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Factors interfering with reporting sexual violence against children and adolescents: An integrative review

Fatores que interferem na notificação da violência sexual contra crianças e adolescentes: revisão integrativa

Factores que interfieren en las denuncias de violencia sexual contra niños, niñas y adolescentes: revisión integradora

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ABSTRACT

Objective: to describe factors interfering with health professionals reporting sexual violence against children and adolescents. **Method: an** integrative review conducted in the Medline, LILACS, CINAHL, Web of Science and Scopus databases and portals, including primary studies published in the last ten years. The data were extracted by two researchers and integrated by means of thematic grouping. **Results:** eighteen articles were included after the search and selection process. Factors related to cultural, economic and social issues of the families and victims were made evident, hindering case identification and reporting. The existence of protocols, institutional flows, work process organization, the subjects' belief systems and lack of knowledge were also obstacles. **Conclusion:** based on the identification of factors related to the families, victims, work process, beliefs and knowledge, the need for accountability of professionals and institutions alike regarding educational and organizational processes that can guarantee assistance and the patients' rights in dealing with this problem is highlighted.
Descriptors: Pediatric Nursing; Child Health; Child Abuse; Child Abuse, Sexual; Mandatory Reporting.

RESUMO

Objetivo: descrever fatores que interferem na realização da notificação da violência sexual contra crianças e adolescentes por profissionais da saúde. **Método:** revisão integrativa realizada nas bases e portais de dados Medline, Lilacs, Cinahl, *Web of Science* e Scopus, incluindo estudos primários, publicados nos últimos dez anos. Dados foram extraídos por dois pesquisadores e integrados por agrupamento temático. **Resultados:** incluídos dezoito artigos após busca e seleção. Foram evidenciados fatores relativos a questões culturais, econômicas e sociais das famílias e vítimas, dificultando a identificação e notificação de caso. A existência de protocolos, fluxos institucionais, organização do processo de trabalho, sistema de crenças dos sujeitos e falta de conhecimento também foram dificultadores. **Conclusão:** a partir da identificação de fatores relacionados às famílias, vítimas, processo de trabalho, crenças e conhecimento, destaca-se a necessidade da responsabilização dos profissionais e das instituições sobre os processos educacionais e organizacionais que possam garantir a assistência e os direitos dos pacientes no enfrentamento deste agravo.
Descritores: Enfermagem Pediátrica; Saúde da Criança; Maus-Tratos Infantis; Abuso Sexual na Infância; Notificação de Abuso.

RESUMEN

Objetivo: describir los factores que interfieren en las denuncias de violencia sexual contra niños y adolescentes realizadas por profesionales de la salud. **Método:** revisión integradora realizada en las bases de datos y portales Medline, LILACS, CINAHL, *Web of Science* y Scopus, incluyendo estudios primarios publicados en los últimos diez años. Los datos fueron extraídos por dos investigadores e integrados por agrupación temática. **Resultados:** hubo dieciocho artículos incluidos luego de la búsqueda y selección. Se destacaron factores vinculados a cuestiones culturales, económicas y sociales de las familias y las víctimas, que dificultan la identificación y denuncia de los casos. La existencia de protocolos, los flujos institucionales, la organización del proceso de trabajo, el sistema de creencias de los sujetos y la falta de conocimientos también fueron obstáculos. **Conclusión:** a partir de la identificación de factores relacionados con las familias, las víctimas, el proceso de trabajo, las creencias y los conocimientos, se advierte la necesidad de que los profesionales e instituciones se responsabilicen por procesos educativos y organizativos que puedan asegurar la asistencia y los derechos de los pacientes en el enfrentamiento de esta problemática.
Descriptores: Enfermería Pediátrica; Salud Infantil; Maltrato a los Niños; Abuso Sexual Infantil; Notificación Obligatoria.

INTRODUCTION

Health professionals are frequently faced with the challenges inherent to identifying signs and symptoms of violence against children and adolescents in their everyday practice, which has impaired providing this care due to the absence of a listening environment or to insecurity regarding decision-making, causing some cases to go unnoticed during the assistance offered[1]. In this regard, health institutions play an important role in identifying signs of violence and must agree among themselves and with the support network on joint and multiprofessional actions to address sexual violence[2].

The study is part of the MSc Dissertation entitled "Reporting sexual violence against children and adolescents in a hospital unit: A flowchart proposal", linked to the Professional MSc Program in Nursing at Universidade Estadual de Feira de Santana.

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In the form of Sexual Violence (SV), this problem can encompass any act that directly or indirectly exposes a child or adolescent to sexual intercourse or lewd acts, which can take place in person or virtually and include abuse, exploitation and human trafficking[3]. Thus, we can infer that this issue does not depend on social, cultural, religious or economic rules, in addition to causing harmful effects on the body and psychological realm of the victims, who oftentimes lose their freedom, dignity and respect individual guarantees provided for in the Children's and Adolescents' Statute (*Estatuto da Criança e do Adolescente*, ECA)[4].

Once identified, this offense or suspicion thereof must be subjected to compulsory notification, carried out by filling out a notification form[5]. The Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação*, SINAN) is the platform used to record these data, allowing health professionals to access information and make it available to the community; in turn, the Ministry of Health (*Ministério da Saúde*, MS) recognizes health services as privileged spaces both for assisting these victims and for notification purposes[6,7].

Thus, we understand that reporting SV suffered by children and adolescents emerges as a challenge due to its complexity and, at the same time, for requiring professional preparedness to properly approach each child and their family, as well as the need for an articulated and resolute protection network. The protection system for children that are victims of violence must include assistance provided in an articulated manner and in accordance with the principles and guidelines provided for by law and protection of the informant or notifier by public security agencies, with implementation of measures provided for by law and prosecution of those who fail to report violent practices to the public authorities[8].

Some studies point to the fact that, when faced with cases of violence, the professionals have adopted the stance of not further harming children, guaranteeing rights, providing comprehensive and humanized care, showing accountability like others, adopting an ethical stance and seeking to exhaust all necessary resources to offer care and protection to each child[9].

In this context, a literature review can be understood as an important instrument to deepen understanding of the factors influencing SV notification by health professionals, as this approach can assist managers in planning and implementing assistance for the victims and creating or redirecting public policies to serve this population segment.

Based on this premise, this study aims at describing factors interfering with health professionals reporting SV against children and adolescents, according to the scientific literature.

METHOD

This integrative literature review was developed in five stages: Identification of the problem and formulation of the research question; Search in the literature; Selection of studies and data extraction; Data synthesis and analysis; Interpretation, knowledge synthesis; and Presentation of the review[10].

The guiding question was initially developed using the PICo acronym: P - Children/Adolescents; I - Notification (reporting in the health sector); and Co - Sexual violence. Based on this definition, the question for this review was as follows: Which factors influence health professionals reporting SV against children and adolescents?

The data survey was conducted in September 2023 and updated in June 2024 by accessing the following databases*:* Medical Literature Analysis and Retrieval System Online (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), Web of Science and Scopus.

The inclusion criteria adopted were primary studies that answered the research question, published in English, Portuguese and Spanish, retrieved in full and online. It was decided to define the search period as the last ten years, considering publication of Ministry of Health's Ordinance No. 104 dated January 25th, 2011, which made reporting of violence mandatory for all health services (public or private) in Brazil[5], and the National Plan to Combat Sexual Violence against Children and Adolescents 2013 update, which incorporated important advances in recognition and confrontation of this offense[11]. Articles that did not refer to the theme or population of this study were excluded, as well as letters to the editors, editorials and Gray Literature materials.

The search strategies were defined by the authors along with a librarian using the controlled vocabulary from the Descriptors in Health Sciences (*Descritores em Ciências da Saúde*, DeCS) database for terms in Portuguese and Spanish and from the Medical Subject Headings (MeSH) for English language terms, in addition to the EMTREE Thesaurus and the CINAHL Subject Headings. The following descriptors were considered: “Child”, “Adolescent”, “Notification”, “Childhood Sexual Abuse”, “Sexual Crimes”, “Rape” and “Abuse Notification”, as well as related terms, employing the

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[*AND*] and [*OR*] Boolean operators. Truncation strategies were used and language and time filters were added to increase search sensitivity.

The studies identified were imported into the Qatar Computing Research Institute platform (Rayyan®). All duplicates were excluded and the articles were selected by two independent reviewers. Any and all conflicts were solved by consensus. Study screening followed the recommendations defined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodological framework[12].

The data extracted were entered into a synoptic chart to record the following variables: authorship, year, country, design and objectives. The methodological quality assessment and risk of bias classification were performed independently by two reviewers using the instruments standardized by the Joanna Briggs Institute (JBI) according to study designs: Critical Appraisal Checklist for Qualitative Research, for studies with descriptive and critical qualitative designs; and Appraisal Checklist for Analytical Cross-Sectional Studies for quantitative ones[13].

The data were categorized based on the narrative synthesis by topic similarity; the quantitative data were qualified and translated into text descriptions through interpretation, allowing integration with the qualitative data in order to answer the review question[14].

RESULTS

After the search and selection process, 1,999 studies were identified in the databases. Once the duplicates (n=909) had been excluded and the inclusion and exclusion criteria applied, 18 articles were included in the sample, as detailed in Figure 1. No new articles were found for inclusion during the update.

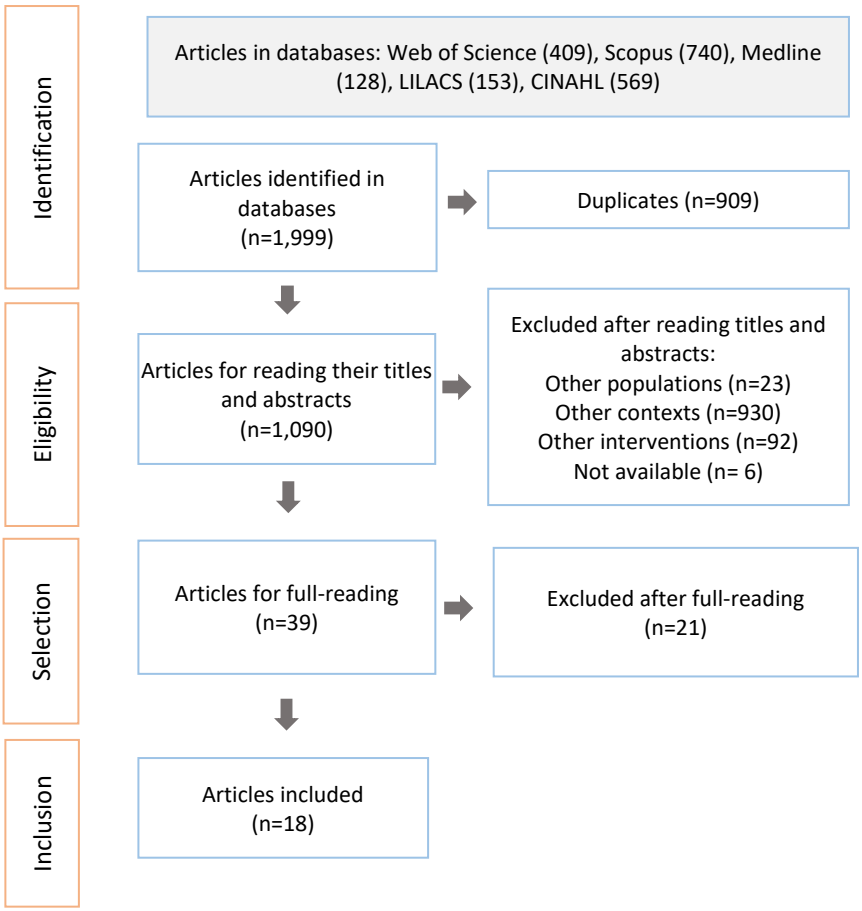

Figure 1: Study selection flowchart, adapted from PRISMA. Salvador, BA, Brazil, 2024.

Figure 2 presents the characterization of the studies according to country of origin, year, design and methodological quality assessment.

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ID	Country/Year	Design	Objective	Risk of bias
A1	Israel, 2012[15]	Cross-sectional Descriptive	To examine the Theory of Planned Behavior ability to predict suspected abuse.	Low
A2	Bahrain, 2012[16]	Cross-sectional Descriptive	To identify factors that inhibit physicians from reporting child abuse.	Low
A3	Spain and Latin America, 2012[17]	Cross-sectional Descriptive	To study criteria used by professionals to identify and report child sexual abuse.	Low
A4	United States, 2013[18]	Cross-sectional Descriptive	To analyze factors associated with Primary Health Care nurses reporting child and adolescent abuse.	Low
A5	United States, 2015[19]	Descriptive	To understand why emergency service professionals may fail to report suspected abuse.	Moderate
A6	Sweden, 2015[20]	Cross-sectional Descriptive	To examine reporting of suspected child abuse among general practitioners.	Low
A7	Saudi Arabia, 2018[21]	Descriptive	To determine variations in the professionals' attitudes towards Child Sexual Abuse.	Low
A8	Brazil, 2017[1]	Descriptive	To characterize health professionals' perception regarding violence against children and adolescents.	Low
A9	Brazil, 2018[22]	Qualitative Descriptive	To analyze the flows of the child protection network against violence in terms of reports and decisions made.	Low
A10	Brazil, 2019[23]	Exploratory Descriptive	To understand the professionals' perceptions regarding records and notifications of violence against children and adolescents.	Low
A11	Pakistan, 2019[24]	Qualitative	To explore the challenges faced by health professionals when dealing with abuse.	Low
A12	Hong Kong, 2019[25]	Cross-sectional Descriptive	To examine nurses' knowledge and perceptions about child protection.	Low
A13	Saudi Arabia, 2019[26]	Qualitative Descriptive	To investigate the barriers that inhibit nurses from reporting suspected child abuse and neglect cases.	Low
A14	Serbia; Montenegro, 2020[27]	Descriptive	To survey pediatricians about their beliefs and competences regarding child sexual abuse.	Moderate
A15	Brazil, 2020[28]	Documentary research	To identify the process of reestablishing protection for victimized children.	Low
A16	Tanzania, 2021[29]	Qualitative Descriptive	To investigate how health professionals deal with child sexual abuse cases.	Moderate
A17	Pakistan, 2021[30]	Structured questionnaire	To evaluate pediatricians' responses when dealing with child abuse.	Low
A18	Brazil, 2022[31]	Action research	To devise strategies to combat sexual abuse against children.	Low

Figure 2: Characterization of the studies included in the integrative review final sample (n=18). Salvador, BA, Brazil, 2024.

Regarding the articles that comprised this review, five were national publications (27.7%) and 13 were international (72.3%), with emphasis on representing the reality of Asian countries (Hong Kong, Pakistan, Saudi Arabia, Israel and Bahrain) and European countries (Sweden, Serbia and Montenegro), in addition to North American (United States of America) and African (Tanzania) ones. According to their methodological approach, ten studies were qualitative and/or descriptive and eight were quantitative.

As for the methodological quality and risk of bias assessment and according to the criteria evaluated, 17 articles were classified as with low risk of bias and, therefore, presented good methodological quality, with only one classified as moderate risk of bias.

The analysis of the studies allowed preparing four thematic categories: Factors concerning the victims and their family members; Working conditions, institutions; The professionals' subjectivity; and Lack of knowledge regarding how to identify abuse, summarized in Figure 3.

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Factors concerning the victims and their family members, as well as cultural aspects
○ The family's professional and cultural background, socioeconomic status and financial dependence on the aggressor (A3, A1, A16, A11 and A14).
○ Some countries do not have mandatory notification or social service systems (A11).
○ The cases may have repercussions for the children or families (A3).
○ Many families do not want to report abuse or do not consider that there was an act of violence; the professionals end up choosing what is best for the children in social terms and do not report (A16 and A17).
○ The adolescents' early sexual behaviors and knowledge are factors that make professionals suspicious and report (A3).
○ In the case of minors' consensual sexual activity, the professionals tend not to report (A3).
○ Not reporting cases may be considered in light of the possibility of the aggressors threatening the family members/children so that the abuse is not investigated (A16).
Factors related to working conditions and institutions
○ The existence of institutional protocols and notification form availability in health units increases by three times the probability of filling out a report (A10, A9 and A18).
○ Training programs favor identification and subsequent notification practices in the hospital environment (A17).
○ Incomplete data in medical records, poor quality in filling out the notification form and failures in systematization of case care records interfere with notification (A6, A10 and A15).
○ The possibility of false SV claims, the high demand of patients and lack of time are a negative interference (A6, A16 and A11).
○ The absence of safety guarantees for workers exposed to situations that put their physical or moral integrity at risk also hinders the process (A10).
○ The organization's culture, unfavorable work environments and lack of adequate resources interfere with willingness to report and notify (A12).
○ Resorting to a multidisciplinary approach eases victims' management and necessary referrals (A16 and A13).
Factors related to subjective issues and to the professionals' belief system
○ Previous negative reporting experiences and non-perception of benefits for the children make the professionals hesitate to report (A17, A1, A16, A7 and A13).
○ Some professionals ground their reporting on personal criteria such as religious beliefs, family members' attitudes in relation to sexuality and their own sexual experiences in childhood (A1).
○ Professionals with children are more prone to reporting this type of abuse; subjective beliefs and negative views about child abuse are also significant predictors of reporting (A3).
○ The professionals experience difficulties identifying and reporting SV when it is missing in the abuse history, due to uncertainty about whether there was an act of violence or not (A3 and A13).
○ When the professionals are the only ones to suspect a case and do not know when to report it or are advised not to report the abuse, they generally do not do so (A13 and A4).
○ The professionals tend not to report when they perceive dangerous situations for the children, the families or themselves (A11 and A8).
Factors related to the professionals' knowledge
○ The professionals state not knowing how the institution they work for manages cases of sexual abuse against children and adolescents and that they are not aware of their role as notifiers (A16 and A5).
○ The professionals state that they feel unable to identify signs of abuse (A14 and A5).
○ The professionals reveal that they did not take part in any training organized by the institutions and that experience increases confidence in identifying and managing cases (A11 and A2).

Figure 3: Factors interfering with reporting and identifying cases of sexual violence against children and adolescents. Salvador, BA, Brazil, 2024.

DISCUSSION

Considering the results of this study, with emphasis on publications related to continents and countries such as Africa, Pakistan, Serbia and Israel characterized by different ethnic, economic, religious and cultural situations and that experience terrorism and internal/external conflicts in different proportions, the issue of professionals reporting violence becomes a problem to be discussed.

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As for the risk of bias corresponding to the studies included in this review, materials with low risk of bias were identified; however, three studies presented methodological concerns or moderate risk of bias. Regarding the level of evidence of the studies selected, aspects related to training of the professionals, lack of knowledge about institutional characteristics and their role in reporting, feeling unable to identify signs of violence, the victims' dependence on the aggressor or even the presence of threats downgraded their level of evidence, although other of the studies included do present higher evidence that corroborate the findings.

Concerning the factors related to the victims, family members and cultural aspects, it can be inferred that different ethical standards, religious beliefs, customs and discrimination against victims have exposed children to realities that are not always detectable[32]. For the author, by relativizing what is considered as abuse, the countries have contributed to the increased prevalence of this problem; in addition, the historical-economic context also exposes children and adolescents to poverty and violence situations.

A research study conducted in India pointed out that health professionals in that country are legally required to report information to the Police and to provide free care to the victims, even without their consent[33]. The literature also mentions that in nations such as Australia, Canada, the United Kingdom and Ireland, there are divergences regarding guidance on reporting abuse and ensuring appropriate institutional responses to such cases[34].

In the analysis, it can be noticed that there is some duality between the duty to report and the countries' legal frameworks, which negatively interferes with the informant protection system and with the moral and ethical issues of the professionals' practice.

When the aggressors are family members, the results indicate that it is common for children to deny the abuse or be forced to lie and conceal the facts; thus, families participate in the violence cycle by perpetrating, omitting or even denying the assaults[35]. This fact was presented in five studies included in this review, two of them with moderate evidence. The situation may reveal power relations that mediate dysfunctions in the families and in the entire socio-institutional structure[36].

In these cases, financial or emotional dependence exposes the victims to vulnerability situations, requiring intervention with the families to address the possibility of including them in social assistance programs and guaranteeing psychological care[37].

In a study conducted with families from a Brazilian institution, it was found that the mean time between abuse and its disclosure was 13 months; between disclosure and reporting, seven months; and between reporting and institutional care, three months[38]. Among the findings, it was verified that children were more prone to disclosing sexual abuse than adolescents, contradicting the findings of this review.

Regarding the abused children's behaviors, the literature indicates that, although the presence of psychological and behavioral indicators of sexual activities is commonly associated with child abuse, this variable did not present statistical significance to discriminate between cases[39].

The existence of protocols, norms and flows is a strategy to guide professionals regarding care and management of SV cases, addressing health assistance, risk assessment, the importance of multidisciplinary care, family monitoring and notification to the competent authorities[40]. In the same study, absence of these materials was also reported by the professionals and, even though care was provided, there was no in-depth study or protocols related to behaviors, hindering networking and the victims' access to pertinent services.

A study that assessed quality in filling out compulsory reports of violence in Brazil identified fair quality in terms of notification forms for sexual violence cases, with poor rates for the “perpetrator of violence”, “incident data”, “final data” and “referrals” variables[41]. The data were incomplete in most of the records, evidencing the absence of a standardized flow for network actions.

Health network coordination and multidisciplinary and intersectoral actions have been a challenge for promoting actions, reducing harms and monitoring the victims' families[36]. These institutional and political factors are not under the professionals' direct control but influence their performance. In turn, sharing knowledge and practices favors promoting protection and care for the victims[42].

Referring to care in emergency services, two studies reported the difficulties faced by the professionals working in these units. Although the evidence from one of them is moderate, it is known that these environments are characterized by multiple demands, which can directly affect quality of the records[43]. As notification forms must be filled out during initial care, work environments should not be an obstacle to identifying or reporting violence[44].

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Regarding the subjective issues, fear of retaliation, threats, lack of confidentiality guarantees and safety in the notification process were pointed out as a problem, mainly in the Primary Care context, causing professionals to choose not to intervene[46]. Furthermore, the mistaken understanding that a notification form is a Police report was also cited as a problem that has contributed to underreporting.

The meaning that health professionals attribute to SV is the result of their personal and professional experiences. A study confirmed that these variables contribute to the quality of their work, as moral, cultural, social and psychological issues regarding inviolability of the home cause many professionals to still question their duty to report abuse[47].

As for the professionals' knowledge, many of them state being unaware of how to report incidents, of the form or of its importance[36,48]. Despite improvements in the abuse diagnosis and the high incidence of claims, SV is still detected in small groups, as the time interval between assaults and medical examinations is long and the aggressors leave no physical injuries or traces[49].

Study limitations

The current study considers the data sources consulted as a limitation, which may have resulted in selection bias, in addition to the research design, which limits generalization of its findings.

CONCLUSION

This review showed the need to provide professionals with tools within the institutions and to clarify legal aspects on the subject matter, so that they feel responsible for the reporting actions and for handling cases. Continuing education activities and creating flows and protocols can help strengthen this practice in the health sector.

In addition to indicating flaws in the workers' and institutions' understanding of this process, the studies point to the need for the entire society to be jointly accountable at the international level for implementing the necessary changes in some countries' legal frameworks, in order to adequately protect the children and punish the aggressors. Monitoring by a multiprofessional team is mandatory, as subjective and work-related issues and the need for safety should not interfere with ensuring assistance and the patients' rights or with addressing this problem. The scarcity of national publications implies a need for scientific productions that portray the Brazilian reality regarding interference with reporting sexual violence in the health sector.

Thus, this study has the potential to contribute to devising institutional, professional and governmental strategies that can improve the professionals' performance assisting victims, identifying violence, its adequate and timely reporting, referrals and adequate handling of moral, ethical, cultural and social issues, so that these latter are not considered as guidelines for decision-making within the institutions.

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Factors interfering with reporting sexual violence against children and adolescents: An integrative review*".