Primary health care: perception of the nurses in the face of the sexual violence against children and teenagers

ABSTRACT
Objective: This research aims to understand the perception of nurses that act on the Primary Health Care (PHC) regarding the sexual violence against children and teenagers. Method: This is a descriptive and exploratory study with a qualitative approach, realized with 12 nurses acting of the urban and rural zones of Iguatu state of Ceará. Results: 10 of the participants are female, about (83%) and only 2 are male (17%), varying between 30 and 41 years old, maintaining itself constant between 30 and 35 years old (42%). It was noticed that there is a certain confusion regarding the ethic and moral violence acting professionals. However, they refer that they are able to take care of children and teenagers in situations of violence and that the accessibility to the services is potentiality to the PHC. Conclusion: It was observed that the perception of the nurses was made clear during the study, as well as their knowledge and actions which were oriented to the confrontation of the violence against children and teenagers.

DESCRIPTORS: Primary health Care; Family health strategy; Sexua abuse; Children; Nursing.

RESUMEN
Objetivo: La investigación busca comprender la percepción de los enfermeros que actúan en la Atención Primaria de Salud (APS) acerca de la violencia sexual contra niños, niñas y adolescentes. Método: Se trata de un estudio descriptivo, exploratorio con abordaje cualitativa, realizado con 12 enfermeros(as) actuantes de la zona urbana y rural del municipio de Iguatu, Ceará. Resultados: 10 de los participantes son del género femenino, alrededor de (83%), y dos del masculino (17%), que van de 30 a 41 años, manteniéndose constante entre 30 a 35 años de edad (42%). Se notó que hay una cierta confusión acerca de la violencia ética y moral por parte de los profesionales actuantes, pero, refieren que están aptos para atender a niños, niñas y adolescentes en situaciones de violencia, y que el acceso a los servicios/redes es una potencialidad de la APS. Conclusión: Se constató que la percepción de los enfermeros quedó clara en el decorrer del estudio, bien como sus conocimientos y acciones orientadas al enfrentamiento de la violencia sexual contra niños, niñas y adolescentes.

DESCRIPTORES: Atención Primaria de Salud; Estrategia Salud de la Familia; Abuso Sexual; Niño y niña; Enfermería.

RESUMO
Objetivo: Compreender a percepção dos enfermeiros(as) que atuam na Atenção Primária à Saúde (APS) acerca da violência sexual contra crianças e adolescentes. Método: Trata-se de um estudo descritivo, exploratório com abordagem qualitativa, realizado com doze enfermeiros(a) atuantes na APS da zona urbana e rural do município de Iguatu, Ceará. Resultados: Dez dos participantes eram do gênero feminino (83%), e dois do masculino (17%), variando entre 30 a 41 anos, mantendo-se constante entre 30 a 35 anos de idade (42%). Notou-se uma certa confusão acerca da violência ética e moral pelos profissionais atuantes, todavia, os mesmos referem que estão aptos a atender crianças e adolescentes em situações de violência, e que a acessibilidade aos serviços/redes é uma potencialidade da APS. Conclusão: Constatou-se que a percepção dos enfermeiros(a) ficou clara no decorrer do estudo, bem como seus conhecimentos e ações voltadas ao enfrentamento da violência sexual contra crianças e adolescentes.

DESCRIPTORES: Atenção Primária à Saúde; Estratégia Saúde da Família; Abuso Sexual; Criança; Enfermagem.
INTRODUCTION

Violence is understood as the use of physical force and/or threats applied to oneself or against other people, resulting in psychological damages, injuries, and in some cases, death. Therefore, it is characterized as a complex and multivocal social phenomenon, affecting several social groups, among them children and adolescents. (1)

According to the Child and Adolescent Statute (Estatuto da Criança e do Adolescente - ECA) (1990) (2), a child is considered to be an individual up to 12 years of age incomplete and an adolescent from 12 to 18 years old. There are countless ways to rape a child, namely: physical and psychological abuse, sexual abuse and neglect, the most common forms of violence targeting this public. (3)

In Brazil, between 2011 and 2017, there was an increase of 83% in reports of violence. During this period, 184,524 cases were reported, 31% of which were aimed at children and 45% at adolescents. In Ceará, between January and June 2017, two thousand complaints were registered, representing an average of 11 per day, compared to 2016, it can be seen that there was an increase of 26% of occurrences. (4)

Therefore, the nurse is necessary in the investigations and in the coping actions aimed at this public, serving as a subsidy in the elaboration of effective strategies to combat violence.

That said, this research aimed to understand the perception of nurses working in PHC about sexual violence against children and adolescents.

METHOD

This is a descriptive, exploratory study with a qualitative approach, carried out with nurses who work in PHC in the municipality of Iguatu-Ceará, seven respectively from the urban area and five from the rural area, totaling 12 participants.

The inclusion criteria for the research were defined as: nurses with a minimum of six months of experience in the unit, considering the experience in the sector.
And for the exclusion criteria: absence by license, certificate or during collection, as well as psychoemotional vulnerability of the participant.

Initially, a pilot test was carried out in the municipality where the data was collected, as a consequence of the greater proximity between the site and the researcher. At the end of the test application, some adjustments were made to the sociodemographic questionnaire to better characterize the participants’ samples.

Data collection was carried out in the Basic Health Unit (Unidade Básica de saúde - UBS), marked by call or verbal invitation defining the date and time, in the months of September and October 2019, through a semi-structured interview containing questions about the proposed theme, using a digital recorder (smartphone) to preserve the participants’ speeches.

After the collection, the data were organized and digitized in full, in order to assist in the interpretation and analysis of the data and to compare them, later, with a thorough reading. For statistical analysis of the data, the software IRAMUTEQ (Interface of R pour les Analyzes Multidimensionnelles de Textes et de Questionnaires) was used, through two methods of analysis, the Descending Hierarchical Classification (Classification Hierarchique Descendante - CHD) to recover the original corpus, and the Word Cloud (NP) for organizing vocabularies, having the speeches characterized by letters and numbers, corresponding to each participant.

They were informed about the relevance of their contribution to the study, clarifying the objectives and procedures of the research, by which they confirmed their adherence through the signing of the Free and Informed Consent Term (ICF) in order to guarantee that the members had total freedom of give up at any time, and that their identities would be preserved using anonymity of their names, applying pseudonyms such as: E1, E2, E3, where E indicates the word nurse, followed by subsequent numbering.

The study complied with the determinations proposed by the National Health Council through Resolution No. 466 (7), obtaining approval from the Research Ethics Committee (Comitê de Ética em Pesquisa - CEP) of the Regional University of Cariri (URCA), under opinion number: 3.606.663 and with Certificate of Presentation of Ethical Appreciation (Certificado de Apresentação de Apreciação Ética - CAEE) corresponding to the numbering: 21274319.9.0000.5055.

RESULTS

Ten female professionals participated in the research, corresponding to about (83%) of the interviewees and only two male (17%). With regard to the age range of the participants, there was a variation between 30 to 41 years old, remaining constant between 30 to 35 years old (42%).

In order to describe in detail the participants’ profile and other information, it was necessary to outline their sociodemographic and professional characteristics. Presenting these variables in tables 1 and 2, respectively:

The data analysis consisted of a corpus expressed by a total of 12 texts generated based on the transcription of the 12 interviews, thus originating 223 Text Segments (ST), providing up to 169 segments, which is equivalent to 75.7 %. Thus, 7,815 distinct words emerged, 740 are consistent with the words that were mentioned only once in the corpus (frequency equal to one) and in total there were 761 active forms with a frequency > = 3. According to Camargo and Justus (2018) in order to have a beneficial progress, the ideal is that the corpus is compatible with a minimum rate of 75%.

Thus, the data collected during the interviews were divided into four classes, where the words were distinguished by means of the Descending Hierarchical Classification before the text segments

Table 1- Sociodemographic characteristics of nurses working in Primary Health Care in the municipality of Iguatu. Iguatu, CE, 2019.

<table>
<thead>
<tr>
<th>CARACTERÍSTICAS SOCIODEMOGRÁFICA</th>
<th>N°</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identidade de gênero</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mulher Cis</td>
<td>10</td>
<td>83%</td>
</tr>
<tr>
<td>Homem Cis</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>Idade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-35</td>
<td>5</td>
<td>42%</td>
</tr>
<tr>
<td>36-40</td>
<td>3</td>
<td>25%</td>
</tr>
<tr>
<td>Acima de 41</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Raça/cor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Branca</td>
<td>5</td>
<td>42%</td>
</tr>
<tr>
<td>Parda</td>
<td>7</td>
<td>58%</td>
</tr>
<tr>
<td>Renda familiar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3 salários mínimos</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>3 ou mais</td>
<td>10</td>
<td>83%</td>
</tr>
</tbody>
</table>

Table 2- Professional characteristics of nurses in Primary Health Care in the municipality of Iguatu. Iguatu, CE, 2019.

<table>
<thead>
<tr>
<th>CARACTERÍSTICAS PROFISSIONAIS</th>
<th>N°</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Titulação máxima</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Especialistas</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Recebeu capacitações na área de violência contra criança e adolescente?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Não</td>
<td>12</td>
<td>100%</td>
</tr>
</tbody>
</table>
Class II: PHC challenges and potential
The most evident words in this class were: “to approach”, “question”, “local”, “training”, “to face”, “problems”, “them”, “care”, “flow”, “challenge”, “bond” “And” professional “, characterizing the possible challenges and potentialities, highlighted in the speeches.

(...) I think that a challenge to be faced is precisely this issue of training, because as you already asked there, I do not remember having received any type of training related to this theme, something that must be worked on. (E10)

(...) Challenge is exactly what I said, which is found, there is no police support, so it is within the area, it involves issues of violence, it involves social issues, it involves things that cannot be solved, and sometimes it is hand tied, tries to trigger the other networks, but is not always successful. (E09)

Class III: Articulation of the multidisciplinary team in the face of sexual violence against children and adolescents

The words that stood out the most in this class were: “suspicion”, “doctor”, “health”, “home”, “accompanying”, “notification”, “talking”, “informing”, “forwarding”, “identifying”, “communicate”, “agent”, corresponding to the articulation of the PHC multiprofessional team, regarding:

(...) We have a notification sheet and try to make the notification on the sheet and leave it here at the health department or contact the tutelary council directly that we have the number. First of all, when we hear about it, we do the notification, communicate the advice and we also try to follow up that we don’t deliver the advice and never mind, right? We try to keep up, what did the council do? What were the results? (E4)

(...) In front of this confrontation, we have the health agent who is more in the home and checks the issue of violence more and when looking for us we see the issue of talking to these parents or caregiver and not going like that directly, and gradually so as not to chase this family away. We try to articulate with the tutelary council. (E6)

Figure 1 - Dendogram of the Descending Hierarchical Classification with the divisions and corpus content of the research. Iguatu, CE, Brazil, 2019.
Thus, the knowledge of professional nurses (a) about aspects and concepts regarding sexual violence, showed a range of information on the subject, and this directly implies the quality of care. However, it is necessary to offer better working conditions and the promotion of training to assist the service provided.

DISCUSSION

It is understood that nurses have prior knowledge about the types of violence and the concept of sexual violence against children and adolescents. However, it is evident in the statements that many confuse some terms and their applicability, such as ethical and moral violence. (8)

The situations of violence against children and adolescents are veiled by power bonds with their aggressors, making them unable to distinguish the possibilities of dealing with abuse, including the power to say no. (9)

When it comes to sexual violence against this public, it is necessary to identify all the variables related to this phenomenon, such as cultural, social, economic aspects and the environment in which the victim and family are inserted, as they contribute to the beginning and propagation of the cycle generational. (10)

Thus, according to Ortega et al. (11), the health sector is in a continuous process of renewal and technological and knowledge advances. For this reason, it is necessary that health professionals, in particular nurses, are frequently looking for updates and training as professional training, with the aim of providing quality care and based on scientific evidence. Corroborating for the eradication of situations in the contexts of sexual violence or of any nature, emphasizing the indispensable role of nurses in the front line of this fight.

A study by Galino et al. (12), confirms that it is essential that nurses know all types of violence, providing early identification, precise assistance geared to each case, as well as carrying out preventive and discouraging actions against violence. In this perspective, the nurses in the present study report that they are able to assist children and adolescents in situations of violence, and that accessibility to services/networks is a potential of PHC. Thus, we ratify the importance of having committed and ethical professionals, where factors limiting their performance will not compromise their duties.

Thus, professional qualification can enable an improvement in the conducts aimed at clients in situations of vulnerability to issues involving violence, extolling the performance of nurses in PHC, taking into account the various skills developed in this period of gaining knowledge. Therefore, it is clear that continuing education is not present, it can attenuate in the prevention of violence, whether it is repetitive and/or new occurrences, with priority being the detection right after the first contact with the victim. (13)

In this perspective, the identification of situations of violence is characterized as the most important phase in the performance of the team in PHC. A study, carried out with a nursing team from a UBS in the Centro Sul Fluminense region, states that in order to identify a case of violence, the professional needs to be sensitive, have skill and is available.

Cloud of Words

When making a general analysis of the NP presented in Figure 2 of the theme of nurses’ perception about sexual abuse against children and adolescents, the word “violence”, “child”, “sexual”, “advice”, are the most evident and of greater relevance in the textual corpus.

The statements processed in the software that constituted the NP are shown in the following clippings:

(...) Look at the violence against children and adolescents, the advice we know best is the advice of the adolescent, advice from the child and adolescent and the elderly, the others so we do not know how to handle it. (E1)

(...) Sexual violence is not only that which you see a person raping and everything, sometimes sexual violence is at home too ... it is when the wife does not allow it or anyone, a woman or a man does not allow and is forced. (E3)
to listen carefully to the other’s discourse. (10) Therefore, guidance and support for family members should be based on welcoming, clarification on the importance of parents’ attitudes, both in preventing violence and in making decisions, aiming at systematic and comprehensive care. (14)

Therefore, the nurse becomes essential in the assistance in situations of violence, associated with the scientific character in individual care for the victim of violence and his family. Consideration should be given to the dual care for the victim of violence and his family. The assistance in situations of violence, as associated with the scientific character in individual care for the victim of violence and his family. Consideration should be given to the dual care for the victim of violence and his family. The assistance in situations of violence, as associated with the scientific character in individual care for the victim of violence and his family. Consideration should be given to the dual care for the victim of violence and his family. Consideration should be given to the way in which care is conducted, so that it is a favorable space for interaction and the development of a bond with the user. (15)

Therefore, it is imperative to reflect on the encouragement of discussions on the topic at hand and to provide training for health professionals, focusing on nurses for playing a relevant role in the identification and notification of cases of violence. That said, it is understood that the theme should be included in the academic context, so that students and future professionals are formed aware of their role, recognizing their contribution to the community focused on situations of violence.

CONCLUSION

The nurses’ perception, knowledge and actions became clear during the study regarding coping with sexual violence against children and adolescents. Taking into account that PHC plays a fundamental role in facing the cycles of violence, affirming the need to reframe health practices and consolidate policies aimed at the theme in question.

Therefore, it is reflected on the relevance of training for these professionals and discussions on the issue. However, there is still a gap in the handling of cases of violence, with this, the present study will spread new knowledge about the theme and broaden new horizons.