

# Nursing care model for children victims of violence<sup>1</sup>

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## KEYWORDS

violence, institutionalisation, nursing, care model, children, therapeutic play

## ABSTRACT

### Introduction

Evidence exists that child abuse has occurred throughout human history however the magnitude of the increased incidence of violence toward children, as well as its complexity, deserves reflection and consideration.

### Objectives

The objective of this study was to explore a nursing care model for child victims of violence who resided in Homes Houses<sup>2</sup> using therapeutic play; and to investigate the potential of using therapeutic play to create connections between the child, the nurse, and their surroundings in the Homes Houses.

### Methodology

During completion of the Master's Program in Nursing at the Federal University of Santa Catarina, Brazil (UFSC), a care model using therapeutic play was developed with child residents of Homes Houses who had suffered physical violence. This is a qualitative assistential convergent research study, conducted with four children from July 2004 to July 2005.

### Results

The results provide evidence that the proposed care model is adequate for application in this situation.

### Conclusion

The model proposes a new field of practice, not only for the nursing profession, but for caring for child victims of violence generally.

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<sup>2</sup> In Brazil, Homes Houses are houses where children and adolescent victims of violence are housed under judicial order and as a result of a judicial process (Oliveira 1999). Some of the homes are philanthropic organisations.

## INTRODUCTION

Nursing practice is grounded in theories and models (Budo and Saupe 2005), which originated in the United States of America, later expanding to other countries (Carraro 2001).

Nursing care models provide the systems and science to support nursing care. They are instruments for the scientific planning of nursing actions and assist in our perception of nursing practice as a dynamic, mutational and creative process, rather than a set of procedures. Thus, care models form the basis for action; they justify action taken to address identified problems and direct the activities of each team member. Beyond this, they are a method for documenting nursing actions; an important aspect in contributing to the continuity and visibility of nursing care (Fawcett et al 2004; Carraro 2001).

The stages for developing a care model consist of planning, development, implementation, and evaluation (Davidson et al 2006). In the planning stage, the conceptual framework is developed, which, through its concepts and assumptions, forms the basis for the construction of the methodological proposal. The concepts of the conceptual framework are elaborated from theories, pre-existing concepts, or are drawn from current literature. The assumptions are defined from beliefs, values, and the positioning of the author around the theme.

The increased incidence of child victims of abuse demonstrates an urgent need to develop a care model based on a theoretical-methodological framework. For children who suffer from physical abuse and are out of the hospital environment, such as child and adolescent shelters or 'Homes Houses', there is an opportunity for nursing to develop a significant role, through caring for the health, psychosocial and interactive needs of such children and adolescents.

Homes Houses guarantee the rights of the children, favour family ties (when permitted by judicial decree), avoid undoing the family structure, and re-introduce the child to society. Homes Houses count on a multi-professional team, though currently nursing is

not part of this team. Thus, there is an opportunity for nursing to contribute to the promotion of health for these children, through the development of a theoretical-methodological framework and through the use of therapeutic play.

Therapeutic play, which is based on a philosophy of care, has a non-directive approach. It gives the child the freedom to express him/herself verbally and non-verbally, and offers a means through which the child can share their fears and concerns, assisting the nurse to identify their needs and feelings.

The present study's objective was to develop a nursing care model for children who are victims of violence, using therapeutic play, and to understand the contribution of therapeutic play toward the establishment of a therapeutic bond between the child, the nurse, and their surroundings.

The child has had various roles throughout human history. Up until around the 17th century, children were generally treated as 'miniature adults' with similar expectations of contributing to the household. Rather than an education and a childhood, they were required to work both inside and outside the home and to contribute to the running of the home. They usually had no separate bedtimes, participating in the same night time activities as their parents, often sleeping in the same bedrooms as adults (Ariès 1981).

Modern society however has developed a different set of family values with respect to children (Ariès 1981). But even with the child becoming the centre of the family, childhood continues to be violated. This is manifested in diverse ways, such as child labor, excessive discipline, physical and sexual abuse, and neglect. Today it constitutes a grave problem for health care (Dong et al 2003).

Violence is the outcome of a set of conditions that makes violence possible (Prado 1998 p.41). There are more than 900,000 children, or 13.9 children of every 1000 who suffer mistreatment in the United States of America every year. Of these, 53.5% are neglected, 22.7% suffer physical abuse and 11.5% suffer sexual abuse (Slep and Heyman 2004).

The damage to the children who suffer from violence is difficult to quantify. Beyond the physical trauma which results from the moment of aggression, there is associated psychological anguish over time, which has ongoing psychological, physical, social, and economic effects (Slep and Heyman 2004).

## METHODOLOGY

This study consisted of qualitative assistential convergent research (QACR). QACR is research that requires the active participation of its subjects. This participation is necessary in order to discover realities, resolve or minimise problems in practice, introduce innovations in specific situations and thus permit theoretical construction in the context of assistential practice (Trentini and Paim 2004).

The stages of the QACR are conception (developing the idea); instrumentation (developing the instrument); scrutinisation (collection of the data); and analysis and interpretation. Each stage comprises a sub-process with several consecutive and inter-related steps (Trentini and Faganello 2005).

The stage of conception is related to the choice of the subject; the direction of the guiding question; the establishment of the goals of the research; the review of the literature on the subject chosen; the development of the concepts and assumptions; and the construction of the conceptual framework. The stage of instrumentation is the drafting of the methodological procedures; so in this phase the choice of the research space, selection of participants and determining the technique for the collection and analysis of information are included. The phase of scrutinisation includes the collection and recording of data which should not only provide information to inform scientific research but also lead to improvements in nursing care. The analysis phase of the QACR is divided between analysis and interpretation. The analysis is the process of discovery of the research results, while the interpretation phase consists of synthesis, development of the theory and re-contextualisation (Trentini and Faganello 2005).

The objective of the study was to develop a conceptual framework to support the care given to

institutionalised child victims of abuse. Four concepts were identified: Children victims of violence; Nursing care for children victims of violence; Therapeutic playing; and Institutionalisation.

The study was developed in Homes Houses in Florianópolis, Santa Catarina, Brazil. Four children, aged ten to twelve years, participated in the study. Two were male and two were female; all had suffered sexual abuse, physical abuse, or neglect. They all presented with aggressive, introspective, anti-social behaviour, associated with anxiety, hostility, or interpersonal difficulties.

The children's legal guardians gave free and informed consent to their participation in the study, by signing the consent form.

This study was approved by the Ethics Committee of the Federal University of Santa Catarina (UFSC), Brazil. Anonymity of the children was guaranteed, as well as the names used by the children during play with particular toys or games.

The conceptual framework of care offered by the toys was based on the technique of the dramatic therapeutic toy cited by Borba (2002), associated with the proposed steps of Green (1974), and the principles of care offered by Morse et al (1990).

The technique of dramatic therapeutic play consists of using representative figures; inviting the child to play; giving alternatives for the location of the game; permitting that the child play in a free fashion; and observing and registering all the behaviour manifested during this playtime (Borba 2002).

The therapeutic play sessions used the toy as a mediator in creating a relationship between the child and the nurse. The available toys were: an old couple, adults, children, a baby, a nurse, a doctor, electric wire, pieces of wood, a puzzle, a soccer ball and drawing materials.

Green's seven steps: observe, examine, analyse, confirm, determine, plan, and evaluate, were used for the structure of the therapeutic play sessions, however for this study, the seven steps were adjusted to three: observe, analyse, and plan (Green 1974).

The principles of care proposed by Morse et al (1990) were used in order to identify the children's care needs: care as a human characteristic; care as a moral imperative; care as affection; care as an interpersonal interaction; and care as a therapeutic intervention.

## DATA ANALYSIS

The data was collected through open interviews with the children and through participant observation during the play sessions. The sessions were recorded in a field diary and on audio cassettes. The study was carried out from July 2004 to July 2005.

After application of the care model, data analysis occurred in four processes: apprehension, synthesis, theoretisation, and re-contextualisation (Trentini and Paim 2004).

In the apprehension process, the data were organised into a table which included the child's fictitious name, the interview notes, and the observational notes. Synthesis consisted in subjectively examining the associations and variables found in the apprehension process.

A theoretical framework was developed from the synthesis process in the theoretisation stage. In this stage, the contribution of the therapeutic play toward the children's care was verified.

Re-contextualisation sought to offer significance to the findings and contextualise them in similar situations.

## RESULTS

### Nursing Care Model

The nursing care model was structured in stages which at times occurred simultaneously and at other times did not. The stages were titled: "Taking in, Playing, and Finalising".

#### First Stage: Taking in

Steps: observe, analyse, plan.

The first stage of this model is composed of one or more therapeutic play sessions in order to engage with the child. Its objective is to establish a connection between the child and the nurse.

#### Second Stage: Playing

Steps: observe, analyse, plan.

In this stage, the nurse creates a connection with the child and uses the principles of care in an expressive form. It is during this stage that almost all the process is developed. There is no predetermined number of sessions in this stage.

#### Third Stage: Finalising

Steps: observe, analyse, plan.

This is the final session of play for the child, which occurs when it is observed that the emotional needs of the child have been met and their care deficits resolved, or it is determined that there is a need to direct the child to another professional, such as a psychiatrist or psychologist.

A need for contextualisation, using observers and social workers, may be identified during the process. Contextualisation can occur during all stages of the care model, from the time the child begins to play and continue throughout the entire care process carried out by the nurse. The objective is to evaluate the efficacy of the play sessions; observe alterations in the child's behavior; confirm the analyses; explain and work through concerns or doubts; and evaluate the process.

The proposed care model below demonstrates how the steps of this process should be developed (table 1).

The objectives of this study were met, for a nursing care model was developed using therapeutic play for children victims of violence living in Homes Houses. It became clear that therapeutic toys acted as a facilitator in the care process, as well as in the interaction between the child, the nurse, and their surroundings.

*This is my dream, ma'am, because someday I'm going to be a football referee. But it's hard here because of the schedules, and also I don't have any money (football player)*

*I promised my mom that I wouldn't get married, so I wanted to make a story that tells of everything here, a story where the husband cheats on the wife, the daughter is dating, and her father beats*

her. I wanted to make a story like that, you know?!!  
(memory game)

That day I didn't say anything to my mom because I thought he would kill me. (memory game referring to the day he/she saw his/her sister being molested)

It was verified that care goes beyond a procedure that is simply concrete or objective. Care can be abstract or subjective, and is also based on sensibility, creativity,

and intuition (Prado and Souza 2002). It was further verified that subjective care, such as that of enrolling a child in football lessons, providing friendliness and compassion, giving a hug, or offering encouragement or a reward can be as important as objective forms of care. Often the results of subjective care can only be verified over time, however it is proposed that this type of care can minimise the consequences for children of violence they have experienced.

**Table 1: Nursing care model for institutionalised child victims of violence using therapeutic play**

CARE MODEL		
<b>TAKING IN</b>		
<b>Observe</b>	<b>Analyse</b>	<b>Plan</b>
<p>Verify how the child perceives his/her relationships with other children, with family, with the institution, and others.</p> <p>Verify how to develop the play and how it is positioned before the situations</p> <p>Observe if the child is happy; sad; introverted; and their body language.</p> <p>Note the setting up of the play scenario, the toys that are used, if sounds are imitated, if he/she differentiates the voices of play personalities and others.</p> <p>Note the expectations of the child for the next session.</p>	<p>Use the data from observation and the participant observer recording achieved during the play session.</p> <p>Reflect on what the child expresses verbally and non-verbally.</p> <p>Observe the care principles during the analysis, together with the data offered by the child, thus verifying the existence of the child's care deficit.</p> <p>Discover the meaning of the toys chosen by the child and the child's explanations; the meanings of his/her commentary; and the feelings that he/she may be expressing.</p> <p>Verify the efficacy of the play and the intervention.</p> <p>Verify the connection between the nurse and the child.</p> <p>Determine the continuity or not of the process in order to plan the next session.</p>	<p>Plan the care within the principles of care according to the child's care needs and deficits.</p> <p>Plan activities for the next session.</p> <p>Verify the need for referral to another professional.</p> <p><i>Methodological recommendation:</i> The nurse may, through analysis, elicit a list of questions about the history of the child, his/her behavior, and other issues. Later, these items may be clarified in other sessions.</p>
<b>PLAYING</b>		
<b>Observe</b>	<b>Analyse</b>	<b>Plan</b>
<p>Beyond what has been observed in the first stage, the nurse will observe the following:</p> <p>Verify how the child responds to the care offered.</p> <p>Verify and describe the care offered.</p> <p><i>Methodological recommendation:</i> If it is verified in the analysis of the previous session that the process with this child can be finalised, the nurse schedules another session where she/he will prepare the child for conclusion.</p>	<p>Determine whether the process will advance to finalisation; if there is a need for contextualisation; or if there is still a need to remain at the same stage.</p> <p>Ensure the care offered is within the care principles.</p> <p>Assess the connection between the researcher and the child.</p> <p>Determine the continuity or not of the process for planning the next session.</p>	<p>Plan the appropriate care for the child using the care principles.</p> <p>Complete planning for the third stage when the child does not present further need for the therapeutic play; or contextualise, seeking to verify how the child is behaving with respect to Homes Houses after the beginning sessions; or continue the care.</p>
<b>FINALISING</b>		
<b>Observe</b>	<b>Analyse</b>	
<p>Observe the child's behavior when it is explained to him/her that it will be the last session.</p> <p>Observe verbal and non-verbal expression.</p>	<p>Verify if the care deficits have been met for the moment.</p> <p>Analyse the child's behavior regarding the finalisation of the process.</p> <p><i>Methodological Recommendation:</i> It is possible to initiate a new care process with the child, if necessary, due to some adverse event.</p>	

## CONCLUSION

Children victims of violence suffer discrimination in society when they demonstrate inadequate behaviors for social interaction as a result of the violence they have experienced, especially if that violence remains unresolved.

Unconditional love between parents and their children can be but a myth. Institutionalised children victims of violence are children who need specific care, including attention, tenderness, and affection, because there may be a lack of these things in their own homes.

Therapeutic playing can be used to facilitate interaction between the nurse and the child to determine his/her care deficits. The therapeutic toy and playing takes the nurse into the imaginary world of the child, and the more the nurse is able to understand the thoughts and feelings of the child, the more she/he is able to offer adequate care. The proposed care model of therapeutic play allowed such results to be achieved.

The proposed nursing care model for children victims of violence is an important contribution to nursing practice. It is a dynamic, open, and continuous process, which offers the opportunity for children to have a healthier institutional experience and which contributes to buffer possible trauma. Beyond that, the developed care model was shown to be concise and practical, easily applied by nurses in their day-to-day practice.

The care model supports care provided by nurses; the evaluation of the health of the child and the violence they have experienced, as well as planning future actions for the promotion of health for children victims of violence.

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