

**59 - EXPERIENCES OF HEALTH PROFESSIONALS WITH CHILD ABUSE VICTIMS:  
A STUDY IN A PEDIATRIC HOSPITAL IN BOA VISTA/RR**

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**INTRODUCTION**

In recent years, violence has been considered an important worldwide health hazard, affecting all age groups and social classes, becoming a grave Public Health problem and regarded by many authors as the "epidemic disease" of the twenty-first century (MARTINS, 2008; SALIBA, 2007).

According to Martins (2008), violence is responsible for an annual expense of 425 billion dollars for Americans and represents an average of 20% of Latin American countries' total expenses. In Brazil, according to data from the Ministry of Health (Ministério da Saúde – MS), violence cases consume 8 to 10% off the budget in hospitals equipped with emergency rescue wards (BRASIL, 2008).

This problem, however, becomes even more significant when the individuals affected by these acts are those most fragile, incapable of self-defense and dependant on an adult, as is the case with children. According to Cavalcante et al. (2009), violence against these minors has alarmed several sectors of society due to the growing numbers and resulting injuries and traumas.

Given the inexactness of available data, this type of violence is still characterized as a silent even which grows worldwide, the related knowledge still in its building stages due to its complexity (MARTINS, 2008).

In order to better understand this theme, child abuse can be defined as any non-accidental action that causes physical or psychological damage, perpetrated by the child's parents or caretakers, resulting from physical, sexual or emotional aggression (BASON, 2008). This author adds that these events can occur due to omission or permission, threatening the child's physical or psychological development.

In Brazil, the mobilization of professionals and organizations to denounce child abuse has only begun over the last few decades, with the appearance of representative instances and political forces dedicated to prevention and denounce. This effort was a result from the passing of the 1988 Constituição Federal (Federal Constitution), and the creation of the Estatuto da Criança e do Adolescente (Child and Adolescent Law - ECA), which guarantees rights, according to Federal Law 8,069 from July 13, 1990 (BRASIL, 1988; BRASIL, 1990).

Only after the creation of ECA children and adolescents were considered by law as subjects of rights and truly considered citizens with the right to freedom, participation, guaranteed life and well-being, and no longer defenseless and submissive objects of tutoring and obedience (BRASIL, 1990).

With these initiatives, the cases of violence against minors became more visible for the society, making the notification of suspected or confirmed cases mandatory in accordance with articles 13 and 245 of the Federal Law 8,069/90. This law lists penalties for physicians, teachers and health and education establishment managers who fail to report suspected or proven child abuse cases to the responsible organizations (BRASIL, 1990).

Given this context, health professionals as human beings and citizens with rights and duties to fulfill must intervene in situations in which children or adolescents are exposed to abuse. Given this data and expecting to find answers to our purposes, we ask: who are the professionals that give care to child abuse victims? Who are the aggressors? And what is the body region most affected by the acts of violence?

Considering these questions and knowing the theme's importance, we elaborated the following objective: to characterize professionals that give care to child abuse victims; to identify the aggressors and the body region most affected by the acts of violence.

**MATERIAL AND METHOD**

Descriptive exploratory study, with quantitative approach, developed in Hospital da Criança Santo Antônio (HCSA), located in Boa Vista, Roraima. This hospital was chosen for admitting children victimized by all types of external causes, with approximately 200 daily procedures in the pediatric, emergency rescue and outpatient wards with approximately 25 hospitalization entries per day.

The population consisted of 235 professionals, who agreed to take part on the research, signing a term of free and clear consent (Termo de Consentimento Livre e Esclarecido – TCLE). Among these, 07 were social assistants, 150 nursing assistants and technicians, 35 nurses, 38 physicians and 05 psychologists.

The data collection was performed June to August 2006, on all three shifts, using a previously structured form containing questions regarding personal and professional identification and data specific to care given to the child abuse victim. In order to proceed with data collection, we followed the legal and ethical principles regarding research on human beings set by Resolução n°. 196/96 of Conselho Nacional de Saúde, after approval by the registration protocol in the Comitê de Ética e Pesquisa (CEP) from Hospital Universitário Onofre Lopes, Protocolo n°. 058/07 (BRASIL, 2000).

The health professionals were interviewed individually in the same work sector they belonged to, but in a reserved environment so the answers could be collected with secrecy.

The data were electronically categorized and processed through Microsoft Excel XP and Statistica 6.0 software, and analyzed through descriptive statistics.

**RESULTS AND DISCUSSION**

By analyzing the data from all professional categories, we observed that most 150 (63.9%) were nursing assistants and technicians, 38 (16.2%) physicians, 35 (14.8%) nurses, 07 (3.9%) social assistants and 05 (2.1%) psychologists. Regarding these professionals, we observed a predominance of the female gender with 179 (76.2%), aged 31 to 35 (62 professionals, 26.8%), followed by those aged 26 to 30 (58 professionals, 24.7%) and 43 professionals (18.3%) were aged 36 to 40.

Several authors observe, concurrently, that there is a predominance in the amount of nursing assistants and

technicians when compared to other professionals. These authors comment that this situation occurs due to the fact that only middle-level instruction is required to obtain that title (LIMA et al., 2009; COFEN, 2007).

Concerning the nursing team these data reinforce our country's real situation, in which nursing assistants and technicians still make of the majority of the hospital personnel. The reasons that contribute to this fact are the existence of a large amount of related instruction schools, the Federal Government's emphasizing of professional courses and the earning level, lower than that of superior level, leading to the hiring of more professionals in this category (COFEN, 2007).

Regarding gender, Nápolis et al. (2006), in a study with 191 health professionals in 15 hospitals in São Paulo, identify that females were predominant among nurses (85.9%). Among physicians, however, males were more frequent (55.5%).

Regarding the nursing team's age group, we found results similar to Souza et al. (2009), as they detected most such professionals are in the age group of 26 to 35 years of age.

Considering the aggressors, we observed that 27.72% (102) of health professionals consider the mother the child's main abuser, followed by the father with 26.36% (97) and 22.28% (82) the stepfather. By analyzing each professional's opinion individually, we observed the mother was considered the child's main abuser and, in the study by Silva and Silva (2005), the father and mother are the main abusers. In agreement with these data, Alexander (2008) observed in his research that severe physical child abuse was found on 14.8% of houses with a stepfather and 5.8% of houses with two genetic parents. The step-father's presence increased the chance of severe physical abuse by the mother almost fourfold, when compared to the presence of genetic fathers.

Regarding the lack of notification, Alexander (2008) reports that this fact is often associated to a new marriage by the mother, since she might be so concerned to keep her new partner as to become less patient and more aggressive towards her children with previous partners. Furthermore, the mother may be more prone to hiding that her new partner abuses her child.

Concerning the most affected body region, according to the professionals' general opinion, the limbs and pelvic waist were predominant with 26.55% (103), followed by head and neck with 22.94% (89) and the outer surface with 21.65% (84). When seeking each professional category's opinion individually, 85.71% (06) social assistants consider limbs and pelvic waist, followed by psychologists with 80% (04), nurses with 65.71% (23) and 55.26% (21) physicians. Nursing assistants and technicians consider the head and neck and outer surface with an equal percentage 37.33% (56).

Farias, Nogueira and Barreto (2002), however, found diverging data when analyzing the most affected body regions, as they observed almost all body regions had the same percentage. Notwithstanding, the face had the greatest incidence and the torso the lowest rate. Other authors observed the regions most affected by violence were the torso, abdomen, upper limbs and that the most often identified injury were cigarette or cigar burns, immersion into boiling liquid, ironing appliances, oven plates and rope friction (WHALEY, WONG, 1999).

## CONCLUSIONS

We conclude that in relation to professionals, there was a predominance of the female gender with 179 (76.2%) aged 31 to 35 with a total of 63 (26.8%). As for the professional formation, 150 (63.9%) were nursing assistants and technicians, 38 (16.2%) physicians, 35 (14.8%) nurses, 07 (3.9%) social assistants and 05 (2.1%) psychologists.

Regarding aggressors, we observed that 27.72% (102) health professionals consider the mother the child's main abuser, followed by the father with 26.36% (97) and 22.28% (82) the stepfather. The analysis according to professional category shows that the mother was considered the child's main abuser in the opinion of 38.67% (58) nursing assistants and technicians. Among nurses, the mother and father have the same ratio with 48.57% (17) each. The father was indicated as the main abuser in the opinion of 80% (04) psychologists, 71.43% (05) social assistants and 63.16% (24) physicians.

Regarding the affected body region most often identified by professionals in this study, 26.55% (103) reported the limbs and pelvic waist, followed by the head and neck with 22.94% (89) and the outer surface with 21.65% (84). When evaluated by each separate professional category, 85.71% of social assistants, 80.00% of psychologists, 65.71% of nurses and 55.26% of physicians inform that wounds were more often present on the limbs and pelvic waist.

We hope the results reached in this research can assist professionals on the knowledge of signs and symptoms that lead them to suspect or identify cases of abuse and act in the care of the child abuse victim and their relatives in a multidisciplinary and inter-sector fashion, respecting the current laws.

**KEYWORDS: CHILD ABUSE, HOSPITALIZED CHILD, PEDIATRIC NURSING.**

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#### **EXPERIENCES OF HEALTH PROFESSIONALS WITH CHILD ABUSE VICTIMS: A STUDY IN A PEDIATRIC HOSPITAL IN BOA VISTA/RR**

##### **ABSTRACT**

In Brazil, the mobilization of entities and professionals towards denouncing child abuse has only begun over the last few decades, with the appearance of representative political forces and instances dedicated to prevention and denounce. With these initiatives, child abuse cases have become more visible for society, making the notification of suspected or confirmed cases mandatory. This work was thus aimed at identifying, according to each health professional's experiences, the types of abuse on hospitalized children, their aggressors and the most affected body region. It's a quantitative exploratory descriptive study, performed in the Hospital da Criança Santo Antônio/RR, with a population of 235 health professionals. The results show a predominance of female gender with 179 (76.2%) aged 31 to 35 with a total of 63 (26.8%). As for professional formation, 150 (63.9%) were nursing assistants and technicians, 38 (16.2%) doctors, 35 (14.8%) nurses, 07 (3.9%) social assistants and 05 (2.1%) psychologists. Most professionals (27.72%) considered the mother to be the main abuser, followed by the father with 26.36%. When analyzing body region, 26.55% identified limbs and pelvic waist, followed by head and neck (22.94%).

**KEYWORDS:** Child Abuse, Hospitalized Child, Pediatric Nursing.

#### **EXPÉRIENCES DES PROFESSIONNELS DE LA SANTÉ CONCERNANT L'ENFANT VICTIME DE LA VIOLENCE / UNE ÉTUDE DANS UN HÔPITAL DE PÉDIATRIE À BOA VISTA/RR**

##### **RÉSUMÉ**

Au Brésil, la mobilisation des entités et des professionnels en vue de dénoncer les violences commises sur les enfants n'a commencé à voir le jour que dans les dernières décennies, avec l'apparition des instances et des forces politiques tournées vers la prévention et la dénonciation des abus. Ces initiatives confèrent une plus grande visibilité aux violences perpétrées sur les mineurs, dans la double mesure où elles font assumer des responsabilités et rendent obligatoire la notification des cas soupçonnés ou confirmés. Le présent travail a eu pour but d'identifier, en fonction de l'expérience de chacun des professionnels de la santé interrogés, les formes des violences commises sur l'enfant hospitalisé, ses agresseurs et la région du corps la plus touchée. Il s'agit d'une étude exploratoire descriptive quantitative, réalisée à l'Hospital da Criança Santo Antônio/RR, avec une population de 235 professionnels de la santé. Les résultats obtenus montrent clairement une prédominance du sexe féminin (179 ; 76,2 %) dans la tranche d'âge entre 31 et 35 ans (63 ; 26,8 %). Quant à la formation professionnelle, 150 (63,9 %) étaient aides-soignants et gardes-malades, 38 (16,2 %), médecins, 35 (14,8 %), infirmiers, 07 (3,9 %), assistants sociaux et 05 (2,1 %), psychologues. La violence la plus souvent identifiée, c'est la violence physique (29 %), suivie de la négligence (25,80 %). La majorité des professionnels (27,72 %) considéraient la mère comme le principal agresseur, suivie du père (26,36 %). Quant à la région du corps, 26,55 % ont identifié les membres et la ceinture pelvienne, suivis de la tête et du cou (22,94 %).

**MOTS CLÉS:** Maltraitance Enfantine, Enfant Hospitalisé, Infirmerie Pédiatrique.

#### **VIVENCIAS DE LOS PROFESIONALES DE SALUD, CON NIÑOS VICTIMAS DE VIOLENCIA, UN ESTUDIO EN EL HOSPITAL DE PEDIATRÍA EN BOA VISTA/RR**

##### **RESUMEN**

En Brasil, la movilización de entidades y profesionales en el sentido de denunciar la violencia contra los niños, tuvo inicio apenas en las últimas décadas, a partir del surgimiento de instancias y fuerzas políticas representativas dirigidas para la prevención y denuncia. Con esas iniciativas, los casos de violencia contra menores, se vuelven más visibles para la sociedad, responsabilizando y volviendo obligatoria la notificación de casos sospechosos o confirmados. Por lo tanto, ese trabajo tuvo el objetivo de identificar, de acuerdo con la vivencia de cada profesional de salud; los tipos de violencia en el niño hospitalizado. Sus agresores y la región del cuerpo más atacada. Se trata de un estudio investigativo-descriptivo-cuantitativo, realizado en el Hospital del Niño Santo Antonio /RR. Con una población de 235 profesionales de salud. Los resultados evidencian predominio del sexo femenino 179 (76,2 %) en la edad entre 31 y 35 años con 63 (26,8%). En cuanto a la formación profesional: 150 (63,9%) eran auxiliares y técnicos de enfermería, 38 (16,2%) médicos 35 (14,8%) enfermeros, 07 (3,9%) asistentes sociales y 05(2,1%) psicólogos. La violencia más comúnmente identificada fue la física 29%, seguida de la negligencia, 25,80%. La mayoría de los profesionales (27,72 %) considero a la madre como principal agresora, seguida del padre. Con 26,36%. analizando la parte del

cuerpo. 26,55%. Identificaron los miembros y la p lviz, seguido de la cabeza y cuello (22,94%).

**PALABRAS CLAVES:** Maltrato a los Ni os, Ni o Hospitalizado, Enfermer a Pedi trica.

### **VIV NCIAS DOS PROFISSIONAIS DE SA DE COM A CRIAN A V TIMA DE VIOL NCIA: UM ESTUDO NO HOSPITAL DE PEDIATRIA EM BOA VISTA/RR**

#### **RESUMO**

No Brasil, a mobiliza o de entidades e profissionais no sentido de denunciarem a viol ncia contra as crian as teve in cio apenas nas  ltimas d cadas, a partir do surgimento de inst ncias e for as pol ticas representativas voltadas para a preven o e den ncia. Com essas iniciativas, os casos de viol ncia contra esses menores tornam-se mais vis veis para a sociedade, responsabilizando e tornando obrigat ria a notifica o de casos suspeitos ou confirmados. Portanto, esse trabalho teve o objetivo de identificar, de acordo com a viv ncia de cada profissional de sa de, os tipos de viol ncia na crian a hospitalizada, seus agressores e a regi o corp rea mais atingida. Trata-se de um estudo explorat rio descritivo quantitativo, realizado no Hospital da Crian a Santo Ant nio/RR, com uma popula o de 235 profissionais de sa de. Os resultados evidenciam predomin o do sexo feminino 179 (76,2%) na faixa et ria entre 31 e 35 anos com 63 (26,8%). Quanto   forma o profissional, 150 (63,9%) eram auxiliares e t cnicos de enfermagem, 38 (16,2%) m dicos, 35 (14,8%) enfermeiros, 07 (3,9%) assistentes sociais e 05 (2,1%) psic logos. A viol ncia mais comumente identificada foi a f sica 29%, seguida da neglig ncia, 25,80%. A maioria dos profissionais (27,72%) considerou a m e o principal agressor, seguido do pai com 26,36%. Analisando a regi o corp rea, 26,55% identificaram os membros e a cintura p lvica, seguido da cabe a e pesco o (22,94%).

**PALAVRAS-CHAVE:** Maus-Tratos Infantis, Crian a Hospitalizada, Enfermagem Pedi trica.

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