

ASPECTS OF CARE FOR CHILDREN AND ADOLESCENTS VICTIMS OF SEXUAL VIOLENCE IN BRAZIL

Elane Emmanuele Carvalho Fonseca

Nurse specialist in Extracorporeal Circulation and Mechanical Circulatory Assistance (ECMO) by Instituto do Coração (INCOR) at Hospital das Clínicas, Faculty of Medicine, USP. She works as a Cardiology Perfusionist Nurse at the Professor Edgar Santos Hospital of the “Universidade Federal da Bahia” (UFBA)

Sanele Cristina da Cruz Pereira

Master in nursing from the “Universidade Federal do Paraná”, UFPR, specialist in oncology and palliative care from Facuminas. She works as a Nurse at the Professor Edgar Santos Hospital of the “Universidade Federal da Bahia” (UFBA)

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



INTRODUCTION

Reflection on sexual abuse against children and adolescents in Brazil is urgent. It occurs when a child is subjected to a sexual act with which their development is incompatible, so they cannot understand their consent being prevented and/or that violates the laws or the rules of society. (KEMPE, 1977) Only in 2019 was the separation of the data on the crime of rape from the crime of rape of vulnerable, by the Brazilian Public Security Forum, thus making it possible to show that they are the majority in the occurrences, in which 53.8% of this violence happens against girls under 13 years old. In 2020 this number rises to 57.9% and in 2021 to 58%. (TEMER, 2022)

Sexual abuse suffered by minors is considered an important risk factor for several health problems in childhood and adulthood. (COCCAN, 2011) The trauma experienced by the victims leaves many consequences in the life and health of survivors, the most visible and immediate being unwanted pregnancy, physical injuries and sexually transmitted diseases. (SOUZA et al., 2012) Less visible effects, but well documented in the literature, show that victims of sexual violence often suffer from post-traumatic stress disorder (PTSD), depression, anxiety, eating disorders, sexual and mood disorders, greater tendency to use or abuse alcohol, drugs and other substances, impaired satisfaction with life, body, sexual activity and interpersonal relationships, as well as risk of suicide. (SANJEEVI et al.,

The act of notifying violence contributes to the implementation of strategies aimed at ending the suffering of victims and promoting healthy growth and maturation for children and adolescents. (FERRAZ; WUNSCH, 2016) It is emphasized that health professionals are the ones who have the most contact with this population and, consequently, must be the frontline people in the fight against violence. (MARQUES et al., 2021)

The intervention of health services plays an important role in the life of society, and in situations of violence it would not be different, especially with regard to situations of child sexual violence. In order to help the victim, multidisciplinary care must be offered, with psychological and medical support, complete anamnesis and thorough physical examination, both well described in the medical record, which will be the main source of consultation for future care to avoid revictimization. (NAHAS et al., 2013).

This study aims to describe aspects related to the assistance of health professionals to children and adolescents who are victims of sexual violence in Brazil. Due to the need, therefore, to know more about the role of health professionals in this context, as they are the main actors responsible for the line of care for children and adolescents in situations of violence.

METHODOLOGY

This is a descriptive, retrospective research, with a quantitative and qualitative approach carried out through a narrative literature review.

To carry out the study, a search was carried out in the Virtual Health Library (VHL) and Pubmed databases. As inclusion criteria, articles published in the period from 2012 to 2022 in Portuguese were analyzed.

The descriptors used for the following study were: Child sexual abuse; Health care; Health professionals. Such descriptors are identified in Health Sciences descriptors (DECs).

To achieve the proposed objectives, we chose to collect data by preparing a semi-structured script, namely: article identification data, study host institution, methodological characteristics, sample, results and conclusions (ATTACHMENT).

Data collection took place during the year 2022, between March and September. After

the identification of the articles, an analysis was made of them and then read in full to verify if they meet the objectives of the study. After reading the articles, the script was filled in with the research data.

After carrying out the review, the characterization results of the publications were presented through tables considering the year of publication, the methodological approach, the strategy adopted for data collection and the thematic focus.

After finishing the data clipping, ordering of the material and classification by similarity, the themes were grouped according to the similarity of the study.

RESULTS AND DISCUSSION

Based on the critical reading of the titles and abstracts of all studies found in the electronic search in the period from 2012 to 2022, fifteen studies were identified and included in this research.

To carry out the analysis and discussion of the data, the author, year of publication, methodological approach and subject were taken into account.

Author	Year	Methodological Approach	Subject
MARQUES, et al.	2021	Quantitative	It analyzes the performance of Nursing professionals from the Family Health Strategy regarding the identification and notification of cases of violence against children and adolescents.
CONCEIÇÃO, et al.	2021	Qualitative	Describes the perception of the multidisciplinary team about the pregnancy secondary to child and adolescent sexual violence.
NUNES; MORALS.	2021	Literature review	It describes the professional practices related to the demands of sexual violence (SV) attended in different contexts, such as the Tutelary Council, the Specialized Reference Center for Social Assistance (CREAS) and the hospital, in order to investigate the characteristics of these professionals, the work context and the developed activities.
NUNES, LS	2020	Qualitative	Identification and notification of child abuse by dentists from the Family Health Strategy (ESF) in Belo Horizonte in their daily work.
OLIVEIRA, NF de	2019	Observational, prevalence and tracking	It analyzes the notification process, by professionals of the Family Health Strategy (ESF), of violence against children and adolescents in Manaus, Amazonas.
SOUTO, andsuch.	2017	descriptive, comparative	It describes the characteristics of mothers up to 13 years old, analyzes the profile of cases of rape reported in this same age group and the repercussions of this violence during pregnancy and childbirth.
VON HOHENDORFF; DAPIEVE PATIAS.	2017	Literature review	It describes the concept(s) of Sexual Violence (SV), its consequences and management indications. It is emphasized the importance of professionals having an empathetic listening in situations of SV disclosure, as well as the need to notify cases of suspected SV to the competent services.
MORALS; SALES; RODRIGUES.	2015	Qualitative	It analyzes the factors that interfere in the work of professionals in the care network for children and adolescents in situations of violence.
TRIPS, et al.	2015	descriptive exploratory	Identifies training initiatives for professionals from the municipal public network of Fortaleza, Ceará, Brazil, to face sexual violence against children and adolescents.

RODRIGUES, MRC	2013	Qualitative	Identifies nurses' interventions in approaching abused children in a hospital context.
PEACOCK, MTB.	2013	Qualitative	It reports how pediatricians act to find physical marks to suspect, diagnose and report sexual abuse
ANTONIO; SOURCES.	2012	observational study	It reviews the epidemiological and bioethical aspects of sexual abuse and its prevalence through a retrospective and analytical study of the Social Service records of a maternity hospital by the parameters sex, age, knowledge of the aggressor, marital status, physical trauma, interval between the act and the care, place and occupation of the victim.
KAPPEL et al.	2012	Exploratory; descriptive	It identifies the difficulties, people and/or institutions involved and strategies for coping with violence from the perspective of 57 participants in the Training Course of the Program of Integrated Actions and References to Combat Sexual Violence against Children and Adolescents.
AMORIM DE AVILA; NETTO DE OLIVEIRA; ARRUDA DA SILVA.	2012	Qualitative	It showed the professional practice of nurses from five Basic Family Health Units in a municipality in the extreme south of Brazil, regarding sexual abuse with children and adolescents
GRAZIANO, AP	2012	Qualitative	It describes the characteristics of sexual violence against children and ways of coping with it in primary care.

Table 1: Characterization of publications by author, year, methodological approach and subject.

Of the fifteen publications raised in the BVS and Pubmed databases, the year 2012 stands out with the highest number of publications.

The most discussed subjects in the identified studies were the forms of action/intervention of health professionals in the face of child sexual violence.

Second, Joaquim (2012) violence against minors must be understood as an articulated phenomenon and a structural and social problem to which society is exposed and still recognized and considered as a public health problem given the high rates of morbidity and mortality that it causes.

In the context of abuse that occurs within the family, it is up to us to highlight the challenge of bringing this reality to light. Mainly, due to the proximity of the victimized child or adolescent to the aggressor, the family usually hides cases of sexual violence in an attempt to protect them. Furthermore, children find themselves powerless to express the offense, a circumstance that may be connected to several factors, including: not understanding abuse as violence; the impossibility of having someone

to make the in(formal) complaint; being discredited by adults or even being threatened by the aggressor. (SILVA et al., 2015) The health professional emerges as an outlet to provide help to this victim, identifying what happened and facing the situation of sexual violence, both in helping with the investigation,

IDENTIFICATION AND NOTIFICATION OF CASES OF SEXUAL VIOLENCE IN CHILDREN AND ADOLESCENTS

Clinical skills in detecting child abuse are important and necessary knowledge and skills in the training of health professionals. It is believed that professional education programs must sensitize health professionals about the episodes and instruct them on how and when to report a suspected case of child abuse and neglect. of professionals is essential for these barriers to be overcome. (SATHIADAS; VISWALINGAM; VIJAYARATNAM, 2018)

Professionals who often provide initial care at the hospital, such as nurses and doctors, have more opportunities to identify cases of

violence against children and adolescents, specifically sexual violence. Through anamnesis and physical examination, they can assess the child, his behavior, his routine and integration in the family and, thus, identify any marks, changes in behavior or any indication that signals the occurrence of violence (MORAIS et al, 2016).

The main purpose of the notification is to prevent the continuation of sexual violence against the minor, also to provide access to protection and support for both the child and their family members.

The Brazilian government made it mandatory for health professionals to report child abuse, with the imposition of a fine in cases of non-notification conduct. (BRASIL, 1990)

According to Nunes (2020), in a study carried out with professional dentists, they presented the conception about the notification and protection system for children and adolescents, which would have a bias of punitive connotation and denunciation of the process, the research also showed that the participating professionals believe, for example, that the actions of the protection system act even with extreme attitudes such as removing the child from the family, and that these actions could cause more harm than good for the children. This thought is not exclusive to dentists. He is also seen in the community. This negative connotation on the notification system and on the protection agencies for children and adolescents,

The studies analyzed by Nina, Moraes (2021) reveal several aspects relevant to professionals and their work that impede the effectiveness of monitoring events. Among these aspects, it is shown: lack of technical preparation and knowledge of the subject, misinformation in graduation and lack of training, communication deficit between teams and services, work overload and

lack of support due to exhausting work. In general terms, the reviewed literature mostly highlighted problems in the functioning of the network that prevent the guarantee of full protection of children and adolescents, especially in relation to the unpreparedness of professionals to intervene and face situations of sexual violence. In this way, its action tends to be harmful, as it can cause: lack or absence of care for the issues of children and adolescents who come to these institutions; discredit of those in the work and in the possibility of support from the institutions; and even revictimization of the served public.

CONSEQUENCES OF SEXUAL VIOLENCE IN CHILDREN AND ADOLESCENTS

According to Hohendorff et al (2014) the consequences of sexual violence for children and adolescents have factors that interfere with the intensity of the symptoms presented, the main impact mediators can be divided into four categories: factors related to the victims, factors related to the aggressors, factors related to the violence itself and factors related to the social and affective support network. The factors related to the victims can be exemplified as the presence of symptoms or mental disorders prior to the process of abuse, it would be like a predisposition of the victim to such a pathology. The factors related to the aggressors would be their proximity to the victim, the age difference between those involved. Factors related to sexual violence itself can be presented as frequency, duration, form (presence or not of penetration). And the factors related to the social and affective support network can be seen as people's reaction to the revelation of the violence committed and the protective measures taken after the discovery and notification. With the exception of factors related to the social and affective support network, all others are

unchanged when the victim is referred for intervention. Thus, it is imperative that this network be willing to provide the necessary interventions in an effective and appropriate manner. It is known that the attitudes adopted (notification, interviews, legal procedures) can result in stress for victims and their families. It is necessary that such measures be conducted in a coordinated way between the services of the protection and assistance networks by professionals capable of acting in such demand. And the factors related to the social and affective support network can be seen as people's reaction to the revelation of the violence committed and the protective measures taken after the discovery and notification. With the exception of factors related to the social and affective support network, all others are unchanged when the victim is referred for intervention. Thus, it is imperative that this network be willing to provide the necessary interventions in an effective and appropriate manner. It is known that the attitudes adopted (notification, interviews, legal procedures) can result in stress for victims and their

families. It is necessary that such measures be conducted in a coordinated way between the services of the protection and assistance networks by professionals capable of acting in such demand.

The consequences of sexual violence against children and adolescents indicate the need for assistance to the victims.

The clinical and forensic measures to be taken after sexual abuse are defined according to the time of the event. Within 72 hours, the first step is to carry out the clinical examination carried out at the hospital, including emergency contraception (to avoid a possible pregnancy of the victim) and prophylaxis of sexually transmitted infections (STIs). Next, the forensic examinations (obligatorily by a medical examiner) that can be carried out at the Instituto Médico Legal (IML) in the hospital where the victim is located. If the service takes place after 72 hours, it differs in relation to emergency contraception, which will not be possible. (BRAZIL, 2021)

As for access to Legal Abortion (AL), one of the studies revealed that the participants point out cases in which the AL was impossible for reasons such as: persuasion for the victim not to undergo the procedure; victim's late arrival at the health service; and professionals' lack of knowledge about the legislation. (CONCEIÇÃO et al., 2021)

Victims must be guaranteed care in a timely manner, taking into account their needs and desires; prioritize immediate medical needs and first-line support; transforming the environment and the way in which care is being delivered age-appropriate as well as sensitive to the needs of those facing discrimination related to sexual orientation; reduce the need for victims to travel to different points of care within the health unit; train caregivers in the range of possible symptoms and behaviors that the child or adolescent may exhibit in the coming days or

months and when to seek further assistance. (World Health Organization, 2017)

CONCLUSION

Through the study, it can be concluded that the non-reporting of child and adolescent sexual violence continues to be a reality in Brazil, and this fact was related to the lack of knowledge both about how to identify and about the importance of reporting, which leads to reflection on the training process of health professionals regarding the theme.

In view of the above, there is an extreme need to include and discuss more about the subject in the training of these professionals, and to prioritize training in their areas of activity, to achieve greater security in the identification and notification of cases. Failure to notify prevents the measurement of the problem within the reality of Brazil, preventing the achievement of appropriate planning for victims and the strengthening of public policies focused on the subject.

REFERENCES

AMORIM DE AVILA*, J; NETTO DE OLIVEIRA, AM; ARRUDA DA SILVA, P. **Conhecimento dos Enfermeiros frente ao abuso sexual.** *Rev.enferm.*, Bogotá, v. 30, n. 2, p. 47-55, July 2012. Available from <http://www.scielo.org/co/scielo.php?script=sci_arttext&pid=S012145002012000200005&lng=en&nrm=iso>. access on 03 Nov. 2022.

ANTONIO, EMR; FONTES, TMP. **Bioética e os aspectos epidemiológicos de vítimas de violência sexual em hospital – maternidade.** *Rev Bioét.* 2012; 20 (2): 280-7.

BRASIL. Lei Federal nº 8069 de 13 de julho de 1990. Dispõe sobre o **Estatuto da Criança e do Adolescente e dá outras providências.** *Diário Oficial da República Federativa do Brasil* 1990. 13 jul. [citado em 17 setembro 2022]. Disponível em: <http://www.planalto.gov.br/ccivil_03/Leis/L8069.htm>

Brasil. Ministério da Mulher, da Família e dos Direitos Humanos [internet]. **Secretaria Nacional dos Direitos da Criança e do Adolescente. Abuso sexual contra crianças e adolescentes – abordagem de casos concretos em uma perspectiva multidisciplinar e interinstitucional.** [acesso em 05 out 2022]. Brasília; 2021:30p. Disponível em: <https://www.gov.br/mdh/pt-br/assuntos/noticias/2021/maio/CartilhaMaioLaranja2021.pdf>

Committee on Child Abuse and Neglect (COCAN). **Protecting children from sexual abuse by health care providers.** *Pediatrics* 2011; 128(2):407-426

CONCEIÇÃO MM *et al.* **Gestação secundária à violência sexual infantojuvenil: percepções de profissionais de saúde.** *Enferm Foco.* 2021;12(4):667-74.

DESLANDES, S *et al.* **Capacitação profissional para o enfrentamento às violências sexuais contra crianças e adolescentes em Fortaleza, Ceará, Brasil.** *Cadernos de Saúde Pública* [online]. 2015, v. 31, n. 2 [Acessado 2 Novembro 2022], pp. 431-435. Disponível em: <<https://doi.org/10.1590/0102-311X00078514>>. ISSN 1678-4464. <https://doi.org/10.1590/0102-311X00078514>.

FERRAZ, LF; WUNSCH, DS. **Violence against children and adolescents and compulsory notification within the health scenario as a mechanism for social protection.** *Bol Saúde.* 2016 July/Dec; 25(2):63-75. Available from: <https://lume.ufrgs.br/handle/10183/181895>

FRANÇA, Cassandra Pereira. **Um corpo maculado na infância: a necessidade de intervenção precoce dos profissionais de saúde.** *Pesqui. prá. psicossociais;* 12(3): 1-10, set.-dez. 2017.

GRAZIANO, Ana Paula. **Violência sexual infantil: estudo das ocorrências registradas na rede de proteção de Curitiba e as formas de enfrentamento na atenção básica.** 2012. Dissertação (Mestrado em Cuidado em Saúde) - Escola de Enfermagem, Universidade de São Paulo, São Paulo, 2012. doi:10.11606/D.7.2012.tde-08102012-111859. Acesso em: 2022-11-03.

JOAQUIM, Renata Colturato. **Estudo do perfil epidemiológico da violência contra crianças, adolescentes e idosos em registros policiais.** Araçatuba; s.n; 2012. 94 p. tab, graf.

KAPPEL, VB *et al.* **Enfrentamento da violência sexual infanto-juvenil na perspectiva dos participantes de um curso de formação. Cogitare enferm.,** Curitiba, v. 17, n. 2, p. 217-223, jun. 2012. Disponível em <http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1414-85362012000200002&lng=pt&nrm=iso>. acessos em 02 nov. 2022.

KEMPE, CH. **Sexual abuse, another hidden pediatric problem: the 1977 C. Anderson Aldrich lecture. *Pediatrics*** 1978; 62(3):382-389.

MARQUES, DO; MONTEIRO, KS; SANTOS CS, OLIVEIRA NF. **Violência contra crianças e adolescentes: atuação da Enfermagem. *Rev enferm UFPE on line.*** 2021;15:e246168.

MORAIS, RLGL *et al.* (2016). **Ações de proteção a crianças e adolescentes em situação de violência. *Revista de Pesquisa: Cuidado é Fundamental Online,*** 8(2), 4472-4486. <http://doi.org/10.9789/2175-5361.2016.v8i2.4472-4486>» <http://doi.org/10.9789/2175-5361.2016.v8i2.4472-4486>

MORAIS, RLG; SALES, ZN; RODRIGUES, VP. **Limites e possibilidades no enfrentamento da violência contra crianças e adolescentes. *Revista de Enfermagem UFPE on line,*** [S.l.], v. 9, n. 3, p. 7664-7681, mar. 2015. ISSN 1981-8963. Disponível em: <<https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10507/11382>>. Acesso em: 02 nov. 2022. doi:<https://doi.org/10.5205/1981-8963-v9i3a10507p7664-7681-2015>.

NAHAS CC, *et al.* **Guia de atendimento: criança e adolescente vítimas de violência doméstica, sexual e outras violências na atenção primária à saúde** [Internet]. Belo Horizonte: Prefeitura de Belo Horizonte; 2013; [acesso em 2022 out 06]. Disponível em: https://prefeitura.pbh.gov.br/sites/default/files/estrutura-de-governo/saude/2018/documentos/publicacoes%20atencao%20saude/guia_atendimento_crianca_adolescente_vitimas_outras_violencias.pdf

NUNES, Laís Sousa. **Abuso infantil: significados e condutas de dentistas da Estratégia Saúde da Família de Belo Horizonte: um estudo qualitativo. *Belo Horizonte; s.n; 2020. 94 p. ilus. Disponível em:*** <http://hdl.handle.net/1843/41524>.

NUNES, MCA; MORAIS, NA. **Práticas Profissionais relacionadas às Demandas de Violência Sexual: Revisão da Literatura Nacional. *Psicologia: Ciência e Profissão*** [online]. 2021, v. 41 [Acessado 2 Novembro 2022], e227527. Disponível em: <<https://doi.org/10.1590/1982-3703003227527>>. Epub 29 Out 2021. ISSN 1982-3703. <https://doi.org/10.1590/1982-3703003227527>.

OLIVEIRA, Nathália França de. **O processo de notificação da violência contra crianças e adolescentes por profissionais da Estratégia Saúde da Família em Manaus AM.** Rio de Janeiro; s.n; 2019. 146 f p. tab, graf, fig.

PAVÃO, Maria Theresa Bittencourt. **O impasse na suspeita ou na confirmação de abuso sexual infantil: a necessidade de encontrar marcas físicas. *BIS, Bol. Inst. Saúde (Impr.) ;*** 14(3): 274-279, ago. 2013.

SANJEEVI, *et al.* (2018): **A Review of Child Sexual Abuse: Impact, Risk, and Resilience in the Context of Culture, *Journal of Child Sexual Abuse,*** DOI:10.1080/10538712.2018.148693410

SANSON, JAS; HOHENDORFF, JVD. **Especial a partir de Opiniões de Psicólogos Brasileiros Atuantes nessa Prática. *Psico-USF*** [online]. 2021, v. 26, n. 1 [Acessado 2 novembro 2022], pp. 27-39. Disponível em: <<https://doi.org/10.1590/1413-82712021260103>>. Epub 14 Abr 2021. ISSN 2175-3563. <https://doi.org/10.1590/1413-82712021260103>.

SATHIADAS, MG; VISWALINGAM, A; VIJAYARATNAM, K. **Child abuse and neglect in the jaffna district of Sri Lanka: a study on knowledge attitude practices and behavior of health care professionals. *BMC Pediatr.*** 2018 May; 18:152-61. DOI: 10.1186/s12887-018-1138-3

SILVA, PA *et al.* **Notificação da violência intrafamiliar contra crianças e adolescentes por profissionais de saúde no Brasil. *Rev en Enfermeria*** [Periódico na Internet]. 2015 [acessado 2022 out 04]; 33(1):142-50. Disponível em: <http://www.revistas.unal.edu.co/index.php/avenferm/article/view/40585>

SOUTO, RMCV *et al.* **Estupro e gravidez de meninas de até 13 anos no Brasil: características e implicações na saúde gestacional, parto e nascimento.** *Ciência & Saúde Coletiva* [online]. 2017, v. 22, n. 9 [Acessado 2 Novembro 2022], pp. 2909-2918. Disponível em: <<https://doi.org/10.1590/1413-81232017229.13312017>>. ISSN 1678-4561. <https://doi.org/10.1590/1413-81232017229.13312017>.

SOUZA *et al.* **Aspectos psicológicos de mulheres que sofrem violência sexual.** *Reprodução & Climatério* Volume 27, Issue 3, September–December 2012, Pages 98-103.

TEMER, Luciana. **Violência sexual infantil, os dados estão aqui, para quem quiser ver.** *Anuário Brasileiro de segurança pública.* Forum brasileiro de segurança pública. 2022.

VON HOHENDORFF, J.; DAPIEVE PATIAS, N. **Violência sexual contra crianças e adolescentes: identificação, consequências e indicações de manejo.** *Barbarói*, n. 49, p. 239 - 257, 12 dez. 2017.

World Health Organization (WHO). [internet]. **Responding to children and adolescents who have been sexually abused: WHO clinical guidelines.** Geneva: ISBN: 9789241550147; [Acesso em 05 out 2022]. 2017:86p. Disponível em: <https://apps.who.int/iris/handle/10665/259270>

ANNEX

Semi-structured script for data collection: Aspects of assistance to children and adolescents victims of sexual violence in Brazil

Part I - Identification

journal title Journal area (medicine/clinical engineering/pharmacy) Data base	
article title	
Authors	Name _____ profession _____
Country	
Language	
publication year	

Part II - Methodological characteristics of the study

2. Type of publication	<input type="checkbox"/> Quantitative approach <input type="checkbox"/> Qualitative approach <input type="checkbox"/> Mixed approach <input type="checkbox"/> Systematic literature review <input type="checkbox"/> Narrative literature review <input type="checkbox"/> Experience report <input type="checkbox"/> Case report <input type="checkbox"/> Exploratory descriptive field research <input type="checkbox"/> Correlational field research <input type="checkbox"/> Others _____
------------------------	--

Part III - Study sample

3. Sample	3.1 Selection () random () convenience () other _____ 3.2 Size (N) _____ 3.3 Inclusion/exclusion criteria for research subjects _____
-----------	---

Part IV - Results and Conclusions

4. Results	Statistical treatment? () Yes No
5. Conclusions	Which one(s)?
6. Limitations	Implications for practice and authors' recommendation: _____
7. Level of evidence	_____ _____