

# **HUMANIZATION IN CARE FOR VICTIMS OF CHILD SEXUAL VIOLENCE: PERSPECTIVES AND CHALLENGES**

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**Abstract:** Introduction: Child sexual violence is a multifactorial problem that impacts individual and collective health in physical and psychological aspects, and humanization in the care of victims is of fundamental importance for minimizing damage and complying with legislation. Objectives: to present the current model of care for children and adolescents who are victims of sexual violence in Brazil; prove the importance of the humanization of this service, analyze the challenges faced by the professionals of the Multiprofessional Health Team and identify measures that allow the achievement of a humane and integral service. Methodology: bibliographic review of legal, academic and scientific materials that address the perspectives and challenges of humanizing care for victims of child sexual violence in Brazil.

**Keywords:** Reception; Aggression; Multiprofessional Team; Childhood.

## INTRODUCTION

Child sexual violence can be understood as a problem influenced by social and cultural factors, which has an impact on individual and collective health, relating to ethnic and gender inequalities, as well as the emergence of emotional and behavioral disorders in the victims (SANCHES; GABRIELA; RAMOS; ROZIN; RAULI, 2019).

In view of the legal scenario, child sexual violence is defined as a criminal practice, sexual act or game, carried out by individuals who are psychosocially more developed than the victim, with the aim of provoking sexual stimuli for their own satisfaction. Such practice can be characterized by rape, incest, harassment, exploitation, pornography, pedophilia, manipulation of the genitals, imposition of intimacies, exhibitionism and erotic practices (BRASIL, 2010).

In Brazil, it is known that this type of violence presents as aggressors mainly individuals

inserted in the child's family circle, such as companions of mothers, biological fathers, grandfathers, uncles and godparents, in order to point to the importance of qualification of the team of assistance in carrying out a proper reception and effective conduct (HUÇULAK; FERREIRA; TCHAIKOVSKI, 2018).

In the foreground, it must be noted that sexual violence has both physical and psychological signs and symptoms, mostly manifested by indirect signs, a factor that makes it difficult for health professionals to identify aggressions and points to the need for intervention by other institutions and professionals that deal with the child population in the recognition of cases of sexual violence in different environments in which the child is inserted (BRASIL, 2010).

In addition, children who are sexually abused are subject to consequences that affect both physical aspects - such as pregnancy, sexually transmitted infections; and psychological - such as psychic traumas that prevent the victim's development in affective and sexual matters until adulthood. Therefore, it is essential that reflections are raised on listening, welcoming and monitoring children who are victims of child sexual violence (ARAÚJO, 2021). Thus, it will become possible to minimize the consequences of such aggression.

Given the above, the present study seeks to identify: How is care provided to children and adolescents who have been sexually abused in Brazil? What are the impacts of the humanization of this process in minimizing the consequences of aggression? What are the difficulties of the Multiprofessional Health Team in caring for these victims and how can they be solved?

In this bias, Law No. 13,813, of September 13, 2009, ensures that victims of child sexual violence receive medical, psychological, social and legal assistance and follow-up (BRASIL,

2009a). Likewise, the manual for Assistance to Children and Adolescents Victims of Violence highlights the need for a multidisciplinary team to work, as well as guaranteeing victims a non-judgmental reception by health professionals and a patient physical examination, careful and understanding, in order to avoid the constitution of new traumas (BRASIL, 2011).

Nonetheless, it is possible to identify a difficulty on the part of the Multiprofessional Health Team in providing care to victims of child sexual violence, a scenario that occurs mainly as a result of the lack of professional training and the lack of technical knowledge on the subject, factors that point to the need for actions that prepare health professionals to provide humanized and holistic care to these victims (GARCIA; MACIEIRA; OLIVEIRA, 2017).

In view of this, it is essential that professional training policies to act in cases of child sexual violence involve scientific, instrumental and humanitarian aspects, in order to ensure that care is provided in a technical, ethical, safe and effective manner (TRABBOLD; SILVEIRA; GUIMARÃES; SANTOS, 2021).

## JUSTIFICATION

The sociocultural phenomenon of child sexual violence is a serious public health problem, which negatively affects individual and collective health, since it increases the predisposition to alcoholism, drug abuse, depression, suicidal ideation, among other psychopathologies in adult life ( SANCHES et al, 2019). In addition, it is the reason for a substantial burden on the health system, referring to medical consultations and hospital admissions directly or indirectly related to the episode of sexual assault (PLATT et. al, 2018).

In the foreground, it is known that the provision of humanized, continuous and comprehensive care to children and

adolescents victims of sexual violence has the potential to minimize physical damage and psychological effects caused by aggression. However, several factors prevent this ideal scenario from being realized (VON HOHENDORFF; HABIGZANG; KOLLER, 2015).

Furthermore, the lack of systematization of information makes it difficult to identify problems in care and prevents investments in actions aimed at existing gaps, making it necessary to expand intersectoral access to information regarding the topic (DESLANDES; PAIXÃO, 2019).

Furthermore, the scarcity of data on child sexual violence points to the neglect of the problem and is a limiting factor for the development of research on the subject. However, it is essential that knowledge of the existence and frequency of cases of sexual aggression against children and adolescents be expanded in order to enable effective confrontation of violence (VASCONCELOS, 2010).

Given the above, the present study can be justified by the relevance of the problem of humanization in the treatment of cases of sexual violence against children and adolescents., accompanied by the lack of studies that universalize information on the subject in the service network and identify viable alternatives capable of providing victims with a humanized, longitudinal, continuous, comprehensive and effective follow-up, which makes it possible to minimize physical and psychological sequelae, in order to improve patients' quality of life.

By expanding access to information and knowledge of legal and health professionals on the forensic theme, the research has a central role in clarifying measures capable of improving humanization in the care of children and adolescents victims of sexual violence, benefiting both the victims as well as

professionals in the care network.

## **GOALS**

### **GENERAL GOALS**

- To analyze legal, academic and scientific bibliographies that address the perspectives and challenges of humanized care for victims of sexual violence in Brazil.

### **SPECIFIC OBJECTIVES**

- To present the current model of care for children and adolescents who are victims of sexual violence in Brazil.
- Prove the importance of humanizing care for victims;
- To analyze the challenges faced by the professionals of the Multiprofessional Health Team;
- Identify measures that make it possible to provide humane and comprehensive care in cases of sexual violence involving children and adolescents.

## **MATERIALS AND METHODS**

A bibliographic, descriptive and expository research will be carried out on the humanitarian conduct adopted in the protocols of care for children and adolescents victims of sexual violence, with reference to the legislation in force in Brazil, as well as the manuals and guides of the Ministry of Health on the subject. In addition, in order to achieve the proposed objectives, the present study will present as a theoretical basis publications from scientific and academic journals that highlight the importance of humanization in the reception and care of victims of child sexual violence, in order to optimize the work of the Team and reduce the psychological and social consequences of aggression.

Therefore, the research will be divided into four stages. A priori, there will be a presentation of the conduct of the Health Team guided

by Brazilian legislation and health agencies. In the second stage, academic and scientific publications will be consulted that show the importance of humanized and comprehensive care in minimizing the psychological and social consequences of sexual aggression during childhood. The third stage will consist of the analysis of the challenges faced by the professionals of the Multiprofessional Team in the humanization of care for victims of child sexual violence. Finally, the fourth stage will seek to identify measures that can be adopted in order to overcome the obstacles detected and allow the provision of humanized and comprehensive care.

## **LITERATURE REVIEW**

At the moment in Brazil, clinical care for cases of sexual violence takes place through reception, followed by history registration, clinical, gynecological and complementary exams, collection of traces, emergency contraception, immunoprophylaxis for HIV and Hepatitis B, the last two topics being mentioned above exclusively for cases in which the violence occurred up to 72 hours before seeking the health service. In addition, the service must cover mandatory notification to the health authority and Guardianship Council (when dealing with children or adolescents), as well as the social, psychological and outpatient follow-up (BRASIL, 2015).

It is clear that the effectiveness of multidisciplinary and inter-institutional action is initially made possible by filling out the notification form, which must be done in an ethical, respectful and sensitive manner, in order to establish a link between the health area and the legal system., in addition to enabling the investigation of factors related to violence and the protection of victims (ARAUJO; RAMOS; ZALESKI; ROZIN; SANCHES, 2019).

In the foreground, It is worth mentioning

that the reception of the sexually assaulted person must be carried out in an integral way in all places and moments of care. This can be performed by nurses, social workers, psychologists or other trained professionals. In cases where the victim is a child or adolescent, attention must be paid to the possibility of repression of the report by companions, family members or professionals present and, in these cases, verify the feasibility of interviewing the victim without the family member who restrains the report, given that many children may be being abused by their own companions (HUÇULAK; FERREIRA; TCHAIKOVSKI, 2018).

In addition, it is of fundamental importance that the reception extends to the moment of clinical care, which represents a moment of fear and anxiety on the part of patients. In this sense, the collection of data regarding abuse must be carried out in a brief and punctual way, without issuing opinions, judgments or personal curiosities without clinical justification on the part of the professionals, the exams and procedures must be explained in detail to the patient, who may eventually face the physical examination as an extension of the violence suffered previously (HUÇULAK; FERREIRA; TCHAIKOVSKI, 2018).

In continuity, the victim's exposure to multiple testimonies of what happened to several professionals who are strangers to him and are, in most cases, unprepared to deal with the situation, potentiate the suffering of the child or adolescent, through the process called re-victimization, which reaffirms the need for an effective and humanized service that avoids multiple submissions of the individual to scenarios that refer to the violence suffered (PAIVA, 2017).

Otherwise, inadequate monitoring, especially in the psychological aspect, has great potential to increase the quality of life

and minimize psychopathological sequelae in childhood, adolescence and adulthood of abused children, thus justifying investments to optimize and universalize care services (VON HOHENDORFF; HABIGZANG; KOLLER, 2015).

It can be observed that suicide attempts, development of mental and behavioral disorders and post-traumatic stress disorder are increased in individuals who have suffered sexual violence in childhood. However, referral to protective institutions, although mandatory, does not happen in all cases, mainly due to the reluctance of pediatricians responsible for distrust in these agencies (PLATT et al., 2018).

In this bias, it is known that cognitive-behavioral therapy significantly reduces symptoms of depression, anxiety, stress and post-traumatic stress disorder, regardless of the time elapsed between the violence and the beginning of the psychological intervention, in order to point to the relevance of the continuity of treatment after care in the health service (HABIGZANG; DAMASIO; KOLLER, 2013).

It is the right of victims of sexual violence to receive immediate and emergency medical, psychological and social care for the control and treatment of physical and psychological conditions resulting from it, provided for by law nº 12.845/2013 (BRAZIL, 2013). However, the referral rates of children and adolescents who have been abused are low and are in line with the evidence of serious psychopathological repercussions found on the victims, a scenario favored by the gap in the continuous care of children and adolescents who suffer sexual violence, as well as the inability to evaluate and intervention of health professionals (VON HOHENDORFF; HABIGZANG; KOLLER, 2015).

Still within the scope of continuity of care, after hospital care, the person sexually



assaulted must be referred to a basic health unit, or other service appropriate to the needs specific to the patient to provide individual and family care, which applies the principles of longitudinality and integrality, in addition to including community guidance, with individual and collective actions in the community in which the victim is inserted (HUÇULAK; FERREIRA; TCHAIKOVSKI, 2018).

In addition to the psychological and social consequences mentioned above, it was found that exposure to sexual violence in childhood or adolescence is related to several physical causes of mortality in adult life, such as ischemic heart disease, malignant neoplasms, chronic obstructive pulmonary disease, skeletal fractures and liver disease, pointing to the need to provide a resolute service to victims (FELITTI et al., 1998)

Unfortunately, the reality observed in Brazil is one of insensitivity on the part of health professionals who are not directly linked to the sexual violence service, but are necessary to carry out a comprehensive follow-up. This scenario is due both to the permanence of stigmas on the subject and to the deficient academic training in the aspect of dealing with cases of sexual violence (OLIVEIRA et al., 2005).

Otherwise, considering the significant lack of formal notification and child protection measures, it is possible to infer that the difficulty in identifying cases of sexual abuse in health networks, lack of knowledge of professionals regarding child and adolescent protection laws, shortcomings in communication and planning between the different sectors in the care network, are factors that corroborate the increased risk of sexual violence and the ineffectiveness of the protection system (HABIGZANG; RAMOS; KOLLER, 2011).

The Ministry of Health lists three main challenges for the construction of a

notification system, namely: the incorporation of notification and the organizational framework of preventive services; the training of health and education professionals; and the formation of alliances and partnerships to guarantee an expanded support action, among which the communication between the health network and the Guardianship Council (BRASIL, 2002) stands out.

Still considering the obstacles of humanization in the care of victims of sexual violence against children, it is possible to mention the superficiality of teaching in the forensic area in the graduations of the health area, which does not include the development of research and projects on the subject, in order to make difficult the understanding of the theme by professionals. In addition, investments in preventive and awareness-raising actions are incompatible with the severity of the scenario observed in Brazil today (CAVALCANTE et. al, 2019).

Another point that must be highlighted is the lack and inaccuracy of information in individual cases of child sexual violence, a situation that is justified by the lack of communication between the different sectors of the care network and generates difficulty in identifying the protection and risk factors involved in the family and legal context of the victims (HABIGZANG et. al, 2006).

Regarding the paths to be followed for the protection of vulnerable groups, such as children and adolescents, the application of bioethics is essential, in which the principles of autonomy, integrity, beneficence and non-maleficence are found, capable of materializing dignity (SANCHES et al., 2019).

In order to identify network faults and possible intervention strategies, the professionals of the health teams responsible for the care of victims of child and adolescent sexual violence need continuous training, which must be constantly evaluated to

ensure the effectiveness of the network (HABIGZANG; RAMOS; KOLLER, 2011).

The training of health and education professionals for the diagnosis, notification and referral of problems related to sexual violence against children and adolescents plays a key role in the development of social awareness on the subject. To this end, it is mandatory that there is an awareness of professionals and an understanding of the meaning, manifestations and consequences of abuse (BRASIL, 2002).

Additionally, professional training programs, which are currently discontinuous and unspecific, must not only involve those who work directly with victims, taking into account that the care network is multidisciplinary and has legal, psychological, logistical, medical components, among others. others (DESLANDES; PAIXÃO, 2010).

In order to avoid prolonging the suffering of the abused child or adolescent, the qualified listening sector, directed by psychologists, can provide playful environments with books and toys, which make the victim feel free to interact and report the facts spontaneously, while the recording of the facts by the police investigators can occur in a spontaneous way. superficial, through the account of the legal guardian, so that the revictimization resulting from new subpoenas of the victim is minimized (PAIVA, 2017).

It is worth remembering that the participation of families of victims of abuse in judicial interventions is of equal importance to the performance of the multiprofessional health team, especially in the aspect of continuity of care, since uninvolved families do not usually comply with the referral to the specialized service, making them if necessary, the preparation of professionals to create bonds and family guidance (HABIGZANG, 2006).

In short, approaches to combating child

sexual violence, necessarily include social recognition and awareness, advancement of legislation and optimization of physical and personal care structures. To this end, it is urgent that children and adolescents be recognized as vulnerable, and treated this way, with expanded care and protection, mainly through the application of bioethics, which meets the protection of the rights of the most vulnerable groups (SANCHES et. al, 2019).

Finally, it is worth noting that the proposal to humanize assistance to victims of child sexual violence provides the establishment of comprehensive care, capable of meeting the multiple and unique needs of patients, with a solidary and responsible basis with the potential to reverse the violation. moral, physical or psychological damage caused by sexual aggression (DESLANDES; PAIXÃO, 2006).

## **FINAL CONSIDERATIONS**

As exposed in the present study, child sexual violence is a complex and multifactorial problem, which encompasses cultural, social, psychological and legal factors. Likewise, the care model for victims must be broad and integrated, through the performance of a multidisciplinary team that forms a comprehensive care network, capable of providing medical, social and psychological follow-up, which must continue after hospital care.

Taking into account the serious short- and long-term consequences caused by sexual violence against children and adolescents - such as anxiety, depression, suicide attempts, post-traumatic stress disorder and organic causes of mortality in adult life - it was concluded that the humanization in the care of victims of child sexual violence by all professionals in the specialized service and in the continuity of care network are of fundamental importance for minimizing the

physical and psychological sequelae caused by the aggression. The humanized reception must be initiated with the service and extended to all the exams and procedures performed.

It was inferred that the obstacles to achieving humanized, longitudinal and comprehensive care are multifactorial and intersectoral, including both the medical and psychosocial sectors. The lack of knowledge of professionals is due to deficient academic training, followed by the scarcity and ineffectiveness of training and qualification programs. In addition, the difficulty of communication between the different sectors of action in cases of child sexual violence, makes it impossible to raise awareness through information and sensitization of professionals who are not involved in direct care for victims, as well as the development of integrated actions. Finally, the investments destined to the problem are incompatible with the gravity of the current situation,

Given the above, in order to materialize humanization in the care of children and adolescents who are victims of sexual violence, it is necessary to adopt complex and intersectoral measures, such as the inclusion of forensic themes in undergraduate courses, the provision of training programs and continuous awareness raising for professionals in the area, information integration programs between the medical and legal sectors, as well as increased investments in service infrastructure and professional qualification.

This way, medical care humanized will be able to minimize the physical damage of aggression, without promoting the re-victimization and extension of the suffering of the child or adolescent during the interview and clinical and gynecological exams. In addition, the continuity of care for both the victim and the family, with emphasis on the work of psychologists, will improve the quality and reduce the risks of developing future

psychopathological problems resulting from sexual violence suffered in childhood. Finally, raising awareness among legal professionals and systematizing information are essential for the materialization of an integrated and functional care network in all its aspects, capable of planning actions compatible with the needs of victims and professionals.



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