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Literature Review

Assistance to Child Sexual Abuse Victims: From Disclosure to the Critical Path. An Integrative Literature Review

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Abstract

Objective: This paper presents an integrative review of Brazilian norms and guidelines for assisting children who have suffered sexual abuse and reflectively discusses the difficulties of victims and families to reveal this violence, the notification of cases, and the care pathway imposed on them up from the revelation.

Method: Integrative review regarding "sexual violence in childhood and adolescence" using official Brazilian websites and online libraries SciELO, PubMed and Google Scholar.

Results: The Technical Norm "Prevention and Treatment of Diseases Resulting from Sexual Violence against Women and Adolescents" provides support for structuring care networks for victims of sexual violence. The journey taken by victims for assistance is a long one, involving multiprofessional assessments, police and justice procedures, and sometimes implies an unknown path.

Conclusion: The service network for people in situations of violence represents advances in facing the problem. Professionals involved in care must support victims by making the required routes less critical and more effective in ensuring social non-stigmatization and fundamental human rights.

Keywords: *Child Sexual; Abuse; Disclosure; Delivery of Health Care; Mandatory Reporting*

Introduction

Sexual violence against children is a debilitating crime that results in severe consequences for the survivors' mind, body, and spirit. It occurs when a child is subjected to sexual activity which it cannot understand, with which it has incompatible development, and cannot give consent or which violates society's laws or rules [1].

Sexual violence is any act, of any nature, that violates the human right to sexual development of children and adolescents, practiced by an agent in a situation of power and of unequal sexual development in relation to the child and adolescent victims. It can be expressed in two ways: sexual abuse and sexual exploitation [2].

Sexual abuse is defined as the use of the sexuality of a child or adolescent to perform any act of a sexual nature [2].

Sexual exploitation is the use of children and adolescents for sexual purposes, mediated by profit, valuables or other elements of exchange. It can occur in four ways: sexual exploitation in the context of prostitution, child pornography, trafficking for the purpose of sexual exploitation and sexually motivated tourism [2].

Childhood is a life stage in which human beings require substantial emotional and social support. The care provided to children by both the family and society as a whole will decisively influence their probability of survival and the quality of their current and future life, as well as reflect on the values passed on to them and the formation of the conception that they will have of themselves and the world [3].

It is identified as a violation of human and sexual rights, as it hinders for children's enjoyment of sexuality compatible with their stage of development, free from discrimination or coercion. It violates, among others, the reproductive right of adolescents to decide freely and responsibly about having children, accessing information, and the means available for independent decision-making [3].

The World Health Organization (WHO) estimates that, worldwide, about 73 million (7.0%) boys and 150 million (14.0%) girls under 18 are sexually abused every year [4].

In Brazil, 58,030 children have been victims of sexual violence between 2011 and 2017, with a predominance of female victims (74.2%), according to the Epidemiological Bulletin of the Brazilian Ministry of Health (MoH-BR) [5].

Data recently released by the MoH-BR show the record of 32 thousand cases of sexual abuse against children and adolescents in 2018 alone. Of these, "two-thirds occurred at home and, for every four cases, in one of them, the abusers were part of the victim's circle of friends or acquaintances. In 23.0% of these, the father or stepfather was the perpetrator" [6].

Besides the innumerable sequelae associated with child sexual abuse (CSA), a total cost of US $ 4.7 billion is estimated for assistance to sexual violence victims, with a quarter of this total related to sexual violence against children. The most significant proportion of the costs of sexual violence (US $ 3.7 billion) is associated with the loss of quality of life related to pain and suffering [7].

As usual, in cases of sexual violence against children, the perpetrator is someone close to them, from their family core, and the disclosure and notification of sexual abuse are intricate events for the victim and their relatives. It reflects directly on the family system, often implying a break in the bond, blaming, and loss of financial support [8]. This creates a situation that is often kept secret for a long time, sometimes cross generations, which postpones and hinders both the disclosure and the search for help and treatment of associated health problems.

Data source

This paper presents a integrative review of Brazilian norms and guidelines for assisting children who have suffered sexual abuse, using official Brazilian websites and online libraries SciELO, PubMed and Google Scholar.

An integrative review is one that allows "the inclusion of experimental and non-experimental studies to understand the analyzed phenomenon" (p.103) [9].

Brazilian standards and protocols were selected to assist children who suffered sexual abuse and published scientific works aiming reflexively discusses the difficulties of victims and families to reveal this violence, the notification of cases, and the critical pathway imposed on them up from the revelation.

It is noteworthy that the terms "Child Sexual Abuse" and "Child Sexual Violence" are used to define the situations of this disease in the entire pediatric age group: from early childhood to adolescence.

Data synthesis

Structuring assistance to CSA victims in Brazil

In 1990, the Statute of Child and Adolescent (ECA) was enacted, under Law No. 8.069/90, which addresses the comprehensive protection of the Brazilian children and adolescent population. This law formally recognizes children and adolescents as citizens with full rights in "a particular condition of development and with absolute priority". It reaffirms "the responsibility of the family, society, and the State to ensure the conditions for the full development of this population, as well as safeguarding it from all forms of discrimination, exploitation, and violence" [10].

In 1999, the MoH-BR drew up the Technical Standard (TS) entitled "Prevention and Treatment of Diseases Resulting from Sexual Violence against Women and Teenagers" in order to provide technical support so that the municipalities could structure a network of services for the care of victims of sexual violence. Updated in 2012, this TS standardizes, among other aspects, the clinical and psychosocial care to be provided, the professionals and medicines required, the physical facilities, and the expansion and qualification of state and municipal networks of comprehensive care to women and adolescents in situations of violence, and sets up a national network focused on health care for multiple forms of sexual violence [11].

As of 2009, the Violence and Accident Surveillance System (VIVA) became part of the Notifiable Diseases Information System (SINAN) [12]. Since 2011, Brazilian health professionals have been obliged to report any case of domestic or sexual violence that they attend or identify, universalizing notification using this electronic tool. Furthermore, as of 2014, all cases of sexual violence and attempted suicide are considered as immediately notifiable diseases: health professionals must report them to epidemiological surveillance within 24 hours. This notification must reach the Municipal Health Secretariat that will forward it to a child protection agency [13].

In 2010, the MoH-BR implemented the "Line of Care for Comprehensive Health Care for Children, Adolescents, and their Families in Situations of Violence" [14]. It aims to "promote comprehensive health care for children and adolescents with violated rights", and guides actions and services of immediate responses in the dimensions of reception, care, notification, and follow-up on the network at the three levels of health care.

The protocol for assisting children and adolescents in a situation of CSA established in Brazil is intersectoral, and victims and their families have to traverse several and exhaustive paths to comprehensive care to which they are entitled; that is, when they receive it at all.

One of the strategic axes on which health policies are based is violence prevention and care, with the promotion of a culture of peace. It is mandatory to reduce social and economic vulnerability, especially in the segment of the population of the great suburbs and historically marginal groups: children, adolescents, and women. This is a collective effort of the whole civil society, and not only of the public power, to ensure legally guaranteed rights [15].

The intricate nature of this problem highlights the need for effective evaluation methods which include identification of abuse, reporting, monitoring the case in child protection agencies, referral to medical and psychological care for the victim and monitoring the perpetrator and the family to ensure the child's protection from other abuse situations [16].

The implementation of the Rights Guarantee System established by the ECA is linked to protection networks that aim to promote comprehensive care to the children and youth population needs. This network of interorganizational linkages aims to cover the complicated relationships demanded by the actors of each organization to ensure the children's rights. Thus, according to Aquino [17] (p.329), safety networks are "the dynamic aspect of the system, established from the linkages between actors who share a sense of action".

Since the multiple and intricate factors involved in the care of children require intersectoral care, it is necessary to strengthen the dialogue between them to consolidate and review flows and protocols, avoiding care fragmentation, waste of time and more suffering

for families [4] and, as determined by ST 2012, it must be articulated through an organized and qualified provision that ensures the full exercise of human rights [11].

So far, the imperative need for an established network consisting of services and people has been exposed, whose work theory favors individuals in their social context. In this context, the first available support network should be the family, started early through the first attachment relationships. However, as previously mentioned, sexual abuse in the children's cases is mostly intra-family, where the financial person in charge of the family, is often the perpetrator, which is a determining factor for resistance in seeking institutional protection services [18].

The disclosure of CSA

Most people who suffer sexual abuse in childhood do not disclose the violence suffered until adulthood and, when the disclosure occurs during childhood, there is a significant postponement of it [19].

The review of Lemaigre., *et al.* [20] showed that young people face several and different obstacles when choosing to reveal the violence suffered, such as limited support, the perceived negative consequences of the act, and feelings of shame and guilt. The authors conclude that questions addressed to victims about the possibility of sexual abuse or providing information about this form of violence in a manner compatible with the understanding of each age group affected would be factors that would facilitate disclosure [20].

Themes such as fear of what will happen; other people's reactions (fear of disbelief); emotions and impact of abuse; an opportunity to tell about it; concern for oneself and others; and feelings towards the perpetrator, emerged as "impediments" to disclosure, in the qualitative systematic review, carried out by Morrison., *et al* [21].

As important as knowing which conditions facilitate disclosure of abuse is knowing which are the hindering or inhibiting ones, which can reduce the risk of maintaining the abuse, in re-victimization and the harmful impact that is sometimes associated with the routine procedures after the abuse's breach of secrecy.

Interpersonal inhibiting factors include the fear of social isolation, the desire not to overburden the family, or a lack of confidence in the family, and, most importantly, a violent family system where communication channels are inexistent. A relevant socio-cultural inhibiting factor is the feeling on the part of survivors of abuse that society may not believe their stories, especially when victims are male or if perpetrators of the abuse are women [22].

It is believed that the quality of the relationship between the abused child or adolescent and the person to whom it was revealed is associated with the initiative to reveal the abuse. McElvaney., *et al*. [23] describe as the "pressure cooker effect", the ambiguity experienced by the victim who wants to reveal the abuse suffered, but at the same time does not want others to know, as it is concerned with finding the right person to reveal it [23].

The lack of dialogue resulting from authoritarian and punitive disciplinary practices are characteristics of families in situations of sexual violence where there is a greater delay in disclosure, as communication between the closest members and the approach of other relatives, neighbors and professionals is difficult and very stressful [22].

Another important factor in the decision to reveal sexual abuse is the victim's perception of the potential confidant's ability to understand and empathize with his or her story [22].

It is also known that the time elapsed between the event and the disclosure of the abuse is inversely proportional to the degree of relationship between the victim and the perpetrator, that is, the more intimate the child is, the longer it takes to make a formal complaint [24].

The study conducted in Ireland found a mean of 9 years for the disclosure of sexual violence suffered by this population. Factors that influence the disclosure process were being believed, being asked about the CSA, feeling ashamed/guilty, concern for oneself and others, and the influence of peers [24].

In Malawi, of the care provided to 133 child victims of CSA analyzed, only 29.0% of them voluntarily revealed abuse, and 47.0% after being questioned [25].

Alaggia., *et al*. [26] in their 16-year update of the literature on aspects that hinder and facilitate the disclosure of CSA concluded that, although solid progress has been made in understanding the factors related to the disclosure of CSA, the current state of knowledge does not completely portray a cohesive image of the processes and paths that lead to lifelong disclosure. The authors point out that the dissemination is an interactive process, instead of a discrete event, better performed in a facilitating relational context; that contemporary models of disclosure reflect the complex interplay of individual, family, contextual and cultural factors involved in the dissemination of CSA and that the age and sex of victims significantly influence disclosure, as well as that barriers to disclosure continue to overcome its facilitating aspects [26].

It is understood that the decision to reveal the violence suffered is multidetermined, motivated by a complex range of factors that can influence each child differently. Non-disclosure and postponement are significant problems of society faces and, in particular, the professionals responsible for protecting the well-being of children [19].

Faleiros [27] points out two distinct moments that help us to understand the situation of sexual violence against children and adolescents: disclosure and notification. The first, decisive, is the revelation, in which the victim tells someone about the violence he suffered or has been suffering. The second moment is notification, when information about violence becomes public - which could also be restricted to the family [27] and often is the case, characterizing the underreporting of cases of intrafamily violence.

A complicating factor in disclosure and subsequent notification is that the different forms of violence against children and adolescents recur at the victim's home, which is a family event that is difficult to approach due to the pact of silence in the private sphere. Reluctance or lack of dialogue in the relationship between parents and children, as well as the patriarchal and adult-centric culture, where the power of man and adult over the child prevails, are domestic violence observed characteristics [28].

CSA reporting and communication

According to the instructive notification of interpersonal and self-inflicted violence by the MS-Br, "reporting is understood as the act of recording data in an official instrument, which are fed into an information system for epidemiological evidence and support evidence for the elaboration of public policies", and "communication is the act of officializing the case to the Guardianship Council and the competent authorities". It must be done immediately, electronically or by phone, with some exceptions [12]. This form of communication does not exempt health professionals or services from registering this notification in the established instruments.

In this study, "complaint" is understood in a generic, usual, non-legal sense: it is the act of confirming a suspected or actual case of violence to police authorities or other competent authorities, in order to initiate an investigation to ascertain the facts reported. Any citizen, even those who are not directly related to the fact, can file a complaint, which can be confidential.

Cultural taboos, barriers to justice, passivity, fear, shame, lack of knowledge, and economic deprivation are cited as barriers to notification [29].

The importance of early and articulated interventions that aim to protect children and adolescents and their families when disclosing and reporting abuse [9] is emphasized. In practice and succinctly, several "gateways" are available in the service network for people in

situations of violence to report abuse, whether in the educational environment, social assistance reference centers, police stations and units of the Judiciary, in the different strata of health care and centers specialized in assisting people in situations of violence.

Notification by the professionals involved of the situation of violence triggers demands and interventions from different bodies, sectors, and professionals to protect the victim and hold the abuser responsible. Failure to achieve this goal may result from the lack of routine or inadequate workflow in and between different sectors, the social complexity of situations of violence and their referrals [9].

In practice, a duality is observed. On the one hand, the social uproar for the identification of situations of violence, in particular, sexual abuse. On the other, the lack of adequate reception and monitoring services for the victims [9].

Thus, early interventions that aim to provide protection to children, adolescents, and their families at the time of disclosure and notification of abuse are required to reassure and assist families. Attention should be paid to the fact that, in most cases, abuse situations are chronic. In the event of disclosure and notification, an emergency is generated and, if it is conducted in uncoordinated fashion, may result in fragmented and only emergency actions. Strengthening support networks with communities, and helping families to face the situations they experience becomes, thus, relevant [9].

The critical itinerary after the revelation of CSA

The Pan American Health Organization (PAHO) defines a "critical route" as the succession of decisions and actions taken by women in situations of violence, as well as the answers found in their search for solutions, outlining the steps before arriving at the Reference Health Centers [28]. Other countries use the term "help-seek behavior" for this same description. However, this health concept is still relatively new in Brazil [31].

Although the terminology is primarily used to characterize the route taken by women in situations of violence, and because it is a relatively recent term in the literature, this essay also aimed to address the path taken by children, adolescents and their families in seeking assistance that it is their right.

It is known that the path of women, relatives of children in situations of violence, between services is not linear. Since the perpetrator is often the family provider, a continuous range of services is an urgently require to ensure the safety of these families to meet their long-term health and economic needs [32].

The knowledge of all the difficulties of victim in revealing the CSA and its implications shows us that the care and protection route after the disclosure must be more linear, safer and swifter. Unfortunately, the path of families is often hard and cruel in the Brazilian reality.

The repercussion of violence on children is an essential factor for women to seek help, which is very relevant for looking not only at women but also children and adolescents who are spectators of violence, as pointed out by Bagaratti., *et al* [31].

It is noteworthy that two important issues should be considered in the context of child sexual violence, as follows: negligence and collusion by adults responsible for the children will be characterized if there is no demand for assistance and protection services, and the vulnerability of minors concerning seeking assistance alone, due to legal limitations, prevents the exercise of their autonomy and restricts them as social actors with full of rights.

The fundamental role of health institutions emerges here, where, in most cases, the first care for the suspicion, detection, reception, notification and technical and ethically appropriate referral of cases of violence occurs, as these are services close and available to the community, ensuring for confidentiality and protection against the social stigmatization of victims, especially children and adolescents.

In this sense, there is an urgent need for the continuous training and sensitization of professionals in the care network for people in situations of violence so that they familiarize with the profile of this public, and know how to refer victims to the services available in each case appropriately.

Analyzing the health care of children and adolescents in situations of sexual violence in the public health network in four Brazilian capitals, in the years 2010 to 2012, focusing on the composition and articulation between services and the provision of strategic services, Deslandes., *et al*. [4] pointed out problems such as lack of agreed and adequate intersectoral flow, conflicts between state and municipal articulation, implementation problems due to the turnover of professionals, actions focused on health, public security, human rights and social assistance, and which were not specific to sexual violence. Moreover, they also cited the lack of flow or protocol to guide this assistance in health units, lack of trained personnel (insufficient number) and services aimed at caring for women in situations of violence, which end up including children and adolescents. The authors observed that the organization of care for CSA is uneven among Brazilian territorial regions [4].

Considering the outcomes of the filed complaints denouncing violence against children, sent in 2011 to the Court of Childhood and Youth in a medium-sized municipality in Brazil, they observed that in 25.0% of the cases there was a need to remove the child from the family through measures to transfer custody or guardianship to third parties (12.3%), reception (11.4%) and placement in a surrogate family (1.0%). The authors point out that the protection measures applied by the Judiciary to children and adolescents at risk are essential in order to ensure the biopsychosocial development of the victims and guaranteeing them legal protection. In contrast, the regular referral to the courts may be denoting the absence or inefficiency of social policies, that is, failure in the components of the child care network that should help the household preserve family life [28].

The limitations of this study include the fact that it is an integrative literature review involving articles referring to studies carried out in different social environments, which certainly does not include the diversity of factors involved in the care of children in situations of violence. However, it is understood that these limitations are minimized by the relevance of scientific production and discussion on the topic. In this research, an integrative review of articles and regulations in force until the time of the bibliographic search was carried out. The insertion of new publications is dynamic and involves constant updates of the topic addressed. This is understood to be a limitation of the study.

Effective actions presuppose the involvement of family, society, public assistance, education, and protection institutions. Such an intersectoral and interdisciplinary context will witness the emergence of opportunities to break the cycle of violence that is often chronic and embedded in the very dynamics of family relationships.

Despite the difficulties of adequately measuring the problem due to the Brazilian territorial size, the country's regional differences, and the non-standardization of the study methodologies, Brazil has shown advances in facing the CSA, especially by structuring the service network of people in need, the situation of violence and that of their families.

What was known before and what is new

It is known that sexual violence against children and adolescents is a repulsive act that has occurred since the dawn of humanity. However, only in the last few decades has this violence become a subject of academic study and the target of public policies aimed at providing adequate assistance to victims and the prevention of the disease. Many publications available address the prevalence, sequelae and assistance provided in care protocols. This study showed, in an innovative way, the scarcity of articles focusing on the critical route that victims and their families have to go through to comply with the care protocol from the revelation of violence and how much suffering the fact itself can generate.

Conclusion

The service network for people in situations of violence represents advances in facing the problem. Professionals involved in care must support victims by making the required routes less critical and more effective in ensuring social non-stigmatization and fundamental human rights.

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