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## Child sexual abuse: identify signs and symptoms in childcare consultation and minimize psychosocial trauma

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**Abstract:** Sexual violence against children has become a major and serious public health problem, causing several psychosocial consequences in children. According to the Pan American Health Organization (PAHO), "nearly one in five girls and one in 13 boys are victims of sexual abuse." This study aimed to describe the psychosocial impacts caused to children who had suffered sexual abuse. This is bibliographic research with a qualitative, descriptive approach of the narrative review type of literature. Children who are victims of sexual abuse present mainly mental health-related impairments, such as fear, difficulty sleeping, anxiety, depression and other psychopathological disorders that harm their social life. It is expected that every health professional, within his role, will be able to act for the prevention of sexual abuse, to diagnose the risk and to raise suspicion early.

**Keywords:** Sexual abuse. Trauma. Childhood. Childcare

# 1. Introduction

Sexual violence against children has become a major and serious public health problem, causing several psychosocial consequences in children. According to the Pan American Health Organization (PAHO), "almost one in five girls and one in 13 boys are victims of sexual abuse" (BRASIL, 2017).

According to Carmo (2016), this type of violence is not current, historically legal protection for children was scarce, and children were murdered, assaulted, abandoned, terrorized and physically and sexually abused. Over time, we realized the need for a focused look at this universe of defenseless beings, Law No. 13,431 of April 4, 2017, in article 4 conceptualizing sexual abuse as any action used by the child or adolescent for sexual purposes, be it carnal conjunction or another libidinous act, performed in person or electronically, for sexual stimulation of the agent or third parties (BRASIL, 2017).

For Pedroso (2013) child sexual abuse can be defined as a sexual act or game, homosexual or heterosexual relationship between one or more adults with a child, with the intention of stimulating the child and/or using it to obtain a sexual pleasure, with or without penetration. In 2019 alone, in Brazil, according to data obtained through The Complaint Hotline number 100, which is a service for the protection of children and adolescents focused on sexual violence, 159,000 cases were recorded, of which 86,837 were human rights violations against children and adolescents, 11% of complaints related to sexual violence, accounting for around 17,000, 2019 alone, which equates to about 50 cases per day.

The true number of cases is unknown, since most of them do not have the complaint, impacting on the rate of underreporting, especially by family silence, which are primarily responsible for such acts, most of them being biological parents and stepfathers. Given these circumstances, the professionals who accompany this public have an indispensable role in the identification of child sexual abuse, so that nurses through the care provided in the childcare of basic health units - UBS, have the opportunity to closely monitor the child, performing a complete clinical examination, seeking to identify findings that point to something other than pathologies. In addition to the fundamental role of guiding and promoting the child's health, preventing injuries, as well as guiding the population to identify signs of sexual abuse, rights and duties (BRASIL, 2017).

During curricular internships in the UBS, it was observed that nursing professionals had ignorance regarding the identification of signs that pointed to child sexual abuse, in ways that did not even understand the possible psychosocial traumas triggered by the abuse, a fact that drew attention to research on the subject.

This study aimed to describe the psychosocial impacts caused to children who had suffered sexual abuse and it is expected that the research contributes to health professionals, arousing interest in identifying signs that point to the diagnosis of child sexual abuse and thus can contribute to the reduction of psychosocial traumas developed by the child.

# 2. Methodology

This is bibliographic research with a qualitative,

descriptive approach of the narrative review type of literature. This type of research allows a broad analysis of what exists in the literature on a given theme and thus allows an overview for the researcher about the research problem investigated (VOSGERAU; ROMANOWSK, 2014).

The search for articles was through the use of the Scientific Electronic Library Online (SciELO) data base, in addition to the Medical Literature Analysis and Retrieval System Online (MEDLINE) and Latin American and Caribbean Literature in Health Sciences (LILACS), both accessed through the Virtual Health Library. The Descriptors in Health Sciences (DeCS) used in the were: Child sexual abuse, nursing, UBS. A deductive method was used and 38 articles were selected, of these 10 were selected part of the study based on their discussion about child sexual abuse. After careful analysis, the results of the selection of articles were grouped and arranged in tables to better understand the results.

# 3. Results and Discussion

The final sample consisted of ten articles, with year of publication that varied between 2001 and 2017. Table 3 presents a synthesis of what was found in each of the articles in the categories of interest of the research.

**Table 3-** Psychosocial impact and conduct of the nursing professional

Quote	Psychosocial Impact	Nursing professional's conduct
NEVES <i>et al.</i> , 2010	Loss of conviviality with parents and family nucleus Isolation, crying for no apparent reason	Carry out the notification / denunciation, for the authorities to act as provided for in Article 130 of the Statute, the judicial authority may culminate the removal of the aggressor from the child's residence if it is common, thus protecting the child from the recurrence of abuse
FRANCISCHINI, 2007	Reluctance to go home. Frequent absences from school. Difficulties in participating in physical activities Confusion of feelings	To gain the trust and affection of the child, expressing in the care sincere and zealous attitudes towards him,
ARRUDA, 2018	Possible revictimization of the child and/or	Technical preparation by nursing

	adolescent and helpless child while the family waits for specialized care services	professionals to present an updated knowledge on the subject and conduct the situation.
COAST, 2007	Learning difficulties, shame, guilt, home escape, nightmares, revulsion or lack of confidence in adults and emotional inconstancy are many of the consequences observed in the studies. In addition to sexualized behaviors and reproduction of the circumstance experienced through delinquent behaviors, prostitution, and even sexual abuse of others	Forward to multi-professional team for follow-up
FERREIRA, FERREIRA, AZAMBUJA, 2009	Abuse in public area only once, development of fear of leaving home, panic syndrome, depression	Forward to perform tests for STIs and carry out a police report in the area of the event
WHIFFEM, 2005	Abuse in public area only once, development of fear of leaving home, panic syndrome, depression	Forward to perform tests for STIs and carry out a police report in the area of the event
PEDROSO, 2013	Afraid of being touched by someone else,	Carry out the childcare consultation with open doors,
CARMO, 2016	Sleep disorder, exaggerated anxiety	Explain about all the procedures that will be performed, so the child can trust the professional, facilitating the process of identifying the abuse.
WOISKI, 2010	Psychopathological disorders such as anxiety, depression, ADHD, sleep disorders, mood and eating personality disorders.	Request support from multidisciplinary team psychologist, psychiatrist and nutritionist

CATARIN; ALMEIDA, 2017	Development of malnutrition, anorexia	Request support from multidisciplinary team psychologist, psychiatrist and nutritionist
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Source: authors,2021

According to the results found in this review, it was found that children who are victims of sexual abuse present mainly mental health-related losses, such as fear, difficulty sleeping, anxiety, depression and other psychopathological disorders that impair their social life (NEVES *et al.* , 2010; FERREIRA, FERREIRA, AZAMBUJA, 2009; CARMO, 2016).

Although the practice of abuse, violence and sexual exploitation of children and adolescents was considered illegal in 1988, being present in the Federal Constitution that (BRASIL, 1988), only in 1990 Law 8,069 that actually effective the protection of children and adolescents, being the Statute of children and adolescents (ECA) one of the greatest advances recorded in protection and comprehensive care to the minor (VILLELA, 2017).

With regard to the occurrence of child sexual abuse, the results of this research also indicate that this can occur only once, characterizing an acute abuse, but can also be repeated during prolonged periods, in which sexual acts increase the intensity progressively, it is silently, within the family environment, whose aggressor is usually known, in this, according to a retrospective study of a series of cases of sexual abuse, the data showed that children are more related to this type of abuse (FERREIRA; AZAMBUJA, 2009).

As Francisshini (2007) points out, studies indicate that sexual abuse in childhood has several devastating consequences and even more constant and prolonged sexual abuse, i.e., chronic abuse, the consequences are greater and the likelihood of the victim developing serious trauma increases, but of course these effects will depend on the propensity of victims to present them.

Considering that the child is a helpless individual or even unable to understand the situation being imposed facilitates for the abuser the advent and recidivism of violence, which is most often followed by threats, frightening them to hide the crime. For these and others, the true prevalence of child sexual abuse is unknown, since most children do not expose abuse (FERENCZ, 2019).

Thus, it is reinforced that the professional needs to be attentive to identify and investigate less evident cases, in which complaints have no direct link with abuse, how a child is taken to consultation for diarrhea, and on physical examination hematomas is detected in areas that are not frictional, or a child who is bleeding and anal fissure, but there is no cold. Headache, skin rashes, vomiting and other digestive difficulties, which consist of a series of health problems without apparent clinical cause and actually have psychological and emotional origin (CATARINO; ALMEIDA,

2017).

Also, in the context of screening for child sexual abuse, the role that primary care plays in accompanying children and families during childcare consultations stands out. In childcare, the main agent responsible for this follow-up is the nurse, their performance is of fundamental importance, since it is through it that nursing has the breadth of early detection of the most varied alterations and events during the growth and development of the child (CATARINO; ALMEIDA, 2017).

Neves (2010) states that it is significant that nurses who will provide child care, conquer it, create a bond of trust and affection, expressing in the care sincere and zealous attitudes towards them, in addition, explain about all the procedures that will be performed, so the child can trust the professional, facilitating the process of identifying the abuse.

Carmo (2016) reports that it is essential that professionals are trained to perceive suspected cases. Perform an anamnesis and a physical examination with a lot of attention and uniqueness of each patient. It is important to look for both physical findings, such as: bleeding in the vagina or anus, fissures or perianal and vaginal scars, hymenal dilation, sexually transmitted diseases, among others, as well as behavioral signs, ranging from sleep disorders, crying for no apparent reason to extreme anxiety.

The ECA also elucidates the notification of the event or suspicion of child sexual abuse, which is through the notification that a process is initiated that aims to interrupt abusive behaviors against children and adolescents, because actions are triggered by many sectors, such as the Guardianship and Rights Council that were also regulated by Law 8.069/1990, intervening in the protection of the minor (VILLELA, 2017).

So, if there is a suspicion that the parents or guardians are abusing the child, it should be made the notification / denunciation, so that the authorities act, as provided for in Article 130 of the Statute, the judicial authority can culminate the removal of the aggressor from the child's home if it is common, thus protecting the child from the recurrence of abuse (NEVES *et al.*, 2010).

Therefore, it is evident that the consequences of child sexual abuse are devastating, thus requiring the health network to be prepared for assistance to victims, providing the necessary interventions in an appropriate and effective manner, with service and trained professionals (LIMA, 2018).

## 4. Conclusions

It is expected that every health professional, within his role, will be able to act for the prevention of sexual abuse, to diagnose the risk and raise suspicion early, when the situation of violence is already installed, reaching the diagnosis and denunciation in a timely manner, so that it can ensure the physical and emotional integrity of the child or adolescent under their care. Thus, from routine, emergency or follow-up care, it can trigger all existing means of legal and social protection, which must ensure, to a minimum, the treatment

of that child or adolescent, their protection, support and family assistance, as well as the removal of the aggressor.

## References

- [1] ARRUDA DA SILVA, Priscila *et al*, Protection of children and adolescents' victims of violence: the views of the professionals of a specialized service, *Investigación y Educación en Enfermería*, v. 36, n. 3, 2018.
- [2] BRASIL. Constituição da República Federativa do Brasil, de 05 de outubro de 1988. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/constituicao/constituicaocompilado.htm](http://www.planalto.gov.br/ccivil_03/constituicao/constituicaocompilado.htm).
- [3] BRASIL. Lei n. 13.431, de 04 de abril de 2017. Estabelece o sistema de garantia de direitos da criança e do adolescente vítima ou testemunha de violência.
- [4] CARMO, Patrícia Soares; SAGAZ, Valéria Rossi. A atuação do Psicólogo e Resiliência em Crianças Vítimas de Violência Sexual Intrafamiliar. *Trabalhos de Conclusão de Curso-Faculdade Sant'ana*, 2016.
- [5] CATARINO, Elisângela Maura; ALMEIDA, Mayara Plácido. A importância do professor da educação infantil no combate à violência sexual infantil. In: *Anais Colóquio Estadual de Pesquisa Multidisciplinar (ISSN-2527-2500) & Congresso Nacional de Pesquisa Multidisciplinar*. 2017.
- [6] COSTA, Rui Alexandre Nunes da. A evolução da perspectiva psicodinâmica no abuso sexual de crianças: da psicanálise da teoria da sedução à psicanálise do Complexo de Édipo. [www.psicologia.com.pt](http://www.psicologia.com.pt) Acesso, v. 12, p. 2007, 2007.
- [7] FERREIRA, Maria Helena Mariante; DE AZAMBUJA, Maria Regina Fay. *Violência sexual contra crianças e adolescentes*. Artmed Editora, 2009.
- [8] FONSECA, Antonio Cezar Lima da. *Crimes contra a criança e o adolescente*. Porto Alegre: Livraria do Advogado, 2001.
- [9] FRANCISCHINI, Rosângela; SOUZA NETO, Manoel Onofre de. Enfrentamento à violência contra crianças e adolescentes: Projeto Escola que protege. *Revista do Departamento de Psicologia*. UFF, v. 19, p. 243-251, 2007.
- [10] NEVES, Anamaria Silva *et al*. Abuso sexual contra a criança e o adolescente: reflexões interdisciplinares. *Temas em psicologia*, v. 18, n. 1, p. 99-111, 2010.
- [11] PEDROSO, Vera Lucia Barreto, *Abuso sexual infantil: Conhecimento do enfermeiro sobre o seu papel no acolhimento das vítimas e na notificação de casos*, 2013.
- [12] VILLELA, Denise Casanova, Exploração sexual infantojuvenil na internet e a proteção às crianças e aos adolescentes, *Revista do Ministério Público do Rio Grande do Sul*, v. 1, n. 83, p. 27-50, 2017.
- [13] VOSGERAU, Dilmeire Sant'Anna Ramos; ROMANOWSKI, Joana Paulin. Estudos de revisão: implicações conceituais e metodológicas. *Revista diálogo educacional*, v. 14, n. 41, p. 165-189, 2014.

- [14] WHIFFEN, Valerie E.; MACINTOSH, Heather B. Mediadores da ligação entre abuso sexual infantil e sofrimento emocional: uma revisão crítica. *Trauma, violência e abuso*, v. 6, n. 1, pág. 24-39, 2005.
- [15] WOISKI, Ruth Oliveira Santos; ROCHA, Daniele Laís Brandalize. Cuidado de enfermagem à criança vítima de violência sexual atendida em unidade de emergência hospitalar. *Escola Anna Nery*, v. 14, p. 143-150, 2010