.

The research was undertaken in Surgical Clinic Unit I at the Teaching Hospital of the Federal University of Mato Grosso do Sul, located in the city of Campo Grande, MS.

For data collection, a specially designed semi-structured interview instrument (Appendix A) was applied, which covers the Basic Human Needs and the following variables: gender, age, race/ethnicity, education, parents' education, religion, life philosophy, workforce inclusion, access to leisure/recreation, health education aimed at the age group, training courses, knowledge of social resources, programs and policies aimed at adolescents, health care, profession and parents' workforce inclusion, total household income (in minimum wages at the time of collection), use of licit and illicit drugs, form of residence (with parents or others) and hospitalisation conditions (diet, hydration, sleep and rest, therapy, clinical evolution and hospital environment). In addition to the data collected in the interview, other data was collected from the medical chart.

The researchers informed the participant of the objectives of the study and she and her mother agreed to participate in the study, signing the informed consent terms (Appendix B). Data collection occurred on the 5th day of hospitalization.

Data analysis was performed from reading and categorization of BHNs. Categorised as affected BHNs were those present in the interview and evidenced in the personal history, observation and documentary analysis of the medical chart. The affected needs were considered nursing problems (or nursing diagnoses) and therefore objects of work and intervention.

This study is part of a research project entitled: Morbidity and Mortality from firearms and blades among adolescents in the city of Campo Grande, MS, in progress at the Graduate Program in Health and Development in the Central-West Region, of the Federal University of Mato Grosso do Sul, and was approved by the Research Ethics Committee of this institution (protocol 1406, 7 May 2009).

RESULTS AND DISCUSSION

During the interview, data collection from the medical chart and observation, the affected BHNs were able to be identified, presented in Table 1.

Basic Human Needs and Basic Human Needs affected
Psychobiological - **Oxygenation**: Thoracic drainage; pain related to breathing. - **Sleep and rest**: Referring to insomnia due to recurring nightmares about the moment of aggression; presence of chest tube and jugular puncture making positioning in the bed difficult. - **Sexuality**: Referring to unsafe sex and contraception methods; lack of guidance in the Programme for Prevention and Health Promotion - **Mortality**: Fear of death; saddened when heard about the death of the friend who was with her at the time of the assault; expressed feelings of loss and vulnerability. - **Mucocutaneous integrity and physical integrity**: Skin, mucosa and musculature rupture as a result of the trauma; presence of surgical sutures in thoracoabdominal region; chest tube; jugular catheter. - **Environment**: Being afraid of encountering the aggressor when returning to the neighborhood where they reside; wishing he were arrested (Adolescent); adapted to the infirmary, but believing that the hospital environment is not conducive to rest.
Psychosocial - **Safety**: Insecurity arising from the experienced situation of aggression; referring to being alert, observing the environment; wanted to be certain of the perpetrator's arrest. - **Freedom**: Feeling unable to be free to come and go; believing that before the assault she had freedom. - **Communication**: Expressing the need to talk about the assault; wanting support to overcome the situation; communicating with staff and family. - **Learning**: Difficulty with formal learning; behind in

	class; having little interest in formal education; wanting to do other courses: I can't keep up with the lessons, I want to learn to change my life (Adolescent); I don't know the adolescent health program (Adolescent) - **Gregariousness**: Demonstrates affection with their mother; feels welcomed by family and friends; believes that after the assault some emotional ties will change; little affection towards her father. - **Recreation/leisure**: Wanting to go out at night to parties; currently saying she is afraid and wants to change her life; usually watching television; received institutional support from a project aimed at hospitalized Adolescents in the hospital. - **Acceptance**: Being upset about what happened; not understanding why so much violence. - **Self-esteem**: Affected by the scars of the assault; appreciating with emphasis the remaining scars; believing that the assault will damage their image in front of friends, neighbours and relatives.
Psychospiritual	- **Religious**: Claiming to have turned away from religion; also associating the assault to the lack of religiousness and risky habits: I drank a lot when I went out at night (Adolescent); I have to go back to church, there it is safe (Adolescent)

Table 1 - Basic human needs affected in a female adolescent victimized by assault, Campo Grande, 2010-2011.

The Adolescent Health Program - PROSAD - considers adolescence as the age group from 10 to 19 years, a period characterised by intense growth and development that manifest in anatomical, physiological, psychological and social changes.[11] The vulnerability to health hazards, as well as economic and social issues, in the areas of education, culture, labour, justice, sport, leisure, and others, determines the need for more comprehensive and specific attention in this age group, whose health care needs differ from those of other periods of life.[12-13]

The exposure of adolescents to danger and violence is more frequent and relates to individual and collective socio-environmental contexts, which determine specific needs.[12]

Although not an issue exclusive to health, violence is a phenomenon that requires in-depth knowledge from professionals so that they can intervene appropriately. Thus violence and its aftermaths are also aspects of work, research and intervention by nursing professionals. To perform their care actions, nurses use the nursing process in their attending practice, a systematised method consisting of distinct, although interrelated, phases, which enables the realization of a congruent nursing care.

The reference used in this study features six systematised stages for nursing care, all interrelated, focusing on an effective nursing care in assistance to human beings, considering individual and collective needs.[10]

In the present study, when affected BHNs were detected, it was possible to identify the different nursing problems that affected life and physical and psycho-emotional integrity before and after the traumatic event.[10]

Regarding affected psycobiological needs, they are described in the theory as instinctive and necessary to the vital process, such as oxygenation, hydration, nutrition, sleep and rest, exercise and physical activity, sexuality, shelter, body mechanics, mortality, body care, mucocutaneous integrity, physical integrity, physiological regulation, locomotion, perception, environment and therapeutic.[10]

Mucocutaneous integrity and physical integrity were affected needs from the assault, being evidenced by traumatic wounds and their location, hypovolemic shock, severe hypotension, altered heart and respiratory rates and presence of hyperthermia, with temperatures ranging from 38 to 39º C on the first postoperative day. Hypovolemia affects the gas distribution and exchange in the body, altering the functioning of vital systems and affecting the homeostatic balance.[14]

Among the damage done after the assault, standing out was the loss of blood volume, which caused serious homeostatic imbalance and required manoeuvres and high-complexity procedures for the maintenance of life.

Because of this imbalance, the nursing diagnosis of impaired gas exchange, defined as an excess or deficit in oxygenation and/or carbon dioxide elimination in the alveolar membrane, can

be highlighted as a nursing problem found in this study.[15]

The presence of hyperthermia was also seen, a clinical condition characterized by the ability of the immune system to trigger defence mechanisms.[15]

Fever was evidenced as an imbalance in the post-traumatic and invasive procedures. Its presence, however, demonstrated the organic ability of the patient to maintain and protect the vital balance.[14-15]

In addition to skin lesions, rupture of muscle tissue in the abdominal cavity, chest cavity and organs, was also seen, aggravating her health condition and rehabilitation. The contaminated traumatic injury, caused by the use of physical force, causes alterations in the scarring process, with discomfort and pain.[15]

The literature suggests that pain evokes emotions and fantasies, often more disabling than the symptomatic and nosological conditions from which they originate, bringing suffering, uncertainty and fear of disability and disfigurement, as well as concerns about social and material losses.[16]

For being found in an adverse situation, in a different environment than usual and unfavourable physical conditions, the patient reported a painful sensation, saying that relief would only be achieved with a "shot in the arm." We believe that the fear and anxiety stemming from the non-arrest of her assailant were contributing elements to the increased pain sensation.

From the demographic data and the interview, it was possible to identify factors that affect the psychosocial needs, including: low income, low education, weak family structure, social vulnerability, being in the adolescent process, peer influences (group of friends), access to alcohol and lack of access to health information and education compatible with their age group. Such factors directly affect communication, learning, gregariousness, recreation/leisure, space, guidance, acceptance, self-actualization, self-esteem and attention, contributing to the vulnerability to violence.

For scholars, the psychosocial needs are those inherent to living not only with other humans but also with themselves, necessary to interpersonal experiences.[10]

In this regard, the patient's interpersonal experience showed environmental influences that contributed to the incident of victimization, among them those related to Social Determinants of Health (SDH).[17]

Studies on SDH emphasize, among other approaches, the physical material aspects as modifiers of the disease process, as they are related to investments in community infrastructure such as education, transportation, sanitation, housing and health services. Furthermore, they point to the wear on social capital and on solidarity and trust between individuals and groups, which ends up favouring the inequities of income and negatively affects health status.[17]

Calling our attention was the fact that the concerned adolescent mentioned that she never knew of the existence of PROSAD, besides reporting that she had never received information from health professionals on topics targeted to her age group. We consider this aspect as a lack of coordination between the implementation of the programme's activities and health needs of this clientele, especially in primary care, demonstrating the mismatch between the supply of services and the demands of adolescents.[11]

A study of doctors and nurses of the Family Health Program in Londrina, PR, concluded that the actions of the Family Health professionals concerning the needs of adolescents proved ineffective in solving problems, which reveals the

need for urgent changes in the setting of assistance to patients.[13]

In a study conducted in Rio de Janeiro with adolescents 12-18 years on representations of health, in which 55% of the sample consisted of women, more than half of those were in educational levels below those consistent with their age group. In the same study, the adolescents emphasized prevention and education as important elements in the representations of health.[18]

The patient focussed on in this study was in the 9th grade of basic education, a grade below that compatible with her age group. Despite experiencing an extremely fragile situation, the Adolescent sees possibilities for change through education, which was expressed in the interview as:

> I want to learn to change my life. (Adolescent)

In this respect, a study on the prevalence of violence against women in Recife correlated low education with increased vulnerability to victimisation and perpetration of violence, and noted that alcohol consumption by the victim and perpetrator is a factor triggering violence.[16]

The patient in this study reported that on the day of the assault she had ingested a small amount of alcohol, admitting, however, that she had already used alcohol on other occasions, including needing of medical care.

> I got sick, I was very ashamed afterwards. (Adolescent)

It was therefore possible to show that alcohol consumption is a habit in the everyday life of the interviewee, a fact that compromises her psycho-emotional stability and harms her development at this stage of life.

A study of representations of alcohol consumption in adolescents conducted in a Family Health Unit in Feira de Santana, BA, revealed that the social representation constructed by adolescents concerning alcohol consumption was related to the sense of being close to a group and having power. The study also found that advertisements for these products reinforce the idea that success and joy are related to consumption, which influences adolescents.[19]

A study of women who reported drinking alcohol daily revealed that the frequency of this habit reinforces the situations of violence, complicates insertion into the labour market and widens the circle of social vulnerabilities.[20]

As for psycho-spiritual needs, religion as protective practice of life was identified in this study, which from the trauma of the experience gained greater expressiveness in everyday context. The importance attributed to this practice became evident when the patient reported associating the assault with some sort of punishment for her neglect of a religious life, or in her understanding that the lack of fulfilling religious rituals lead to risky practices that culminated in suffering.

As a cultural system, religion represents a productive source of meaning and answers for those who seek it, a privileged space in which faith is exercised and a meaning of life is built.[21]

It was understood that, in facing the crisis and imbalance experienced, searching for answers and individual reflections have often been experienced by the interviewee, as this expresses her speech:

> My mother said not go out at night. I just thought about having fun. I have to be responsible, I have to have faith. (Adolescent)

The psychospiritual needs are related to religiosity, spirituality and ethics. They are needs of individual, existential search, historically influenced by family, social and cultural environment and expressed differently in each person. They also concern prevailing behaviours in society[10]

All needs discussed here are interrelated, since to maintain the balance vital to human beings requires that their needs are met in all areas.

CONCLUSION

The affected basic human needs in the adolescent focused in this study have made us reflect on the relationship between social inequality and access to health information.

It is noticeable that the psychobiological aspects of sustaining life are priorities in the case studied, as evidenced by the fact that they require complex devices and procedures to maintain the life of the patient.

However, there was a lack of greater intersectional integration of the various stakeholders – healthcare professionals, managers and public authorities – which would enable a more effective service to the psychosocial needs and vulnerabilities of the patient, expressed by low education, low income, fragile family situation and everyday use of alcohol. Such aspects may generate imbalances capable of influencing an entire life path, increasing inequalities and hindering access to rights.

Accordingly, primary care plays an important role in increasing awareness in adolescents. Although spontaneous turnout by this age group to primary care services is uncommon, it falls to going in the opposite direction, searching for these young people in the places where they tend to be.

Nurses, as members of the health team, can be decisive in building new paradigms of care for adolescent health, basing on the Systematization of Nursing and acting on the needs found.

Adolescence is to grow, discover and live supported by other human beings, obtaining answers to questions and experiencing hope in constructing an adult life. Understanding adolescents and make interconnections with other sectors such as social assistance, education and public safety, are major steps to be taken by the health sector, as it is in this context that first comes into contact with the reality of Adolescents assaulted.

If we assume this commitment, our encounter with these human beings extends to other spheres, helping to reverse the current mortality scenarios for violence in this age group.

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