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Child and adolescent victims of sexual violence: aspects of physical and emotional development

Crianças e adolescentes vítimas de violência sexual: aspectos do desenvolvimento físico e emocional

Niños, niñas y adolescentes víctimas de violencia sexual: aspectos del desarrollo físico y emocional

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ABSTRACT

Objective: to identify the multidisciplinary health team's perception on aspects of the physical and emotional development of children and adolescents who have suffered sexual violence. **Methods:** a qualitative study, carried out with 30 health professionals in a hospital in Bahia, Brazil, between June and July 2019. Data were collected from an interview guided by a semi-structured questionnaire. The results were interpreted according to Symbolic Interactionism. **Results:** some sexually violated children were under five years old and healthy, others had physical/mental disabilities. Victimized adolescents were in the pre-pubertal phase, with fragile body structure, not emotionally mature and unaware of sexuality. **Final considerations:** children's physical and emotional aspects make children vulnerable to sexual victimization, as they facilitate the control and dominion that offenders need to have over them. As a protection strategy, it is recommended using sexual and health education linked to greater surveillance of family members, multidisciplinary team and educators.
Descriptors: Child; Adolescent; Child Abuse, Sexual; Child Development; Adolescent Development.

RESUMO

Objetivo: identificar a percepção da equipe multiprofissional de saúde sobre os aspectos do desenvolvimento físico e emocional de crianças e adolescentes que sofreram violência sexual. **Métodos:** estudo qualitativo, realizado com 30 profissionais de saúde em hospital da Bahia, Brasil, entre junho e julho de 2019. Os dados foram coletados a partir de entrevista norteada por questionário semiestruturado. Os resultados foram interpretados conforme o Interacionismo Simbólico. **Resultados:** algumas crianças violadas sexualmente tinham menos de cinco anos e aspecto saudável, outras portavam deficiências físicas/mentais. Adolescentes vitimizadas estavam em fase pré-púbere, com estrutura corporal frágil, pouco amadurecidas emocionalmente e desconheciam sobre sexualidade. **Considerações finais:** aspectos físicos e emocionais infantojuvenis vulnerabilizam crianças para a vitimização sexual, pois facilitam o controle e domínio que o agressor necessita ter sobre elas. Como estratégia de proteção, recomenda-se o uso da educação sexual e em saúde atreladas a maior vigilância de familiares, da equipe multiprofissional e educadores.
Descritores: Criança; Adolescente; Abuso Sexual na Infância; Desenvolvimento Infantil; Desenvolvimento do Adolescente.

RESUMEN

Objetivo: identificar la percepción del equipo multiprofesional de salud sobre aspectos del desarrollo físico y emocional de niños y adolescentes que han sufrido violencia sexual. **Métodos:** estudio cualitativo, realizado con 30 profesionales de la salud en un hospital de Bahía, Brasil, entre junio y julio de 2019. Los datos fueron recolectados a partir de una entrevista guiada por un cuestionario semiestructurado. Los resultados fueron interpretados según la Teoría del Interaccionismo Simbólico. **Resultados:** algunos niños violados sexualmente tenían menos de cinco años y estaban sanos, otros tenían discapacidades físicas/mentales. Los adolescentes victimizados se encontraban en la fase prepuberal, con una estructura corporal frágil, no madura emocionalmente y desconociendo la sexualidad. **Consideraciones finales:** los aspectos físicos y emocionales de los niños, niñas y adolescentes hacen que los niños sean vulnerables a la victimización sexual, ya que facilitan el control y dominio que el agresor debe tener sobre ellos. Como estrategia de protección, se recomienda el uso de la educación sexual y en salud ligada a una mayor vigilancia de los familiares, del equipo multidisciplinario y de los educadores.
Descriptores: Niño; Adolescente; Abuso Sexual Infantil; Desarrollo Infantil; Desarrollo del Adolescente.

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INTRODUCTION

Sexual violence (SV) is a complex social problem that accompanies human historicity for centuries and, due to its high prevalence, is considered a public health problem[1-3]. The concept of SV ranges from making gestures/comments aimed at the sexuality of another person, passing through commercialization, to the sexual act without consent or with the consent of someone who does not have the physical/emotional and/or cognitive maturity to do so[3-5].

Considering that gender issues involve SV against girls and are supported by the patriarchal legacy in several Western societies[6-8], it is feasible to affirm that these serve as support for offenders to justify the perpetration of SV against them. Nevertheless, boys are also victimized in childhood/adolescence[3,9-10], which shows that SV against children and adolescents presents complex issues, influenced by the culture and the exercise of offenders' power over their victims, who are in a more vulnerable emotional and physical condition[3-5].

The natural stage of development and the growth of children and adolescents also put them in a condition of vulnerability to SV. It should be noted that psychomotor development is conceptualized as improvement of psychological/emotional and motor skills, while physical growth or development concerns the constant and irreversible increase in individuals'[11]. Thus, childhood and adolescence, identified as periods ranging from 0 to 9 years and from 10 to 18 years of age, respectively[12], are stages of life in which individuals have different human needs. That said, children and adolescents need specific care, considering that this process is influenced by nutritional, genetic and environmental aspects[11] that can be determinants in healthy growth and development at this stage of life.

Also, during this stage of the life cycle, individuals have peculiarities limiting their ability to self-protect. These include physical strength, to resist contact with the offenders, emotional maturation, to assess the consequences of sexualized acts and the difficulty of verbalizing the occurrence of this type of violence, for not understanding its sexual content[5,13-14]. Such limitations may also be present in people with disabilities[5,15-16].

These limitations favor the unbelief of adults and the delay in revealing what happened when SV cases are expressed by the victims, especially when the offender is a close relative[17]. Children and adolescents are not considered as a subject of law, as they evoke national and international laws[3-5,17-19]. These gaps hinder the identification of cases and the implementation of care provided to the victims' health. Recent studies reveal the correlation between childhood maltreatment (including SV) and negative impacts on cognitive, psychological, and sexual development, long-term functional and physical impairment, which reflect in adolescence, adulthood, and may transcend reaching intergenerationality[20-21].

Thus, the characteristics of SV suffered by children show psychosocial and cultural factors that make it difficult to reveal the abuse suffered by children and adolescents, creating obstacles to effective reporting and investigation of the facts[2-3,9], which presupposes underreporting and underreporting of occurrences in official bodies. Therefore, it is necessary for the multidisciplinary team to be qualified to identify cases, provide comprehensive and specific care to victims[19,22-23], aiming at acting in an interdisciplinary network[24] and weighing their emotional and physical development.

It is noteworthy that the reception, through listening and the establishment of a relationship of trust, is a transversal step in this type of service, constituting a differential in the elucidation of the facts and in the recovery of victims of SV[22,24-26], its execution by the multidisciplinary team is essential.

In addition to this, nursing, as a category that establishes greater contact with users of health institutions, plays an important role at the time of reception[23,25-27]. Therefore, it is urgent to carry out studies that elucidate aspects of the physical and emotional development of children and adolescents who have suffered SV, from the multidisciplinary team' perspective. Due to this gap in the literature, the following investigative question was outlined: what is the perception of health professionals about aspects of the physical and emotional development of children and adolescents who have suffered SV?

This study has its relevance based on the possibility of giving rise to a discussion about the sexual victimization of children and adolescents, enabling the creation and implementation of strategies aimed at protecting this public from this type of health problem.

OBJECTIVE

To identify the multidisciplinary health team's perception on aspects of the physical and emotional development of children and adolescents who have suffered SV.

METHOD

Ethical aspects

The project was approved by the Research Ethics Committee, meeting the ethical standards of research with human beings, according to the Resolutions of the Brazilian National Health Council (*Conselho Nacional de Saúde*). The Informed Consent Form (ICF) was prepared, which included the main researcher's objectives, data, motivations and other information about the study. The ICF was read and signed by the selected participants, and the interviews took place in reserved rooms, in order to guarantee information privacy. To protect the participants' identity, their names were replaced by numbers from 1 to 30, preceded by the letter "P", referring to the professional, according to the order in which the interviews were carried out.

Theoretical-methodological framework

This is a research based on Symbolic Interactionism (SI), proposed by George Herbert Mead, considered the precursor of this philosophical movement. This theory focuses its attention on the mutual influence of humans on social development, suggesting that the way an individual acts provokes reactions in the other. It also highlights the relevance of communication and the influence of the symbol as forms of recognition among individuals[27].

This study confirms that SI is a necessary requirement for care in all its dimensions, as it serves as a foundation in the care provided in health services with regard to continuity of care[28]. Pondering about it, care for children and adolescents who are victims of SV lacks complex care, demanding interaction with victims and their families. Therefore, SI was chosen, as it makes it possible to investigate the real human behavior of multidisciplinary team members in the face of this service, resulting from the experiences lived by individuals[27].

Study design

This is a study with a qualitative methodological approach, based on the use of COnsolidated criteria for REporting Qualitative research (COREQ)[29].

Methodological procedures

Study setting

The study took place in a general public teaching hospital in Bahia, Brazil. This institution offers clinical, surgical, emergency and outpatient medical-hospital services for all age groups. The approach to the field occurred through the insertion of the main author as an assistant nurse in the service, with a previous approach to care for victims of SV. Multidisciplinary team members working in Pediatric and Adolescent Inpatient Units, Intensive Care Units and Obstetric Center were approached.

Data source

Thirty professionals participated: 10 nurses, 10 nursing technicians, 03 doctors, 03 social workers, 02 nursing assistants and 02 psychologists. All were women, self-reported of gender identity cis woman and heterosexual affective-sexual orientation. 24 were of black race/color, and 14 were single. The choice of participants was intentional, including health professionals who had been working at the institution for at least one year. Those who worked in diagnostic support sectors were excluded. There were no withdrawals among the participants, nor refusals to participate in the research.

Data collection and organization

Data collection was carried out in person, between the months of June and July 2019, in the three periods (morning, afternoon and evening). A presentation was made to the coordinators to publicize the research. The team of interviewers introduced themselves and approached the professionals in the aforementioned care units, and all who met the inclusion criteria were invited to participate in the research, to arbitrate their participation, or time was not given. Once the invitation was accepted, a second meeting was scheduled.

The participants answered only once the 12 closed-ended questions referring to sociodemographic data and a questionnaire with an open-ended question that guided the interview: report cases of child and/or adolescent victims of SV that you provided care. During the interviews, other questions were presented, in a correlated way, to professionals' narrative, aiming to expand and favor the understanding of the above.

The interviews were conducted by the main author, a Master's student at the Graduate Program at the School of Nursing at the *Universidade Federal da Bahia*, and other members of the Child and Adolescent Health Study Group (CRESCER - *Grupo de Estudos da Saúde da Criança e do Adolescente*), all previously trained in an extension course in approaching the theme, in the collection and treatment of qualitative data. The interviews took place in the hospital unit, were recorded on an Android cell phone and lasted from eight to 45 minutes. The end of data collection occurred due to data saturation, being discussed among the researchers. The reports were transcribed in full by CRESCER undergraduate students, corrected by volunteer nurses in the research and validated by the main author.

Data analysis

Content analysis was conducted using the model proposed by Bardin[30] in four stages: 1) pre-analysis; 2) material exploration; 3) treatment of results; and 4) interpretation. The technique guided the data assessment and interpretation in a process that involved material text skimming, followed by repeated, detailed and in-depth readings of the transcripts. The notes of a field diary written by the interviewers also integrated the analyses, which generated codes debated between the coders and the other authors of the study[30].

After the analysis, themes emerged that were grouped by content similarity and highlighted aspects that gave rise to two thematic categories: *Physical and emotional aspects of child victim of sexual violence*; *Physical and emotional immaturity of adolescent victims of sexual violence*.

RESULTS

Physical and emotional aspects of child victim of sexual violence

For the participants of this study, the cases of SV that drew the most attention were those that occurred in early childhood.

> *I took care of two girls, one of them was one year and four months old, her vagina was torn* [...] (P8, Nursing Technician)

> *It was a boy of one year and six months, wearing a cloth diaper that was full of blood in the buttocks area.* (P2, Nursing Assistant)

> [...] *the two-year-old girl was raped by her stepfather.* (P19, Nursing Technician)

In contemporary society, the image of the young child reminds us of the angelic image of chastity and purity, and it is inconceivable that these can suffer some kind of SV. Thus, at different times, participants highlighted the innocence of child victims:

> [...] *she was innocent, she didn't even know what had happened to her, the proportion that things had gained by the fact that had happened.* (P10, Nursing Technician)

> *The girl was three years old, a small child, a helpless child who had been raped.* (P3, Nursing Technician)

> [...] *she was a girl, infant, less than one month old, 28 days old. She was too small to suffer the way she suffered.* (P23, Nursing Assistant)

The speeches highlight children's characteristics - innocence, defenseless, small - as if these attributes could be a shield to protect SV and not vulnerability factors to this type of aggravation. In addition, by highlighting the victims' suffering, participants demonstrate their ability to act with empathy, a necessary tool for care and in accordance with SI concepts. Also, as described by the interactionists, individuals' ability to establish bonds is due to the social relationships stimulated, replaced and accumulated throughout life, i.e., they can be transformed, reflecting the meaning that caregivers attribute to the violence experienced by children.

The participants describe the physical characteristics of children who are victims of SV at an early age as "healthy", "strong", which refers to the comparison with baroque angels:

> [...] *it was a child, a little chubby, very strong* [...] *we noticed that the anus was dilated.* (P19, Nursing Technician)

> [...] *she was a child of one year and eight months, very chubby, very strong. She was abused by her grandfather; her vagina was very swollen.* (P22, Nurse)

> *I remember a healthy baby, healthy looking, well cared for. She was seriously injured and needed vaginal reconstruction.* (P25, Doctor)

The collaborators describe the victims' body structure and demonstrate that, according to their perception, the presence of adipose tissue is synonymous with beauty and refers to the stereotype of a healthy child. These images and the use of diminutive refer to the feelings about childhood expressed in the 18th century (age of romanticism), described by Ariès[1-2], which remain until the present day in the western world. In this way, "child being" is considered as an innocent, angelic being, with special needs and that must be protected.

Participants perceived in victims of SV signs of abandonment and deficiencies:

> *The child had many neurological sequels, the team suspected SV.* (P20, Psychologist)

> *The girl was five years old and had very poor speech, even with this deficit, she explained that her stepfather touched her body*. (P27, Psychologist)

> *She was a child of one year and six months, very depressed, malnourished, bleeding a lot in the perianal region.* [...] (P2, Nursing Assistant)

Nutritional and vocabulary weakness, as well as neurological impairment, added to the poor physical and emotional development characteristic of age, may be responsible for the expansion of vulnerability conditions for the experience of SV by infants. From an interactionist perspective, it is plausible to say that contemporary society, while establishing laws, rights and inclusion for children/adolescents (treating them as central and priority objects in discussions about health, education, safety), also denies them protection.

Physical and emotional immaturity of adolescent victim of sexual violence

The professionals' testimonies are concentrated in cases of girls who were in their early adolescence phase (between 10 and 14 years old). In more detailed reports, the adolescents' characteristics were associated with the physical/emotional development of childhood:

> *The ten-year-old girl was so small that she still looked like a child* [...] *the aggression opened an extensive lesion between her vagina and anus.* (P11, Nursing Technician)

> [...] *she was ten or 11 years old, small, suspected of having a vaginal lesion.* (P17, Nurse)

> [...] *the adolescent was so skinny, so thin... the vagina was torn.* (P4, Nursing Technician)

When approaching the image of adolescents with children, there is an attempt to make a correlation between them. For that, the participants used terms in the diminutive and/or that referred to the adolescents' infantilized condition: "skinny", "skinny" and "small". These terms refer to images of children, i.e., adolescents whose body structure is fragile and, like children, need protection. Also, the interviewees highlight the maturing of adolescents' sexual organs:

> *I saw a ten-year-old who was already entering puberty, still undeveloped, a girl! SV was suspected* [...] (P20, Psychologist)

> *She was 12 years old and not yet developed, she didn't have breasts, she had a vaginal lesion* [...] (P17, Nurse)

> *I remember an adolescent, she was 12 years old* [...] *she didn't have a woman's body, she didn't even have breasts! She was admitted with a vaginal tear.* (P4, Nursing Technician)

The pubertal development reported refers to images similar to that of children, i.e., these victims did not have a physical resemblance to adult women. Likewise, when stating that "she did not have a body", there is an emphasis on the fact that the adolescents' physical development was not compatible with adult, attractive and/or sexualized forms. Therefore, it is possible to infer that, in professionals' perception, the violation of the sexuality of these adolescents is something little accepted, which is congruent with the social conception that has its roots in a code of modern moral conduct. These conceptions are based on social interactions, relationships widely discussed by SI.

On the other hand, professionals barely remembered and described the victims' physical characteristics, when they did not have an appearance similar to that of infants, as can be seen:

> [...] *the adolescent was abused, I don't remember if she was 13 years old...* (P27, Psychologist)

> [...] *it was an adolescent, I remember little about her, I don't remember details of the case.* (P6, Nurse)

> [...] *the adolescent had been victimized, but I don't remember her age.* (P14, Nurse)

The uncertainty regarding the precise information on cases of adolescent victims of SV reveals a weakening of the victims' image in the professionals' memory, since few remember the girls. This may indicate that cases of SV against children affected the interviewees more, while juvenile SV may be the target of the same naturalization attributed to violence perpetrated against women, since some adolescents have a body structure similar to that of women in adulthood. In this sense, the remarkable experience allows individuals to memorize details of their interaction, supporting SI premises.

On the other hand, some adolescents also had childish behavior:

> [...] *the body was that of a woman, she was 16 years old, but, in her mind, she was about 10 years old, she was very childish, she didn't have a boyfriend* [...] *she asked us why her brother had done that to her. Her brother raped her inside the house.* (P7, Nursing Technician)

> [...] *despite being 16 years old, being big, she behaved like a child. She was a homely girl, she liked to study, to play* [...] *she was abused by her brother and hid the facts from the family.* (P16, Nurse)

> [...] *she was ten years old, she was innocent, she told me that she had a sweater with Tweety, a bird that is a cartoon character. The offender showed his genitals* [...] (P14, Nurse)

Child mentality, i.e., adolescents who play, who wear clothes with figures from children's programs, who stay at home studying and do not engage in dating, raised behaviors compatible with immaturity. These conceptions are concepts built in modern society, where "being a child" is synonymous with playing and doing ludic activities, while, in adolescence, sexual life begins, diverting attention from school activities to relationships, such as dating. In this way, there is an attempt to bring the adolescent victim of SV closer to the puerile image of children, trying to bring them closer to a fragile and unprotected being.

Also, some young women attended did not have their sexuality developed:

> *I realized, in the service, that, despite being 16 years old, she was very innocent, she was a virgin, she didn't know about sexuality like adolescents nowadays, who are smarter*. (P18, Nurse)

> [...] *she was 13 years old; she was young! She didn't have the sexuality that most adolescents do. Being raped was strong for her, she freaked out in the hallway.* (P30, Nurse)

> *I attended a 14-year-old adolescent, she was immature, inexperienced, had just started dating and, in my hypothesis, with the beginning of the relationship, she understood that the caresses that her great-uncle used to make her were abuse. For me, she lived the trauma all over again, which was unbearable, and she freaked out!* (P27, Psychologist)

Interactionists affirm that social constructions are imperative in the interaction of individuals. Currently, it is assumed that not having sexuality touched upon, not having a dating relationship and not having early sexual initiation distance adolescents from the sexuality theme. Such perceptions, again, emphasize the victims' naivety, in an attempt to point out this innocence as something that protects adolescents from the experience of SV and not as something that expands their vulnerability to be the sexual offenders' preferred target.

Such a conception about the need to experience sexualized acts to understand what a sexual violation consists of can be harmful and hinder the development of capacity for self-protection in the victims, since children and adolescents need to know how to differentiate affection from rape and have security to report sexual offenders to people they trust. Moreover, children/adolescents do not necessarily need to have sexualized experiences to understand what a violation of their body consists of.

Supporting the interactionist thinking regarding the evolution of society, the change in this understanding consists of a complex, gradual process that requires time and learning, especially with regard to the sexual victimization of children and adolescents. Thus, until everyone perceives children and adolescents as beings equally vulnerable to SV and creates effective protection strategies, discussions are required in society that should include victims and their families.

DISCUSSION

Regarding the age of victims of SV, studies indicate that cases of children in the first and second childhood are less reported/denounced. A recent national study, with 214 women, pointed out that 19% of the first episodes of SV occur when the victim is between four and five years old, a phase in which children do not have the capacity for self-defense, but are already able to recall and describe experiences with detail and accuracy[31].

It should be noted that sexual victimization at an early stage of life is a phenomenon that occurs in society since antiquity[1-2], persisting to the present day, although childhood is conceived, in contemporary times, as a period of purity and innocence. This conception of childhood emerges since the 18th century, when children became the target of greater protection from society, despite continuing to be objects of mistreatment, since violence (mainly physical violence) is also conceived as an instrument of education[1-3,32].

Even today, the images of candor, of an asexual and chaste being, which are historically perpetuated and translated in the social representation of children with angels, celestial beings, portrayed in the sacred images[2], are attributed to childhood. The changes in conceptions of "being a child" are based on social interaction in different historical moments and, currently, this is considered a special[1-2,32] and symbolic phase[27], since, in contemporary times, children, especially at an early age, are seen socially as innocent, fragile and angelic, therefore, that could not be tainted by SV, as the participants of this study try to illustrate.

Although children are considered incapable of resisting without the care of others [1-2,16], often, the injuries suffered, which can tarnish this image of purity, become invisible, and they may

even be denied the right to speak, which makes them targets of disbelief on the part of adults and, consequently, are not rendered to these the necessary care [4,21,24,32]. This confused and distinct duality reflects the so-called self-conscious community, which is a reflection of some individuals' attitudes, as mentioned by the interactionists[27].

The restriction of the right to speak also occurs with adolescents, although the social commotion in the face of these problems is lower when compared to those experienced by children at an early age, as can be seen in the participants' speeches. This observation is consistent with SI principles[27] regarding the meaning attributed to adolescents in modern society that they are not as vulnerable as children, knowing how and when to defend themselves.

Currently, victims of SV are entitled to specific monitoring of professionals prepared to perform qualified listening[3-5,22-23]. Based on SI premises[27-28], it is believed that interactions between victims and caregivers (family and professionals) can promote fruitful interventions, based on understanding victims' needs.

In this study, participants highlight that both healthy-looking children and those with health problems were sexually victimized. A Brazilian study points to a high prevalence of psychological aggression (83.7%) and physical abuse (84.4%) against children and adolescents with disabilities, but does not mention sexual assaults[15]. However, research with 5,917 adolescents and adults with disabilities demonstrates high chances of them suffering severe SV[16]. Analyzing these data, it can be considered that cases of SV may be underreported, since people with disabilities may have difficulty expressing sexual rape or even recognizing it, such as children and adolescents.

On the other hand, there is express incompleteness of notification forms of interpersonal violence of children regarding the completion of the field referring to the type of disability/disorder ported[33]. Thus, the precarious provision of data ratifies the existence of obstacles that hinder the identification of cases and their records and, therefore, may be compromising the necessary care to victims.

Given that authorities are committed to expanding the range of strategies that enable health care and the defense of victims of SV, such as reporting channels, mandatory notification by professionals (health and education), guarantee of priority and comprehensive care, as required by public policies[3-4,19,34-35], even so, difficulties arise regarding the identification of cases, care planning and implementation of coping actions related to the protection of children and adolescents victims of SV[33].

Considering that behavioral changes can be provided through social interactions, it is necessary to expand the dissemination of SV and actions to protect children and adolescents, especially through sexual education, a fact that has been debated and gives rise to divergent positions in Brazil. Such a position is understandable, given the difficulty of social actors responsible for the care of children and adolescents in addressing the theme, as denounced by scholars[36].

Child and adolescent SV has been worsening[3], becoming a concern in the current scenario of the new coronavirus (COVID-19) pandemic, in which social distancing forces these victims to remain in contact with offenders for longer[37]. Therefore, there is a need for the whole society to know properties that make children and adolescents vulnerable to SV so that they can collaborate with the implementation of public policies for prevention and protection, through the ability to provide information and comprehensive care[34] to vulnerable groups, alerting the whole society.

Most reports in this study refer to female victims, supporting scientific findings that assert that girls in any age group suffer more sexual violations than boys[3,6,9-10]. This points to the vulnerability of women to this type of abuse in a patriarchal society, such as Brazil[6,31]. Despite the creation of legal protection instruments and increased penalties for sexual offenders in the country[4,19,32], such measures have not yet been definitive in solving the problem of SV against women, children and adolescents in Brazil[33-36]. Perhaps this is because the culture of rape is rooted in popular belief, in which the victim is often held responsible for the offenders' acts.

Adolescents were described by the professionals of this study as girls who had a physical type characteristic of the beginning of pubertal development and little emotional maturity. This premise goes against the conception that juvenile victims are attractive, full of voluptuousness (or stimulate sexuality), having their bodies represented as objects and, consequently, are able to maintain sexualized relations, being permissible to explore them[31,38].

This attitude is congruent with the stigmas imposed by society on victims of SV, which consequently make them different from the others. However, such prejudices can change when the other members of this society are under the influence of leaders, as considered by the interactionists[27]. Thus, given all the knowledge accumulated by health professionals, they can take the place of leaders of these changes of understanding about sexual victimization.

This occurs because these conceptions collaborate to blame the victims on the violence experienced, mitigating the crime committed by the offenders who sometimes claim the victims' consent to justify their acts[6-8,38]. Above all, this occurs as a result of the social representations of SV juvenile victims[38] and the gender inequalities that attribute confidence to men's speech[6,8,31], since the interactionists reflect that the organization of society depends on the replica of attitudes of some citizens, which are followed by all[27]. However, considering the difficulties that scholars and authorities have in delimiting and constructing a concept of consent for sexual acts, mechanisms were created to protect child victims of this type of crime, considering their physical/emotional immaturity for the act and attributing unrestricted responsibility to the offenders[3-5,19,32].

Likewise, the participants of this study highlighted the victims' innocence, an opinion that is enhanced when they are children or when the adolescents appear to be physically fragile and innocent. This invisibility of adolescents, in general, may be related to the naturalization of violence perpetrated against women, a behavior resulting from structural sexism in modern societies[6-8,31]. Also, it is related to the premise of possible consent of adolescents for the sexual act, even if they are immature for such permission[5,38], i.e., it is related to the naturalization of SV against women, extended to adolescents that, due to its systemic character, can occur discreetly or even imperceptibly.

In this regard, according to Mead, human beings are individuals resulting from their interaction with society and who contribute to its construction, thus, the person also reflects what their social environment is[27]. However, it is necessary to sensitize professionals to the need to combat this naturalization.

It should be noted that, when a multidisciplinary team acts based on the naturalization of violence, this attitude can interfere with its power to exercise empathic understanding, pointed out by SI as elementary for interactions[27], influencing the restoration of victims' self-esteem and feeling of security[24,26,39-40]. A study reveals that Portuguese health professionals do not blame SV on adolescent victims' behavior and do not blame them for abusive acts perpetrated by offenders[41]. Therefore, such attitudes can collaborate to favor the establishment of a relationship of professional-patient trust[28,39-40], as it supports the interaction between those involved, especially in the care of children and adolescents, allowing continuity of care, so necessary for the humanized care of victims of SV[22-24,39-41]. In this regard, Mead[27] explains that, depending on the meaning attributed to experiences of violence, individuals feel empathy or antipathy, which justifies behaviors and attitudes towards the situations experienced.

As observed in this study, it is feasible to say that conditions attributed to victims, such as innocence and emotional immaturity, when converging for children and adolescents, increase their vulnerability to sexual victimization. Thus, sexual education and health education are ways to provide child and youth empowerment regarding autonomy and recognition of individual rights, providing subsidies for self-protection, such as the attitude of denouncing offenders to family members, health professionals and education[39-40,42-43].

Research confirms that the application of games that simulate reality is favorable to the sexual development of children and adolescents[43-44], observing victims of child and adolescent SV with another perspective and handling the informational care concerning the needs of these individuals[26,28,42,44]. This method can be implemented in health education activities, a responsibility that needs to be shared between family members and professionals, although there are difficulties[35-37]. Also, sexual education can be a field of broad action for nursing, when integrated into health education, with significant individual and collective impact for victims, their families and the whole society, reverberating in the social and health spheres.

Study limitations

The study was conducted in only one public hospital, but can be replicated in another environment. Also, it presents the view only of health professionals, all women, which may have suffered influences related to the social construction of gender and academic training to which they were submitted. However, the results presented allow reflection and foster discussion about childhood and youth SV, alerting professionals to nuances of this type of care, which can be permeated by preconceived social influences.

Contributions to health

This study contributes to alert professionals and family members about aspects of physical and emotional development that increase the vulnerability of children and adolescents to SV, as they are limiting to self-protection. In addition to this, it warns about the need to create strategies that integrate preventive and protective actions for children and adolescents, a favorable field for nursing activities.

FINAL CONSIDERATIONS

In the present study, it was identified that, according to the multidisciplinary health team's perception, some children who were victims of SV were under five years old, some had a healthy aspect, and others had physical/mental disabilities. From the interviewees' perspective, adolescents were in prepubertal development, had bodies similar to children, with fragile body structure, showed no emotional/sexual maturation and were unaware of sexuality. Such characteristics may be responsible for increasing the vulnerability of children and adolescents to SV, and were perceived by the multidisciplinary health team through their experiences and conceptions formed as individuals integrated into society, as proposed by Mead.

As a strategy to combat SV against children and adolescents, the use of health education and sexual education is recommended, as both serve as a foundation to empower children and adolescents, providing them with autonomy and recognition of rights. However, such intervention needs to be developed both by family members and by the multidisciplinary team and educators, allowing forms of self-protection to children and adolescents.

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