Research Article
Artigo de Pesquisa
Artículo de Investigación

DOI: http://dx.doi.org/10.12957/reuerj.2021.57289

# Signs and symptoms of children's sexual violence: reports of health professionals

*Sinais e sintomas de violência sexual infantojuvenil: relatos de profissionais de saúde*

*Señales y síntomas de la violencia sexual infantojuvenil: relatos de profesionales de la salud*

*Marimeire Morais da Conceição*[I]; *Nadirlene Pereira Gomes*[I]; *Maria Carolina Ortiz Whitaker*[I]; *Lucinéia Santos da Silva*[I]; *Ithana Queila Borges Pizzani Ferreira*[I]; *Climene Laura de Camargo*[I]

[I]*Universidade Federal da Bahia, Salvador, BA, Brazil*

**ABSTRACT**

**Objective:** to identify signs and symptoms presented by children and adolescents that lead health personnel to suspect or identify sexual violence. **Method:** this qualitative study was conducted in 2019, with 30 health personnel from a public hospital in Bahia, by recording interviews based on a semi-structured questionnaire, which were analyzed by reference to Bardin. The project was approved by the research ethics committee. **Results:** pain, bleeding, alteration or laceration of the genitalia and/or anus and sexually transmitted infections are signs and symptoms that lead health personnel to suspect and/or identify that children and adolescents have experienced sexual violence. **Conclusion:** health personnel suspected and/or identified the experience of sexual violence when children and adolescents had complications relating to the genital and anal tract, which can result in death.

**Descriptors:** Child; Adolescent; Sexual Offenses; Signs and Symptoms.

**RESUMO**

**Objetivo:** identificar sinais e sintomas apresentados por crianças e adolescentes que despertam nos profissionais de saúde a suspeita/identificação de violência sexual**. Método:** estudo com abordagem qualitativa realizado em 2019, com 30 profissionais de um hospital público da Bahia, mediante gravação das entrevistas com base em questionário semiestruturado e analisadas segundo Bardin. O projeto foi aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** dor, sangramento, alteração ou laceração da genitália e/ou ânus e Infecções Sexualmente Transmissíveis constituem sinais e sintomas que despertam os profissionais para suspeita e/ou identificação da vivência de violência sexual infantojuvenil. **Conclusão:** os profissionais de saúde suspeitam e/ou identificavam a vivência de violência sexual quando crianças e adolescentes apresentam complicações relacionadas ao trato genital e anal, que podem resultar em óbito.

**Descritores:** Criança; Adolescente; Delitos Sexuais; Sinais e Sintomas.

**RESUMEN**

**Objetivo**: identificar señales y síntomas presentados por niños y adolescentes que despiertan la sospecha / identificación de violencia sexual en los profesionales de la salud. **Método:** estudio con enfoque cualitativo realizado en 2019, junto a 30 profesionales de un hospital público de Bahía, mediante el registro de las entrevistas en base a un cuestionario semiestructurado y analizadas según Bardin. El proyecto fue aprobado por el Comité de Ética en Investigación. **Resultados:** dolor, sangrado, alteración o laceración de los genitales y / o ano e Infecciones de Transmisión Sexual son señales y síntomas que hacen sospechar y / o identificar, a los profesionales, la experiencia de violencia sexual contra niños y adolescentes. **Conclusión:** los profesionales de la salud sospechan y / o identifican la experiencia de violencia sexual cuando los niños y adolescentes tienen complicaciones relacionadas con el tracto genital y anal, que pueden resultar en la muerte.

**Descriptores:** Niño; Adolescente; Delitos Sexuales; Signos y Síntomas.

## INTRODUCTION

Sexual Violence (SV), or sexual abuse, is a problem experienced by children and adolescents in several countries and cultures. Internationally, the World Health Organization (WHO) estimates that, worldwide, one out of five women have suffered SV in childhood[1] and a multicenter study carried out in Malawi, Kenya, Cambodia, Haiti and Tanzania warns that the prevalence of SV against adolescents varies between 82% and 93% in these countries[2]. A national survey verified that, of the 2,575,269 Brazilian adolescents attending school that were interviewed, 101,901 were forced to have sexual relationships in 2015 alone[3].

It is noted that these numbers do not express the real dimension of this problem, as the records only represent a percentage of all the children and adolescents who suffer SV. The main cause of this underreporting can be related to the silence of the child-juvenile victim, due to fear of suffering retaliation, of threats by the aggressor, of disrupting family relationships, or that the family members do not believe in their reports, which frequently occurs in incestuous SV[4-6].

Acknowledgemente to the Research Support Foundation of the State of Bahia (*Fundação de Amparo à Pesquisa do Estado da Bahia*, FAPESB) for financial support.
Corresponding author: Marimeire Morais da Conceição. E-mail: enfufba2002@yahoo.com.br
Scientific Editor: Cristiane Helena Gallasch; Associate Editor: Sergio Corrêa Marques

Received: Jan 23rd 2021 – Accepted: Nov 30th 2021

Research Article
Artigo de Pesquisa
Artículo de Investigación

DOI: http://dx.doi.org/10.12957/reuerj.2021.57289

Another situation that corroborates SV underreporting is the difficulty confirming the facts, considering that there is not always physical contact between the aggressor and the victim. A study shows that women victimized in childhood and/or adolescence were frequently exposed to sexual images and scenes, or the target of touches and caresses by the aggressors[6]. Despite its potential to cause mental disorders, this type of SV does not leave visible marks. However, it does not mean to say that abuses that occur without genital penetration are less harmful to the individuals, especially because they are related to depression, cutting and suicidal ideation[4,7].

In this regard, it is important to point out that much of the production of knowledge on this theme focuses on the psychological sequelae of abuse to the detriment of the consequences for the physical body, even regarding the imminent risk of death[8-11]. However, the physical signs are relevant in the process to identify the abuses, even if they are not the only aspects that should raise suspicions and investigation of the facts.

Nevertheless, a cross-sectional study carried out with 156 sexually abused Peruvian children and adolescents, aged between between one and 15 years old, showed that less than 40% of the victims present specific signs and only 3% show lesions in the genitalia[11]; and a research study at the Legal Medical Institute (*Instituto Médico Legal*, IML) of Bahia points out that, in almost 90% of the SV cases, the physicians are unable to identify evidence of the sexual crime[12]. It is known that many victims present symptoms caused by the abuse and that are susceptible to observation in health care units.

Thus, it is essential that, in any and all health services for children and adolescents, the professionals are sensitive and prepared to identify SV, making it possible to offer humanized treatment to them. Thus, they are prevented from returning to the hostile environment where they live so that they can be treated with no constraints, as recommended by the Children's and Adolescents' Statute (*Estatuto da Criança e do Adolescente*, ECA)[13].

Considering the magnitude of SV against children and adolescents and the challenge involving its identification and interventions for early recognition and necessary care, it is necessary to persist in understanding a phenomenon that is so old and, at the same time, so current, which also demands greater complexity care.

Seeking to answer the following guiding question: *Which signs and symptoms, presented by children and adolescents, arouse in health professionals the suspicion and/or identification of sexual violence?*, this study aims at: Identifying which signs and symptoms presented by children and adolescents aroused in health professionals the suspicion/identification of sexual violence in order to promote care that encompasses the protection of victimized children and adolescents.

## METHOD

This is a qualitative study developed at a public hospital in the state of Bahia, Brazil, which serves patients of all age groups, in different specialties, including urgency/emergency care. The project was previously submitted to the coordination offices of the multiprofessional team at the aforementioned hospital to publicize and conduct the research.

Data collection took place in person between June and July 2019, in the morning, afternoon and evening periods in Pediatric Emergency, Surgical Center, Obstetric Center, Intensive Care and Clinical-Surgical Hospitalization units. During collection, the team of interviewers approached the professionals in the care units, introduced themselves and, if the professional met the inclusion criteria (being a health professional and working for at least one year at the institution), was invited to participate in the research. There were no refusals by the participants.

After acceptance to participate, a second meeting was scheduled to conduct the interview. The participants answered the following open question: *How did you suspect/identify the SV experience in the children and adolescents treated?* The interviews were conducted by duly trained members of a research group from the Nursing School at the Federal University of Bahia (*Escola de Enfermagem da Universidade Federal da Bahia*, EEUFBA). The interviews, which were recorded in an *Android* cell phone and lasted from eight to 45 minutes, were closed due to data saturation.

The statements were transcribed and their content was analyzed using the model suggested by Bardin[14], performing the analysis in three stages: a) pre-analysis; b) exploration of the material; and c) treatment and interpretation of the results. The technique allowed evaluating and interpreting the data by means of floating reading, followed by repeated and detailed readings of the transcribed material. The records made in a field diary after each interview conducted by the researchers were also added to the thematic analyses, generating codes provided through a coding tree. After data systematization, themes grouped by content similarity emerged, which gave rise to five thematic categories: Pain; Bleeding; Genital and/or anal alteration; genital or anal laceration; and Sexually Transmitted Infections (STIs).

Research Article
Artigo de Pesquisa
Artículo de Investigación

DOI: http://dx.doi.org/10.12957/reuerj.2021.57289

Organization of this study was based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) tool. The project was approved by the Research Ethics Committees of the researchers' institution and of the study hospital, aiming to meet the ethical standards for research with human beings in accordance with the National Health Council resolutions. To such end, a Free and Informed Consent Form (FICF) was prepared and signed after being read by the participants selected. The interviews were conducted in rooms that ensured confidentiality of the information. In order to safeguard the participants' identity, their names were substituted by the letter "P" (Professional) and by numbers from 1 to 30 according to the order in which the interviews were conducted.

## RESULTS

The intentional sample consisted of 30 participants, all female: 12 nursing technicians/assistants, ten nurses, three physicians, three social workers and two psychologists. All of them self-declared as female cisgender, with heterosexual affective-sexual orientation, 60% black-skinned and 20% brown-skinned. Of the total, 63% stated having one or more children and 47% indicated that they were single.

From the experience of the professionals working in the hospital units, some signs and symptoms raise suspicion/investigation regarding sexual abuse in children and adolescents. They are as follows:

### Pain

The professionals interviewed point to pain in the genital region as one of the symptoms presented by children and adolescents that referred to suspicion/investigation of SV, according to the statements:

> *He was a little boy aged one year old that had a lot of pain in the anal region and cried a lot!! [...] the team suspected SV due to the region affected. (P2, Nursing Assistant)*
>
> *There was a record of a vaginal lesion in her medical chart. [...] SV was suspected because the teenage girl had a lot of pain in the vagina; she even needed to be sedated so that the doctor examined her. (P17, Nurse)*

Pain is a sign that served as a warning for the professionals and, when the victims indicated this painful sensation, the health professionals were able to raise suspicions of abuse with sexual intercourse.

### Bleeding

According to the professionals' reports, genital and/or anal bleeding is one of the SV symptoms in children and adolescents treated at the hospital unit under study, as illustrated by the statements:

> *[...] she was a baby, less than two years old. We identified the case as SV because she arrived with a vaginal hemorrhage. (P8, Nursing Technician)*
>
> *I assisted some SV cases: a little boy aged one year and six months old with the diaper full of blood and a teenage girl with intense vaginal bleeding, with very low hemoglobin. (P2, Nursing Assistant)*

Based on these reports, it can be inferred that the bleeding site must be used as grounds for the SV diagnosis.

### Genital and/or anal alteration

The changes found in the children's and adolescents' genitals and/or perianal region were also described by the professionals as SV cues, as identified in the following reports:

> *[...] while the Nursing team was preparing the body, I noticed that the child's anus was very big; that wasn't the normal size of a child's anus!! The physician said that the child could have been constantly abused and that, although there was no laceration, perforations or blood, there could be internal bleeding that led to irreversible cardiorespiratory arrest and death, but this would only be discovered in the IML. (P27, Psychologist)*
>
> *The mother brought the child to the hospital because she had the vagina quite reddish, swollen. [...] in this case, it's a clear situation of sexual abuse. (P12, Social Worker)*

Professionals resort to their previous knowledge of what they consider normal for the genital anatomy. Based on that premise, they notice that something wrong must have caused the change perceived.

### Genital and/or anal laceration

The genital and/or anal lacerations noticed by the professionals interviewed were also listed as signs of SV suffered by children and adolescents.

> *I remember a child whose genital region was all hurt, dilacerated. You couldn't distinguish the anus from the vagina. (P23, Nursing Technician)*

Research Article
Artigo de Pesquisa
Artículo de Investigación

DOI: http://dx.doi.org/10.12957/reuerj.2021.57289

> *[...] this teenage girl presented a rupture at the bottom of the rectouterine pouch, probably caused by the introduction of a pointed object or by force penetration. Despite that, she didn't complain about pain [...] in another case, I treated a boy whose perianal region was very injured, very hurt, had keloids, anterior scars and fistulas, that is, SV had been going on for some time. (P2, Nursing Assistant)*

The professionals reveal that, given the serious clinical condition, including involvement of more internal organs, the victims should indicate some painful sensation, an assumption that is related to formal learning, but which is not always consistent with reality.

**Sexually Transmitted Infections (STIs)**

Symptoms related to the STIs were also mentioned as a sign of SV suffered by children/adolescents admitted to the hospital unit:

> *The teenage girl was kidnapped and they found her with vaginal secretions, but she had no marks on her body, no sign of aggression. The doctors believe that she contracted the STI from the abuser. (P19, Nursing Technician)*
>
> *The mother reported that the teenage girl was abused and then the doctors suspected that she contracted the STI from the aggressor. (P30, Nurse)*

This reality noticed by the professionals in the study reveals that STIs can be a clinical finding related to exposure to sexual violence. It is also noted that the professionals' reports indicate that not all children and adolescents had physical marks (bruises, scratches and superficial injuries) and pain in the body. Thus, it can be inferred that sexual offenders of children and adolescents do not always cause these harms to the victims, which is why health professionals need to resort to a complete physical examination and sensitive listening to identify cases of sexual violence in this population.

## DISCUSSION

Suspicion/Identification of SV against children and adolescents is based on signs and symptoms such as bleeding, changes and lacerations in the genitalia and sexually transmitted infections, as well as pain.

Painful sensations are a pathophysiological sign resulting from stimuli that are transformed into impulses reaching the brain, where they are interpreted as pain[15]. Expressed through bodily expressions, verbalizations, moans, muscle contractions and crying, pain indicates to the caregivers that there is something wrong with the infant/adolescent, and an investigation with a view to discovering its origin is essential. Considered as a vital sign, the pain manifested by children and adolescents can be an indication of SV; it can be both physical and emotional, as well as punctual or nonspecific. When in the genital and/or anal region, pain occurs because children and, often, adolescents do not have their bio-psycho-emotional condition developed for sexualized acts[16,17].

A number of studies show that people victimized in childhood and adolescence have feelings of emotional and physical pain during and after exposure to SV, resulting in suffering that is accompanied by feelings of guilt and shame[4-6]. These data suggest that non-physical malaise and pain can also be signs of violence. Therefore, health professionals need emotional preparation and knowledge of this information, as nonspecific signs presented by children and adolescents need to be deeply investigated in order to understand whether they are correlated with sexual abuse.

Child-youth sexual offenders, especially those who have some kinship to them, start their attacks with caresses, seduction games that deceive the victims and convince them of being loved and desired by the aggressor, as identified by scholars[6,16]. Such feelings generate pleasure in the victims, who do not perceive themselves in an abusive situation, and can be the justification to suppress the painful sensation in SV cases.

This *modus operandi* of sexual offenders of children and adolescents relies on a set of tricks that evolve into sexualized games, gestures and touches, which can gradually be directed to the private parts, but without genital-anal penetration[1,6,14,18].

Taking into account the disproportionality between the genitals of adults and the genitalia/anus of children/young individuals, sexual penetration in these organs can be harmful and cause lacerations in the victims, as observed in this study. Corroborating the above, a number of international studies point to the predominance of cases with noticeable genital lesions, resulting from physical contact between the sexual aggressor and the victim[11,19,20]. Likewise, the international scientific literature shows that anal laceration is one of the harms caused to the victims, being an evidence of sexual aggression against children at a young age[21,22].

A study conducted with 1,500 girls aged from zero to 17 years old who were abused and underwent anogenital examination with digital images observed that, of the girls examined 72 hours after the episode, 2.2% had physical

Research Article
Artigo de Pesquisa
Artículo de Investigación

DOI: http://dx.doi.org/10.12957/reuerj.2021.57289

findings of SV such as acute trauma and/or hematomas, or even rupture of the hymen and, among those examined before 72 hours after the SV episode, the prevalence of these lesions was 21.4%, so that, the faster the victim is evaluated, the greater the accuracy of the diagnosis[18]. Thus, these cases require careful observation and anamnesis, especially because minor changes in the genitalia, such as hyperemia, itching and edema, may be present in children who wear diapers and/or crawl as a result of minor traumas arising from hygiene, the interaction of creams and fluids with the skin (allergic processes), or even contact dermatitis in the diaper area.

Another consequence pointed out by the study refers to STIs in children and adolescents, as shown by studies that deal with the implications of SV[22-25], such as a Peruvian survey conducted with children and adolescents in which, of the 156 victims studied, 25% were affected by STIs[11]. Situations like these can be associated with SV, as the presence of some microorganisms, such as trichomoniasis, causes health problems and is susceptible to identification by family members and professionals, since many of them present genital secretion with a characteristic odor and appearance, as asserted by a number of scholars[22,24-26].

Bleeding is another sign pointed out by the professionals and presented by the children and adolescents who arrive at the unit and generates suspicion/investigation of SV. This is the most visible sign that allows inferring the existence of trauma with opening of the vessels and, consequently, blood leakage. A study carried out between 1984 and 2014 in a service providing care for children and adolescents points out that the presence of intense genital bleeding is a reason for SV victims resorting to emergency services; many require the use of anesthetics for the physical examination, used to prevent the victims from revisiting the sensations and memories caused by the trauma[27].

As noticed by the collaborators of this study, different physical changes suggest child-youth SV. Despite this, small injuries often do not shock professionals and/or family members as much as ruptures of the perineum and other lesions of considerable severity, which pose a greater need to resort to the health services. However, it is important to point out that serious injuries, such as rupture of the rectouterine pouch or trauma and lacerations in regions such as the anus, vagina and perianal, observed by the professionals in this study, only represent 1% of the 156 cases of SV against children aged less than 15 years old evaluated in an international study[11].

Lesions resulting from SV can also cause other consequences such as sexual dysfunction, chronic genitourinary disorders, loss of tactile sensitivity, abnormal or intense blood loss and death, as observed in previous studies[4,8,27-28]. It is therefore noted that the physical consequences of SV arising from the trauma of external and internal organs negatively interfere in the physical and behavioral conditions of children and adolescents and may have a fatal impact on the victims' lives, as also noted in the statements of the professionals interviewed when referring to cases of boys and girls whose death was associated with the experience of SV, although in some cases, only after confirmation of death.

Death due to sex crimes against children and adolescents is still a shocking reality for society, although it is not an uncommon phenomenon. A number of scholars point out that a significant percentage of infanticide records in an African country are related to SV, where 52.3% of the victims are in the age group between one and 18 years old, and sexual assault is associated with one case in every ten deaths[8]. At the national level, a survey of 23,278 cases of aggression against women recorded in the SINAN between 2011 and 2015 found that children (aged between 0 and 9 years old) who were rape victims are 159 times more likely to be murdered; for adolescents (aged between 10 and 19 years old), this rate is 28.8 times higher[29].

In order to reduce morbidity and mortality due to sexual abuse in children and adolescents, the study warns about the need to inspect the changes in the genitalia and/or anus, abnormal bleeding and aspects such as urinary elimination (enuresis) and excretions (encopresis), in addition to being aware of everyday actions, such as eating, walking, sitting and signs such as reactivity to normal care actions, such as opening the legs to change diapers.

Treating cases of SV against children and young people requires knowledge and communication with a support network and specialized services, as the victims may need follow-up beyond adulthood, as well as the implementation of a care plan that addresses their needs and specificities. These actions denote the importance of sensitive and prepared professionals to suspect and identify violence against children and adolescents, as well as acting in the face of this event, according to a number of studies[17,22,30-32]. The need for managers working in hospitals and in the basic health network to face the challenge of structuring and implementing protocols in the care of children and adolescents that suffered SV is evident.

Considering the commitment of society as a whole to combat SV against children and youth, citizens and professionals should not refrain from filing police reports and notifications, even in suspicious situations[1,13,31,32]. The issue in question requires the implementation of existing public policies[32], new and distinct scientific research studies,

Research Article
Artigo de Pesquisa
Artículo de Investigación

DOI: http://dx.doi.org/10.12957/reuerj.2021.57289

even focusing on family members who take care of these children, as well as professionals from specialized services for the purpose of comparing the results.

In addition to that, its inclusion in the curricular matrices is recommended, in extension projects for knowledge socialization. It is also suggested that all actions related to the prevention of sexual violence, care and protection for child-youth victims be carried out in the scope of health, education (nursery, orphanages and schools) and safety, in order to promote the training of citizens in the prevention and/or identification of SV, even in everyday situations.

### Study limitations

The study was carried out only with health professionals from a single public hospital, which can exert an influence on the clinical characterization presented by the victims; and the occurrences identified are suggestive of sexual abuse and not concrete facts, as the study did not follow the court decisions. We therefore suggest replicating this study in hospitals from the private network and in cases categorized as SV.

## CONCLUSION

The study reveals that the professionals interviewed who work in hospital services suspect and/or identify SV when children and adolescents present complications related to the genital and anal tract, such as pain, bleeding, alteration or laceration in the genitalia and/or anus and STIs, which can result in death.

Although this study is limited for not having legally confirmed the occurrence of abuse, nor its circumstances, it promotes important reflections on the professional responsibility in dealing with these children and adolescents, which should not be restricted to the care of clinical demands that justify the service provided but also include investigation of its causes and of domestic abuse, including sexual abuse.

## REFERENCES

1. World Health Organization (WHO). Global status report on violence prevention 2014. 2015. Available from: https://apps.who.int/iris/bitstream/handle/10665/145087/WHO_NMH_NVI_14.2_eng.pdf?sequence=3.
2. Stark L, Seff I, Hoover A, Gordon R, Ligiero D, Massetti G. Sex and age effects in past-year experiences of violence amongst adolescents in five countries. Plos One [Internet]. 2019 [cited 2018 Jul 06]; 14(7):e0219073. DOI: https://doi.org/10.1371/journal.pone.0219073.
3. Fontes LFC, Conceição OC, Machado S. Childhood and adolescent sexual abuse, victim profile and its impacts on mental health. Ciênc. saúde coletiva [Internet]. 2017 [cited 2018 Jul 06]; 22(9):2919-28. DOI: https://doi.org/10.1590/1413-81232017229.11042017.
4. Lira MOSC, Rodrigues VP, Rodrigues AD, Couto TM, Gomes NP, Diniz NMF. Sexual abuse in childhood and its repercussions in adult life. Texto contexto – enferm [Internet]. 2017 [cited 2018 Jul 06]; 26(3):e0080016. DOI: http://dx.doi.org/10.1590/0104-07072017000080016.
5. Adinew YM, Mekete BT, Adinew YM. Testimony of an Ethiopian girl sexually assaulted by her stepfather: a case report. J Med Case Reports [Internet]. 2018 [cited 2018 Jul 06]; 12:231. DOI: https://doi.org/10.1186/s13256-018-1777-x.
6. Fornari LF, Sakata-So KN, Egry EY, Fonseca RMGS. Gender and generation perspectives in the narratives of sexually abused women in childhood. Rev. latinoam. enferm. [Internet]. 2018 [cited 2018 Jul 06]; 26:e3078. DOI: http://dx.doi.org/10.1590/1518-8345.2771.3078.
7. Correia CM, Gomes NP, Diniz NMF, Andrade ICS, Romano CMC, Rodrigues GRS. Child and adolescent violence: oral story of women who attempted suicide. Rev. Bras. Enferm. [Internet]. 2019 [cited 2018 Jul 06]; 72(6):1450-6. DOI: https://doi.org/10.1590/0034-7167-2017-0814.
8. Abrahams N, Mathews S, Lombard C, Martin LJ, Jewkes R. Sexual homicides in South Africa: A national cross-sectional epidemiological study of adult women and children. Plos One [Internet]. 2017 [cited 2018 Jul 06]; 12(10):e0186432. DOI: https://doi.org/10.1371/journal.pone.0186432.
9. Cisse CT, Niang MM, Sy AK, Faye EH, Moreau JC. Aspects épidémiocliniques, juridiques et coût de la prise en charge des abus sexuels chez les mineurs à Dakar, Sénégal. J Gynecol Obstet Biol Reprod [Internet]. 2015 [cited 2018 Jul 06]; 44(9):825-31. DOI: DOI: https://doi.org/10.1016/j.jgyn.2014.10.010.
10. Afifi TO, Macmillan HL, Boyle M, Taillieu T, Cheung K, Sareen J. Child abuse and mental disorders in Canada. CMAJ [Internet]. 2014 [cited 2018 Jul 06]; 186(9):324–32. DOI: https://doi.org/10.1503/cmaj.131792.
11. Veirano C, Zunino C, Pandolfo S, Vomero A, Guerrero J, Gurin L et al. Hospital admission to hospital due to child abuse. Pereira Rossell Hospital Center 2010-2014. Arch. PeArch. Pediatr. [Internet]. 2017 [cited 2018 Jul 06]; 88(5):246-53. Available from: http://www.scielo.edu.uy/scielo.php?script=sci_arttext&pid=S1688-12492017000500246.

DOI: http://dx.doi.org/10.12957/reuerj.2021.57289

12. Silva WS, Ribeiro FM, Guimarães GK, Santos MS, Almeida VPS, Barroso-Junior UO. Factors associated with child sexual abuse confirmation at forensic examinations. Ciênc. saúde coletiva. [Internet]. 2018 [cited 2018 Jul 06]; 23(2):599-606. DOI: https://doi.org/10.1590/1413-81232018232.04932016.
13. Castro EG, Macedo SC. Estatuto da Criança e Adolescente e Estatuto da Juventude: interfaces, complementariedade, desafios e diferenças. Rev. Direito Práx. [Internet]. 2019 [cited 2018 Jul 06]; 10(2):1214-38. DOI: https://doi.org/10.1590/2179-8966/2019/40670.
14. Bardin L. Análise de Conteúdo. 20th ed. São Paulo: Edições 70; 2016.
15. Ellison DL. Physiology of Pain. Crit. Care Nurs. Clin. North Am. [Internet]. 2017 [cited 2018 Jul 06]; 29(4):397-06. DOI: https://doi.org/10.1016/j.cnc.2017.08.001.
16. Antony S, Almeida EM. Vítimas de violência sexual intrafamiliar: uma abordagem gestáltica. Rev. NUFEN. [Internet]. 2018 [cited 2018 Jul 06]; 10(2):184-201. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S2175-25912018000200012&lng=es&nrm=iso&tlng=pt.
17. Mathews B, Collin-Vézina D. Child Sexual Abuse: Toward a Conceptual Model and Definition. TVA [Internet]. 2019 [cited 2018 Jul 06]; 20(2):131–48. DOI: https://doi.org/10.1177/1524838017738726.
18. Gallion HR, Milam LJ, Littrell LL. Genital Findings in Cases of Child Sexual Abuse: Genital vs Vaginal Penetration. J Pediatr Adolesc Gynecol [Internet]. 2016 [cited 2018 Jul 06]; 29(6):604-11. DOI: https://doi.org/10.1016/j.jpag.2016.05.001.
19. Varma S, Gillespie S, McCracken C, Greenbaum VJ. Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. Child Abuse Negl [Internet]. 2015 [cited 2018 Jul 06]; 44:98-105. DOI: https://doi.org/10.1016/j.chiabu.2015.04.004.
20. Enyedy A, Tsikouras P, Csorba R. Medical and Legal Aspects of Child Sexual Abuse: A Population-Based Study in a Hungarian County. Int. J. Environ. Res. Public Health [Internet]. 2018 [cited 2018 Jul 06]; 15(4):701. DOI: https://doi.org/10.3390/ijerph15040701.
21. Karabağ G, Tanrıverdi Hİ, Yavuz MS, Genç A, Akın U, Saraç S. The importance of clinical approach in aggravated sexual abuse: Case report. Ulus Travma Acil Cerrahi Derg [Internet]. 2018 [cited 2018 Jul 06]; 24(6):597-00. DOI: **https://doi.org/**10.5505/tjtes.2018.60063.
22. Vrolijk-Bosschaart TF, Brilleslijper-Kater SN, Benninga MA, Lindauer RJL, Teeuw AH. Clinical practice: recognizing child sexual abuse—what makes it so difficult? Eur J Pediatr [Internet]. 2018 [cited 2018 Jul 06]; 177:1343–50. DOI: https://doi.org/10.1007/s00431-018-3193-z.
23. Nunes MCA, Lima RFF, Morais, NA. Violência Sexual contra Mulheres: um Estudo Comparativo entre Vítimas Adolescentes e Adultas. Psicol. cienc. prof. [Internet]. 2017 [cited 2018 Jul 06]; 37(4):956-69. DOI: https://doi.org/10.1590/1982-3703003652016.
24. Crawford-Jakubiak JE, Alderman EM, Leventhal JM. Committee on child abuse and neglect; committee on adolescence. Care of the Adolescent After an Acute Sexual Assault. Pediatrics. [Internet]. 2017 [cited 2018 Jul 06]; 139(3):e20164243. Erratum in: Pediatrics [Internet]. 2017; 139(6). DOI: https://doi.org/10.1542/peds.2016-4243.
25. Adams JA, Farst KJ, Kellogg ND. Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018. J. Pediatr. Adolesc. Gynecol. [Internet]. 2018 [cited 2018 Jul 06]; 31(3):225-31. Erratum in: J. Pediatr. Adolesc. Gynecol. [Internet]. 2018;31(6):655. DOI: https://doi.org/10.1016/j.jpag.2017.12.011.
26. 26. Kotzé JM, Brits H. Child sexual abuse: The significance of the history and testifying on non-confirmatory findings. Afr J Prim Health Care Fam Med [Internet]. 2019 [cited 2018 Jul 06]; 11(1):e1-e7. DOI: https://doi.org/10.4102/phcfm.v11i1.1954
27. Abraham M, Kondis J, Merritt DF. Case Series: Vaginal Rupture Injuries after Sexual Assault in Children and Adolescents. J Pediatr Adolesc Gynecol [Internet]. 2016 [cited 2018 Jul 06]; 29(3):e49-52. DOI: https://doi.org/10.1016/j.jpag.2015.12.009.
28. Gibson CJ, Lisha NE, Walter LC, Huang AJ. Interpersonal trauma and aging-related genitourinary dysfunction in a national sample of older women. Am J Obstet Gynecol [Internet]. 2019 [cited 2018 Jul 06]; 220(1):94.e1-94.e7. DOI: https://doi.org/10.1016/j.ajog.2018.09.026.
28. Barufaldi LA, Souto RMCV, Correia RSB, Montenegro MMS, Pinto IV, Silva MMA et al. Gender violence: a comparison of mortality from aggression against women who have and have not previously reported violence. Ciênc. saúde coletiva [Internet]. 2017 [cited 2018 Jul 06]; 22(9):2929-38. DOI: https://doi.org/10.1590/1413-81232017229.12712017.
29. Conceição MM, Ferreira BO, Barreto ETP, Nery, CLPD, Santos JSNT, Camargo CL. Perceptions of a multidisciplinary team on the psychological repercussions of sexual violence against children and adolescents. Texto Contexto Enferm [Internet]. 2021 [cited 2021 nov 23]; 30:e20200500. DOI: https://doi.org/10.1590/1980-265X-TCE-2020-0500.
30. Reis, NSP et al. Scientific production in nursing on violence in adolescence. Rev. enferm. UERJ [Internet]. 2017 [cited 2018 Jul 06]; 25:e26475. DOI: https://doi.org/10.12957/reuerj.2017.26475.
31. Amarijo, Cristiane Lopes et al. Assimilating the theory and practice of domestic violence: nursing professionals providing primary care for victims. Rev. enferm. UERJ [Internet]. 2018 [cited 2018 Jul 06]; 26:e33874. DOI: https://doi.org/10.12957/reuerj.2018.33874.
32. Pinto LSS, Oliveira IMP, Pinto ESS, Leite CBC, Melo ADN, Deus MCBR. Women's protection public policies: evaluation of health care for victims of sexual violence. Ciên. Saúde Colet. [Internet]. 2017 [cited 2018 Jul 06]; 22(5):1501-08. DOI: https://doi.org/10.1590/1413-81232017225.33272016.