

KNOWLEDGE OF NURSING PROFESSIONALS ABOUT SEXUAL VIOLENCE AGAINST ADOLESCENTS

Conhecimento dos profissionais de enfermagem sobre a violência sexual contra o adolescente

Conocimiento de profesionales de enfermería sobre violencia sexual contra adolescentes

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ABSTRACT

Objective: To reveal the knowledge of nursing professionals about sexual violence against adolescents. **Methods:** qualitative, descriptive research, using an interview with semi-structured questions, conducted in a ward specialized in adolescent health in Rio de Janeiro, from May to August 2018, with 17 nursing professionals. **Results:** two thematic categories emerged related to the understanding of sexual violence against adolescents and, the professional actions and conduct in the face of sexual violence against adolescents. **Conclusion:** it is concluded that there is a need for training of nursing professionals related to sexual violence against adolescents due to the lack of more dense knowledge on the subject.

Descriptors: Sex offenses, Adolescent, Adolescent health, Nursing; Knowledge.

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RESUMO

Objetivo: Desvelar o conhecimento dos profissionais de enfermagem sobre violência sexual contra o adolescente. **Métodos:** pesquisa qualitativa, descritiva, utilizando entrevista com perguntas semiestruturadas, realizada em uma enfermagem especializada em saúde do adolescente no Rio de Janeiro, no período de maio a agosto de 2018, com 17 profissionais de enfermagem.

Resultados: emergiram duas categorias temáticas relacionadas com a compreensão da violência sexual contra o adolescente e, as ações e condutas profissionais diante da violência sexual contra o adolescente. **Conclusão:** conclui-se que há uma necessidade de capacitação dos profissionais de enfermagem relacionada a violência sexual contra o adolescente em decorrência da falta de conhecimento mais denso sobre a temática.

Descritores: Delitos sexuais, Adolescente, Saúde do adolescente, Enfermagem, Conhecimento.

RESUMEN

Objetivo: Revelar el conocimiento de los profesionales de enfermería sobre la violencia sexual contra los adolescentes. **Métodos:** investigación descriptiva, cualitativa, utilizando una entrevista con preguntas semiestruturadas, realizada en una sala especializada en salud adolescente en Río de Janeiro, de mayo a agosto de 2018, con 17 profesionales de enfermería.

Resultados: surgieron dos categorías temáticas relacionadas con la comprensión de la violencia sexual contra los adolescentes y las acciones y conductas profesionales frente a la violencia sexual contra los adolescentes. **Conclusión:** se concluye que existe la necesidad de capacitar a profesionales de enfermería relacionados con la violencia sexual contra adolescentes debido a la falta de conocimiento más denso sobre el tema.

Descriptores: Delitos sexuales, Adolescente, Salud del adolescente, Enfermería, Conocimiento.

INTRODUCTION

Violence, regardless of how it manifests itself, is an event that is established by numerous factors, without distinction of ethnicity, social class, gender, religion or culture. Among the manifestations of violence, sexual violence is one of the most cruel and affects adolescents and children in all social spaces, especially in the domestic environment, producing various vulnerabilities and promoting a feeling of insecurity.^{1,2}

This type of violence in this age group is historically built and permeates power relations, and is perpetuated today.^{1,2} Given its severity, sexual violence is a violation in the field of human rights that impacts the physical, psychological and social aspects, becoming a serious public health problem.³ Although there is underreporting of cases, its frequency and occurrence brings individual and collective consequences to adolescents, which highlights its severity.⁴

Adolescence is characterized by biological changes, such as the development of organs and systems; psychological and social changes, such as mood swings, desires, and sexual attractions, as well as the formation of groups and the affirmation of personal and sexual identity.⁵ According to the Ministry of Health, adolescence corresponds to

a phase of human development between 10 and 19 years of age, following the convention established by the World Health Organization (WHO). In turn, according to the current Higher Law, the Child and Adolescent Statute (ECA) declares adolescence to be the period of life that extends from 12 to 18 years of age.⁶⁻⁸

In view of the changes characteristic of this phase of life, it is possible to highlight peculiarities and vulnerabilities. And the vulnerabilities produced by the social context and the inequalities resulting from historical processes of exclusion and discrimination determine the rights and opportunities of Brazilian adolescents and young people.⁹

Among the vulnerabilities, sexual violence can be highlighted, "a phenomenon that causes perplexity and mobilizes society, due to its magnitude, wide exposure and vulnerability of minors, and its transcendence in different social environments".^{10:1592}

The estimates of prevalence and incidence of sexual violence against this public and how recurrent they are in their daily lives are essential for the development of public policies to prevent and address this abstruse phenomenon.^{10,11}

It is worth highlighting that sexual violence is expressed through sexual abuse and sexual exploitation, being defined as "every act, of any nature, against the human right, the sexual development of children and adolescents, performed by agents in a situation of power and unequal sexual development in relation to the child and adolescent victims".^{1:40}

Facing this picture, it is important to emphasize that children and adolescents have an apparatus of legal conquests, formed in the international sphere by the Convention on the Rights of the Child (1989), and, in the national sphere, by the Federal Constitution of Brazil (1988). Article 227 establishes children and adolescents as an absolute priority of protection for the family, the society, and the State, which are responsible for keeping them safe from any form of violence, be it neglect, discrimination, exploitation, cruelty, and oppression, corroborated by the Statute of the Child and Adolescent, which consolidated the precepts of the Convention and of the Brazilian Constitution, guaranteeing the rights of this public.^{7,8}

In this sense, it is understood that health services need a multiprofessional team that is trained and updated to assist adolescents who are victims of sexual violence, given the complexity of the situation and the wide variety of consequences imposed on this public.

It is emphasized that nursing professionals, nurses and technicians, as well as other members of the multidisciplinary team, need to be trained and qualified to provide individualized and comprehensive care to victims of violence and their families.¹²

In the context of child and adolescent violence, a study with nurses shows that these professionals do not feel qualified to provide assistance to victims of violence,

referring to various difficulties such as lack of support and integrated actions and fear of reporting, however, they work through actions to promote health and prevent violence.¹³

As health professionals, given their comprehensive training and their role in the field of care, the nursing team operates at all levels of the network, developing actions for health promotion, disease prevention, health education, and health recovery. This comprehensive care is a key aspect in the nursing professional's work with adolescent victims of violence.⁹

Added to this is the fact that nursing is often the adolescent's first contact in their care. In the hospital setting, this fact is reinforced, especially by the routine care and assistance provided. In this context, the following guiding question emerged: what is the knowledge of nursing professionals about sexual violence against adolescents?

Therefore, the objective of the study was to unveil the knowledge of nursing professionals about sexual violence against adolescents.

METHODS

Field research with a qualitative, descriptive approach, using the interview technique with semi-structured questions, recorded on an internal device of the cell phone, in the period from May to August 2018. The study was developed in a ward of specialized care in adolescent health of a university hospital in the state of Rio de Janeiro.

Seventeen interviews were conducted with nursing professionals (nurses and nursing technicians), 01 male and 16 female. Inclusion criteria were: nursing professionals who had been working in the sector for about 1 (one) year, a period necessary to understand the service routine and the profile of the adolescent public assisted. The exclusion criteria were: those nursing professionals who were on vacation or leave during the data collection period or who had less than 1 (one) year of experience in assisting hospitalized adolescents. The participants were identified by the letter "E" followed by the Arabic number from 1 to 17, corresponding, respectively, to the order of the interviews, in order to preserve their anonymity. The end of the collection was determined by the recurrence of the speeches.

The interview script was composed by the following questions: What is understood as sexual violence against the adolescent? And as a nursing professional, what are your behaviors and actions when dealing with a case of sexual violence against an adolescent?

The data were analyzed using Bardin's content analysis, consisting of three stages: pre-analysis, exploration of the material, treatment of the results and interpretation.¹⁵ Two categories emerged that were analyzed in light of the scientific literature on the subject: "The understanding of sexual violence against adolescents" and "Professional actions and conduct when faced with sexual violence

against adolescents", both of which will be discussed in light of the pertinent scientific literature.

All ethical criteria involving research with human beings were met in the light of the National Health Council Resolution (CNS) N°. 466/2012.¹⁴ The study was approved by the Research Ethics Committee with the consubstantiated opinion number 2,281,435. The study participants only answered the survey after signing the Free and Informed Consent Form, being informed about the research and its objectives.

RESULTS

The research had 17 nursing professionals interviewed, being two nurses and 15 nursing technicians. The age ranged from 24 to 55 years, resulting in an average of 38 years. Regarding further education, all of them had a college degree, most of them in the nursing area, although they work as nursing technicians in the unit. The average time of service in the sector corresponded to five years. The registration units obtained from the interviews were grouped and originated two categories on the understanding of sexual violence against adolescents and the professional actions and conducts.

Category 1 - Understanding of sexual violence against adolescents

From this category, two subcategories emerged: "Perception of violence against the adolescent" and "The adolescent and sexual violence".

Perception of sexual violence against adolescents

The perception of sexual violence against the adolescent by nursing professionals points to three important issues: touching the adolescent without consent, the sexual act itself, and sexual violence not being only the physical act.

I believe that sexual violence is any sexual act, regardless of penetration or not, without the consent of the victim. (E5)

Any act that embarrasses an adolescent, it doesn't mean that you have to touch, invade the person's body. It can be with words, gestures, touch, until it reaches aggression, forcing the adolescent to have a sexual act. It doesn't necessarily have to be physical violence, but sexual violence can include a touch, a gesture, any action that has reference to the sexual act. Or that makes the adolescent feel embarrassed. (E6)

Every time the adolescent is forced to have sexual relations, with penetration or not, then it includes pornography, the passing of the hand, bullying, pornographic words. (E9)

The adolescent and sexual violence

For the professionals interviewed, the adolescent demonstrates attitudes and acts that may show evidence

of sexual violence, which facilitates its identification. Among the points pointed out by the interviewees are embarrassment and fear.

Try to talk to the teenager and see if he wants to talk to us about this situation he has been through, but without talking directly. Because he might feel embarrassed. (E1)

The adolescent can show fear, fear to touch. (E4)

Many times the adolescent will feel repressed, there are issues of threats and other issues that in the first approach. (E5)

It is observed that the nursing team understands that sexual violence does not correspond only to the sexual act perpetrated in the physical sphere, but any attitude that embarrasses or exposes the adolescent, thus demonstrating a broader understanding since, for the team, sexual violence covers physical, psychological and emotional aspects.

It is worth pointing out that sexual violence assumes multiple forms and faces and generates, very often, fears, embarrassment, which can be visible in the attitudes, such as the refusal to touch and even the distancing with the nursing team.

Category 2 - Professional actions and conducts when faced with sexual violence against adolescents

From the analysis of this category, two subcategories emerged: "Professional action with the adolescent" and "Need for instruction".

Professional action with the adolescent

The nursing professionals point out that respect for the adolescent, the establishment of empathy and trust with the adolescent victim of violence are fundamental for the development of effective biopsychosocial care. In addition, a joint multidisciplinary action is necessary. As evidenced in the speeches:

(...) a sensitive listening (...) an interview with respect to the situation. (E5)

Give all the support to that adolescent, to that family. Psychological support, medical support, nursing support, support from the multidisciplinary team. (E6)

However, it is worth noting that among the professional actions in the face of sexual violence, only one participant pointed to denouncing it as an important instrument of action.

I would report it to the police station for the protection of children and adolescents, the tutelage council, the children's court. (E15)

Need for Training

Still, the professionals affirm their unpreparedness

when facing cases of sexual violence against adolescents and that they direct some actions to other members of the multidisciplinary team, because they understand that there is a need for training to meet the demands of adolescents.

Direct this adolescent to a more capable professional. (E1)

We, as nursing professionals, are not instructed for this. Although I participated in a course, we, the nursing staff, are not instructed for this. And this is a reality. There should be a discipline about this. (E1)

We call on the social service along with psychology to approach both the adolescent and the family... Here we are a multidisciplinary team, but in these cases the social service and psychology really act. (E7)

Who approaches is psychology, social work. The nursing staff is more in the support, in the assistance itself. (E8)

As for multi-professional referrals, most of the interviewees refer to the psychology and social work sectors. Assuming that these two categories are more qualified to offer assistance to these victims.

DISCUSSION

Sexual violence comprises any situation, sexual act or game, heterosexual or homosexual relationship, in which the abuser is sexually gratified. The abuser, who is at a more advanced stage of psychosexual development than the child or adolescent, has the intention of sexually stimulating the victim or using her to obtain sexual satisfaction.^{16,17}

It presents itself in the form of erotic and sexual practices imposed by physical violence, threats, or induction of the victim's will, and may range from acts in which sexual contact does not occur, to different types of actions that include sexual contact without or with penetration.¹⁶

The WHO defines child and adolescent sexual abuse as "the involvement of a child/adolescent in sexual activity that the child does not fully understand, is unable to give informed consent to, or to which the child, because of his or her development, is unprepared and unable to consent, or which violates the laws or social taboos of society."^{18:75}

The criminal law relates the capacity for sexual self-determination to a certain age group (14 years old), invalidating the consent to sexual practice of adolescents under 14 years old and aggravating the penalty in cases of crimes of rape or indecent assault when the victim is between 14 and 18 years old.^{6:52}

Regarding the impacts of sexual violence on the lives of victims, fear stands out as a central element that interferes in their daily lives, interfering in social and affective-sexual relationships, at work and at school. The impact of this type of violence transcends the physical aspect, goes through the

emotional aspect, and causes psychological suffering that reflects negatively on the performance of routine activities and on inter-subjective relationships.¹⁹

Studies show that children usually don't talk about it because of fear, embarrassment, or feelings of guilt. And that each child reacts in a different way to sexual violence, due to its uniqueness, which may cause a series of physical and emotional symptoms, such as anxiety, fear, feeling of inferiority, insecurity, low self-esteem, and great psychological suffering, requiring assistance in order to minimize or reverse these feelings caused by the experience, requiring a climate of understanding, without any form of judgment or disapproval.^{20,21}

Violence perpetrated against children and adolescents manifests itself differently in relation to the sex and age of the victim; moreover, most victims do not file complaints due to embarrassment, fear, and fear, among others.²²

As for the impacts on the mental health of adolescents, a study reveals that sexual abuse can increase the chances of the young person referring to feelings of loneliness, affect social relationships of friendship, and cause insomnia, with significant differences in these effects between men and women.²³

Thus, professionals need to establish a climate of empathy and trust with the victim in order to avoid any suggestion of judgment, whether through tone of voice, facial expression, or any repressive attitudes.¹⁷

In terms of professional actions, multidisciplinary work with integrated actions of care and attention to health, punishment of the aggressor, and protection of the victims and families subjected to situations of violence becomes fundamental. Isolated actions and disciplines will hardly succeed in facing violence. The importance of an intersectoral action is also highlighted, with a close approach of the Health Care Network with the system that guarantees the rights of children and adolescents.^{24,25}

It is noteworthy that only one professional mentioned the notification, which is mandatory for the professional who attends the victim, justified not only by the damage caused to health but also by the criminal aspect of violence, constituting an instrument for the protection and defense of the rights of children and adolescents.^{7,25}

The Statute of the Child and Adolescent, through Federal Law No. 8069/1990, made it mandatory to notify suspected or confirmed cases of child and adolescent maltreatment, making health and education professionals to have a practical reason to proceed with the notification, being a duty provided by law.⁷ Among the protection agencies are the Police Station for the Protection of Children and Adolescents (DPCA), the Police Station for Children and Adolescents, the Commissioner's Office for Children and Youth, the Health Secretariat, the State Secretariat for Human and Social Development, Guardianship Councils, and other government agencies.

Studies show that nursing professionals refer to the

need for specific training and capacity building to assist victims of sexual violence, so that they can act in these situations in order to provide individualized assistance and comprehensive care to the victim.¹⁷

As for the performance of nursing professionals in assisting children and adolescents who are victims of violence, there is a huge gap in professional qualification and training since graduation, as well as a disarticulation of the multiprofessional team in dealing with these situations. A study reinforces the need for protocols to support the assistance and the importance of intersectoral articulation and support to victims and their families.²⁶

Hospitals are also responsible for offering emergency, comprehensive, and multidisciplinary care to the victims of sexual violence, aiming at the control and treatment of the physical and psychological damage resulting from it. It is then the importance of qualified professionals to care for these victims. Nursing professionals must be aware of their attributions, know their legal powers, and assume their responsibilities, having their professional attributions well defined and distinguished, superimposing the methodology of assistance and directing care.¹⁷ It is emphasized that the nursing professional occupies a role of paramount importance within the multidisciplinary team in adolescent care.

Finally, it is noteworthy that nurses, as the professional who works directly in health care, must be able to identify and intervene in situations of violence against adolescents.²⁷

CONCLUSIONS

The study revealed how nursing professionals view sexual violence against adolescents and the professional behaviors and actions in the face of sexual violence. It is noteworthy that they understand sexual violence as an act that goes beyond the physical issue, often evidenced by the adolescent's attitude towards the team. Still, they point out difficulties in dealing with this situation and the lack of knowledge, reinforced by the need to take them to a trained professional.

In this sense, it highlights the need for continuing education for nursing professionals, as well as joint actions with other members of the multidisciplinary team.

It is also noted the importance of having a professional trained to assist the victims of sexual violence, especially when the victim is an adolescent, because this public has its own legislation that protects them. In addition, by law, all hospitals must offer comprehensive and multidisciplinary care to victims of sexual violence, and nursing is always at the forefront of this care, because it is the health professional closest to the adolescent care.

Among its limitations, the study highlights the lack of tertiary care services specialized in adolescent health care and of professionals who work specifically with this public, for its replication. Added to the scarcity of literature

to support the data evidenced, only with the adolescent public, without involving the population of children.

Therefore, based on the results obtained, it is recommended that further research be developed, such as a study on sexual violence against adolescents at different levels of the health care network for this public.

REFERÊNCIAS

1. Ministério dos Direitos Humanos (BR). Secretaria Nacional de Proteção dos Direitos da Criança e Adolescente. Violência contra Crianças e Adolescentes: Análise de Cenários e Propostas de Políticas Públicas [Internet]. Brasília: Ministério dos Direitos Humanos; 2018 [acesso em 20 de junho 2020]. Disponível em: <https://www.gov.br/mdh/pt-br/centrais-de-conteudo/crianca-e-adolescente/violencia-contra-criancas-e-adolescentes-analise-de-cenarios-e-propostas-de-politicas-publicas-2.pdf>.
2. Farias MS, Souza CS, Carneseca EC, Passos ADC, Vieira EM. Caracterização das notificações de violência em crianças no município de Ribeirão Preto, São Paulo, no período 2006-2008. *Epidemiol. serv. saúde.* [Internet]. 2016 [acesso em 19 de junho 2020]; 25(4). Disponível em: https://www.scielo.br/scielo.php?pid=S2237-96222016000400799&script=sci_abstract&tlng=pt3.
3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Prevenção e tratamento dos agravos resultantes da violência sexual contra mulheres e adolescentes: norma técnica [Internet]. ed. Brasília: Ministério da Saúde; 2014 [acesso em 20 de junho 2020]. Disponível em: <https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2018/01/Preven%C3%A7%C3%A3o-e-Tratamento2014.pdf>.
4. Justino LCL, Nunes CB, Gerk MAS, Fonseca SSO, Ribeiro AA, Paranhos Filho AC. Violência sexual contra adolescentes em Campo Grande, Mato Grosso do Sul. *Rev. gaúch. enferm.* [Internet]. 2015 [acesso em 25 de setembro 2019]; 36 (esp). Disponível em: <http://www.scielo.br/pdf/rgefn/v36nspe/0102-6933-rgefn-36-spe-0239.pdf>.
5. Amaral AMS, Santos D, Paes HCS, Dantas IS, Santos DSS. Adolescência, gênero e sexualidade: uma revisão integrativa. *Rev. Enferm. Contemp.* [Internet]. 2017 [acesso em 30 de setembro 2019]; 6(1). Disponível em: <https://www5.bahiana.edu.br/index.php/enfermagem/article/view/1114/850>.
6. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Área de Saúde do Adolescente e do Jovem. Marco legal: saúde, um direito de adolescentes [Internet]. 1. ed. Brasília: Ministério da Saúde; 2005 [acesso em 30 de setembro 2019]. Disponível em: http://bvsm.sau.gov.br/bvs/publicacoes/07_0400_M.pdf.
7. Ministério da Justiça (BR). Estatuto da criança e do adolescente. Lei nº 8.069, de 13 de julho 1990. Dispõe sobre o Estatuto da criança e do adolescente e dá outras providências [Internet]. Brasília: Ministério da Justiça; 1990 [acesso em 30 de setembro 2019]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l8069.htm.
8. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas e Estratégicas. Proteger e cuidar da saúde de adolescentes na atenção básica [Internet]. 2. ed. Brasília: Ministério da Saúde; 2017. [acesso em 30 de setembro 2019]. Disponível em: http://bvsm.sau.gov.br/bvs/publicacoes/proteger_cuidar_adolescentes_atencao_basica_2ed.pdf.
9. Ministério da Saúde (BR). Diretrizes Nacionais para a Atenção Integral à Saúde de Adolescentes e Jovens na Promoção, Proteção e Recuperação da Saúde. Normas e Manuais Técnicos [Internet]. Brasília: Ministério da Saúde; 2010. [acesso em 30 de setembro 2019]. Disponível em: http://bvsm.sau.gov.br/bvs/publicacoes/diretrizes_nacionais_atencao_saude_adolescentes_jovens_promocao_saude.pdf.
10. Sena CA, Silva MA, Falbo Neto GH. Incidência de violência sexual em crianças e adolescentes em Recife/Pernambuco no biênio 2012- 2013. *Ciênc. Saúde Colet.* [Internet]. 2018 [acesso em 19 de junho 2020]; 23(5). Disponível em: <https://doi.org/10.1590/1413-81232018235.18662016>.
11. Souto DF, Zanin L, Ambrosano GMB, Flório FM. Violência contra crianças e adolescentes: perfil e tendências decorrentes da Lei nº 13.010. *Rev. bras. enferm.* [Internet]. 2018 [citado 2020 junho 2019]; 71(Suppl 3). Disponível em: https://www.scielo.br/pdf/reben/v71s3/pt_0034-7167-reben-71-s3-1237.pdf.
12. Baptista RS, Chaves OBBM, França ISX, Sousa FS, Oliveira MG, Leite CCS. Violência sexual contra mulheres: a prática de enfermeiros. *Rev Rene (Online).* [Internet]. 2015 [citado em 30 de setembro 2019]; 16(2). Disponível em: <http://periodicos.ufc.br/rene/article/view/2710>.
13. Galindo NAL, Gonçalves CFG, Galindo Neto NM, Santos SC, Santana CSC, Alexandre ACS. Child and youth violence under the perspective of nursing. *Rev. enferm. UFPE on line.* [Internet]. 2017 [cited 2020 jun 19]; 11(Supl.3). Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/13986/16842>.
14. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução n. 466, de 12 de dezembro de 2012. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. [Internet]. Brasília: Ministério da Saúde; 2012 [acesso em 19 de junho 2020]. Disponível em: <http://www.conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>.
15. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2016.
16. Ministério da Saúde (BR). Linha de Cuidado para a Atenção Integral à Saúde de Crianças, Adolescentes e suas Famílias em Situação de Violência Orientações para gestores e profissionais de saúde. [Internet]. Brasília: Ministério da Justiça; 2010 [acesso em 19 de junho 2020]. Disponível em: http://bvsm.sau.gov.br/bvs/publicacoes/linha_cuidado_criancas_familias_violencias.pdf.
17. Woiski ROS, Rocha DLB. Cuidado de enfermagem à criança vítima de violência sexual atendida em unidade de emergência hospitalar. *Esc. Anna Nery Rev. Enferm.* [Internet]. 2010 [acesso em 19 de junho 2020]; 14(1). Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452010000100021.
18. World Health Organization (WHO). Guidelines for medico-legal care for victims of sexual violence. [Internet]. 2003 [cited 2019 oct 30]. Available from: <https://apps.who.int/iris/bitstream/handle/10665/42788/924154628X.pdf;jsessionid=B59074C0623DE7C37CED781EE2A7349?sequence=1>.
19. Trigueiro TH, Silva MHD, Merighi MAB, Oliveira DMD, Jesus MCPD. O sofrimento psíquico no cotidiano de mulheres que vivenciaram a violência sexual: estudo fenomenológico. *Esc. Anna Nery Rev. Enferm.* [Internet]. 2017 [acesso em 05 de outubro 2019]; 21(3). Disponível em: https://www.scielo.br/scielo.php?script=sci_abstract&pid=S1414-81452017000300204&tlng=pt.
20. de Sá CMQ, de Lima EIS, Ramos FMC, da Silva FEB, de Oliveira LL. Abuso sexual infantil e suas consequências na vida adulta da mulher: uma abordagem reflexiva. Mostra Interdisciplinar do curso de Enfermagem. [Internet]. 2017 [acesso em 20 de outubro 2019]; 2(1). Disponível em: <http://publicacoesacademias.unicatolicaquixada.edu.br/index.php/mice/article/view/1099/881>.
21. Oliveira FS, Araújo LM, Silva LL, Crispim ZM, Lucindo VBDB, Oliveira LN. Violência doméstica e sexual contra a mulher: revisão integrativa. *Holos.* [Internet]. 2017 [acesso em 5 de outubro 2019]; 8(33). Disponível em: <http://www2.ifrn.edu.br/ojs/index.php/HOLOS/article/view/1903/pdf>.
22. Silva LMP da, Sousa TDA, Cardoso MD, Souza LFS, Santos TMBS. Violência perpetrada contra crianças e adolescentes. *Rev. enferm. UFPE on line.* [Internet]. 2018 [acesso em 19 de junho 2020]; 12(6). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/23153/29215>.
23. Fontes LFC, Conceição OC, Machado S. Violência sexual na adolescência, perfil da vítima e impactos sobre a saúde mental. *Ciênc. Saúde Colet.* [Internet]. 2017 [acesso em 9 de junho 2020]; 22(9). Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232017002902919&lng=en.%20%20https://doi.org/10.1590/1413-81232017229.11042017.
24. Platt VB, Back IDC, Hauschild DB, Guedert JM. Violência sexual contra crianças: autores, vítimas e consequências. *Ciênc. Saúde Colet.* [Internet]. 2018 [acesso em 20 de outubro 2019]; 23(4). Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232018000401019&lng=en&nrm=iso.
25. Veloso MMX, Magalhães CMC, Cabral IR. Identificação e notificação de violência contra crianças e adolescentes: limites e possibilidades de atuação de profissionais de saúde. *Mudanças.* [Internet]. 2017 [acesso em 19 de junho 2020]; 25(1). Disponível em: <https://www.metodista.br/revistas/revistas-ims/index.php/MUD/article/view/7047/5743>.
26. Silva MS, Milbrath VM, Santos BA, Bazzan JS, Gabatz RIB, Freitag VL. Assistência de enfermagem à criança/adolescente vítima de violência: revisão integrativa. *Rev. Pesqui. (Univ. Fed. Estado Rio J., Online).* [Internet]. 2020 [acesso em 19 de junho 2020]. Disponível em: <https://www.scielo.br/pdf/rpufpe/v20n1/1519-9365-rpufpe-v20n1-0001-0001.pdf>.

- 2020]; 12. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/7102/pdf_1.
27. Reis NSP, Peres EM, Leite DC, Gomes HF, Santos MFG. A produção científica de enfermagem sobre violência na adolescência. Rev. enferm. UERJ. [Internet]. 2017 [acesso em 22 de junho 2020]; 25(e26475). Disponível em: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/26475/22674>.

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