

Violence against children: description of cases in a municipality in the coastal lowlands of Rio de Janeiro

Violência contra crianças: descrição dos casos em município da baixada litorânea do Rio de Janeiro Violencia contra niños: descripción de casos en un municipio de la llanura costera de Río de Janeiro

ABSTRACT

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1. Universidade Federal Fluminense, Instituto de Humanidades e Saúde. Rio das Ostras, RJ, Brasil. **Objective**: to describe the reported cases of violence against children in a city in the coastal lowlands of the state of Rio de Janeiro. **Method**: this is an epidemiological and descriptive study based on secondary data. All cases of childhood maltreatment (children aged zero to nine years) between 2009 and 2018, referring to the municipality of Rio das Ostras, included in the Reportable Diseases Information System, were included. Data were analyzed using descriptive statistics. **Results**: a total of 315 (100%) cases were recorded in the analyzed period, with the highest peak of occurrence in 2014 (n=55/21.1%). Most children were female (n=187/59.4%), aged between 1 and 4 years (n=136/43.2%) and white (n=100/31.7%). Moreover, there was a predominance sexual violence (n=128/40.6%). The main offenders were mothers (n=110/34.9%) and fathers (n=102/32.4%); therefore, the residence (n=216/69.0%) was the most prevalent place of maltreatment occurrence. **Conclusion and implications for practice**: the findings showed gaps in filling in information in the report system, in addition to the perpetuation of violence against children in their different natures. The study can contribute to establishing priorities in the design and execution of local programs for the prevention and management of cases of child violence.

Keywords: Child Health; Child; Violence; Child Abuse; Health Profile.

RESUMO

Objetivo: descrever os casos notificados de violência contra crianças em um município da baixada litorânea do estado do Rio de Janeiro. **Método:** estudo epidemiológico e descritivo a partir de dados secundários. Foram incluídos todos os casos de maustratos na infância (crianças de zero a nove anos) entre 2009 e 2018, referentes ao município de Rio das Ostras, registrados no Sistema de Informação de Agravos de Notificação. Os dados foram analisados por meio de estatística descritiva. **Resultados:** um total de 315 (100%) casos foi registrado no período analisado, com maior pico de ocorrência em 2014 (n=55/21,1%). A maioria das crianças era do sexo feminino (n= 187/59,4%), entre 1 a 4 anos (n= 136/43,2%) e brancas (n=100/31,7%), ademais, predominou a violência sexual (n=128/40,6%). Os principais agressores foram mães (n=110/34,9%) e pais (n=102/32,4%), por conseguinte, a residência, (n=216/69,0%), foi o local mais prevalente de ocorrência dos maus-tratos. **Conclusão e implicações na prática:** os achados evidenciaram lacunas no preenchimento das informações no sistema de notificação, além da perpetuação da violência contra crianças em suas diferentes naturezas. O estudo pode contribuir para o estabelecimento de prioridades na elaboração e execução de programas locais para prevenção e manejo dos casos de violência infantil.

Palavras-chave: Saúde da Criança; Criança; Violência; Maus-Tratos Infantis; Perfil de Saúde.

RESUMEN

Objetivo: describir los casos denunciados de violencia contra niños en una ciudad de la llanura costera del estado de Río de Janeiro. **Método**: estudio epidemiológico y descriptivo basado en datos secundarios. Se incluyeron todos los casos de maltrato infantil (niños de cero a nueve años) entre 2009 y 2018, referidos al municipio de Rio das Ostras, incluidos en el Sistema de Información de Enfermedades Notificables. Los datos se analizaron mediante estadística descriptiva. **Resultados**: se registraron un total de 315 (100%) casos en el período analizado, con el pico más alto de ocurrencia en 2014 (n=55/21,1%). La mayoría de los niños eran mujeres (n=187/59,4%), de 1 a 4 años (n=136/43,2%) y blancos (n=100/31,7%), además, hubo predominio violencia sexual (n=128/40,6%). Los principales agresores fueron madres (n=110/34,9%) y padres (n=102/32,4%), por lo que la residencia, (n=216/69,0%), fue el lugar de mayor prevalencia. ocurrencia de malos tratos. **Conclusión e implicaciones en la práctica**: los hallazgos evidenciaron lagunas en el llenado de información en el sistema de notificación, además de la perpetuación de la violencia contra los niños en sus diferentes naturalezas. El estudio puede contribuir al establecimiento de prioridades en el diseño y ejecución de programas locales de prevención y manejo de casos de violencia infantil.

Palabras clave: Salud del Niño; Niño; Violencia; Maltrato a los Niños; Perfil de Salud.

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INTRODUCTION

Violence is a behavioral phenomenon that through aggressive actions from individuals, groups and even nations can purposefully frighten and cause physical, moral and psychological damage, sometimes resulting in death.¹ Aggressive behavior has always been seen in the world as a relevant health problem, generating harmful consequences for victims and people involved.²

According to the World Health Organization (WHO), violence is characterized in four types, according to its nature, namely: physical abuse; sexual; emotional or psychological; negligence; which can result in physical and psychological damage, with serious damage to the growth and development of children.¹ Thus, child violence negatively impacts individuals' health as adults.²

The term mistreatment refers to the aggression committed against children and adolescents within the family, institution and/ or society. Likewise, actions of violence for physical, psychological and sexual acts harmful to both sexes are included, in addition to omissions and negligence.³ Worldwide, violence is recognized as an aggravation that violates human rights, being perceived in human relationships in different social and cultural environments.²

The Information System for Reportable Diseases (SINAN -*Sistema de Informação de Agravos de Notificação*), implemented in the early 90s, has as main objective the collection and processing of data referring to reported diseases throughout the national territory. In this way, it collaborates, through information, balance and analysis of the profile of cases of different morbidities so that appropriate measures can be taken at the federal, state and municipal levels,⁴ with a view to reducing morbidity and mortality in different population groups. Furthermore, it uses nationally standardized instruments and codes, and the federated units are authorized to insert reports of other diseases, adapting the system to the epidemiological profile of the population.⁵

In 2011, with legal support from Ordinance 104 of the Ministry of Health (MoH), violence was included in the list of events that must be reported by all health professionals, making them responsible for registering with SINAN. Furthermore, in 2014, it was established through Ordinance 1,271, from the same ministry, that compulsory report must be carried out immediately or weekly depending on the situation.⁶ Thus, domestic violence and other violence are weekly report events; however, sexual violence and suicide attempt are immediate report events.⁷

In 2018, 350,354 records of domestic, sexual and/or other violence in Brazil were computed through the Informatics Department of the Brazilian Unified Health System (DATASUS - *Departamento de Informática do Sistema Único de Saúde do Brasil*), through SINAN; 140,373 (40.1%) of them were from individuals aged 0 to 19 years old, and among these, more than a third (36.4%) among children up to nine years old.⁸ The increase in the number of cases of child violence, according to global and Brazilian epidemiological data, denotes the importance of designing preventive and control behaviors by the different sectors of society involved.¹

In Brazil, from the Child and Adolescent Statute (ECA - Estatuto da Criança e do Adolescente), cases of suspicion

or confirmation of physical punishment, cruel or degrading treatment and ill-treatment against children or adolescents must be reported to the Guardianship Council, without prejudice to other legal provisions. However, report can also be carried out with other institutions, which must act in an articulated manner, such as the Police Departments for the Protection of Children and Adolescents and the Public Ministry.⁹

Thus, the method of networking allows both the exchange of information and institutional articulation, as well as the formulation and implementation of public policies for the execution of common projects that favor the comprehensiveness of care, in addition to the defense, protection and guarantee of rights of children and their families in situations of violence.¹⁰ However, the consensus on epidemiological data on child maltreatment is undeniably complex, taking into account that many are unreliable and others are not mentioned to the authorities, as it is a sociocultural and multifactorial phenomenon.¹¹

Although unfavorable socioeconomic conditions are associated with a predisposition to mistreatment, these findings must be interpreted with some care, as investigations point out that violence against children is not exclusive to any social class. In families with greater purchasing power, or even with a better level of education, children are not immune to the aggressive behavioral phenomenon,¹² which makes it essential to carry out situational diagnoses of local realities, given their particularities.

Undoubtedly, the knowledge of the profile of children who suffer abuse and the characteristics of the violent act, as well as the offenders, facilitates the development of public policies that favor the training of professionals, the prevention and management of this disease through the associated factors identified. However, the lack of knowledge about it makes it difficult to carry out assertive actions with epidemiological support. In this sense, the objective of the study was to describe the reported cases of violence against children in a city in the coastal lowlands of the state of Rio de Janeiro.

METHOD

This is an epidemiological and descriptive study based on secondary data, which analyzes the distribution of violence against children according to specific characteristics in order to identify possible risk factors for its occurrence. The research description was guided by Strengthening the Reporting of Observational Studies in Epidemiology (STROBE).

All childhood maltreatment cases (children aged zero to nine years) from the last ten years (2009-2018), referring to the municipality of Rio das Ostras, registered with SINAN/DATASUS, were included.⁸ The age group was based on the WHO and the MoH who consider "children" to be people in the age group from zero to nine years and life. It is noteworthy that the municipality of Rio das Ostras is located in the coastal lowland region of Rio de Janeiro, Brazil, approximately 170 km from the state capital, with an estimated population of 155,193 inhabitants in 2020.

Data collection took place in July 2020, using a form created by the authors, based on sociodemographic and violence

variables, which included: year of report (2009 to 2018); age group (<1 year; 1 to 4 years; 5 to 9 years), sex (male; female); child's color/ethnicity (brown; white; black; yellow; indigenous); place of occurrence (residence; collective housing; school; public road; commerce/services; industries/construction; others); nature of violence (physical; sexual; neglect/neglect; psychological/ moral); types of violence (bodily force/beating; hot substance/ object; hanging; poisoning; fire gun; piercing-cutting object; blunt object; torture; self-inflicted injury; rape; sexual harassment; child pornography; sexual exploitation; violent indecent assault; threat; other forms of violence/aggression); repetitive violence (yes; no); relationship between offenders and victims (father; mother; stepfather; stepmother; sibling; unknown; friend/acquaintance; caregiver; own person; other bonds); suspected use of alcohol by the offender (yes; no); referral to the health sector (outpatient referral; hospitalization); evolution of the case (discharge; evasion/ escape; death). It is noteworthy that more than one nature and type of violence can be registered in a single report, as well as more than one offender.

The collected data were entered and processed in the Microsoft Office Excel® program, by double entry. The results were analyzed using descriptive statistics (absolute and relative frequencies) and presented in tables and figures. As this is an epidemiological study, using secondary data from the public domain DATASUS, which does not directly involve human beings, it was not necessary to be referred to an Institutional Review Board, according to Resolution 510 of April 7, 2016 of Brazilian National Health Council (*Conselho Nacional de Saúde*).¹³

RESULTS

It was found that out of a total of 315 (100%) cases recorded over the years studied (2009-2018), there was an increase in reports of child abuse in the municipality of Rio das Ostras, with the highest peak in 2014 (n=55/21.1%), followed by 2018 (n=54/20.7%), the last year with data available at SINAN/DATASUS. The distribution of reported cases of violence in that municipality over the years analyzed can be seen in Figure 1. Of the total number of reported cases, 187 (59.4%) were female and 128 (40.6%) were male. Mostly, they were children from 1 to 4 years old, 136 (43.2%), followed by children from 5 to 9 years old, 115 (36.5%), and, finally, children under one year old, 64 (20.3%). Stratifying the age groups by sex, it was observed that, among children under one year old, male children were the main victims (n=33/51.6%). For females, the other age groups were more frequent, namely, 5 to 9 years (n=75/65.2%) and 1 to 4 years (n=81/59.6%).

Regarding color/ethnicity, the highest percentage was of white children, 100 (31.7%), with brown and black children representing 27.0% (n=85) and 8.3% (n=26), respectively, and yellow with only two cases (0.6%). However, it was also observed that, in most cases, this information was recorded as "ignored/ blank", 102 (32.4%).

When distributing these aggressions according to the age group, it was observed that, in general, there was an increase in reports over the years (2009-2018), at all ages. It was identified that in the sum of the last five years (2014-2018), which constitute the largest number of cases in the analyzed period (n=242/76.8%), violence against children from 1 to 4 years (n=104/33.0%) and from 5 to 9 years old (n=95/30.2%) prevailed. On the other hand, there was a slight decrease between 2015 and 2017 in cases reported among children under the age of one year, with a new increase in 2018. The distribution of reported cases of violence by age group is shown in Figure 2.

Among the reported cases of child abuse, according to the nature of the violence, sexual predominated with 128 (40.6%) records, in which rape was reported 59 times (18.7%) and sexual harassment 43 (13.7%). Neglect/abandonment appeared in second place, 116 (36.8%), followed by physical violence, 113 (35.9%), which included 97 children (30.8%) victims of physical strength/ beatings. Also, psychological/moral violence was responsible for 65 (20.6%) cases. The findings according to the nature and types of violence are shown in Table 1.

It appears that some children suffered more than one type of violence related to the same reported event. In this context, sexual violence prevailed among children aged 5 to 9 years (n=64/50.0%) as well as psychological/moral (n=34/52.3%). On the other hand,



Figure 1. Descriptive temporal trend of reported cases of violence, years 2009-2018 (n=315). Rio das Ostras, RJ-Brazil, 2020

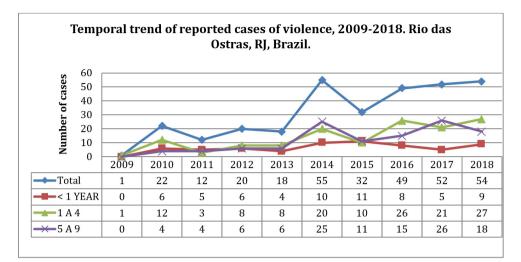


Figure 2. Descriptive temporal trend of cases of violence reported by age, years 2009-2018 (n=315). Rio das Ostras, RJ-Brazil, 2020.

Table 1. Characterization of violence according to nature andtypes, years 2009-2018 (n=315). Rio das Ostras, RJ-Brazil, 2020.

	2009-2018 (n=315)	
	Frequency (n)	Percentage (%)
Nature of violence		
Sexual	128	40.6
Neglect and abandonment	116	36.8
Physical	113	35.9
Psychological and moral	65	20.6
Types of violence		
Body strength/beating	97	30.8
Rape	59	18.7
Sexual harassment	43	13.7
Threat	38	12.1
Other forms of violence/ aggression	36	11.4
Hot substance/object	7	2.2
Child pornography	7	2.2
Blunt object	6	1.9
Violent indecency	6	1.9
Hanging	5	1.6
Sexual exploitation	4	1.3
Self-inflicted injury	3	1.0
Torture	3	1.0
Poisoning	2	0.6
Fire gun	2	0.6
Sharps	1	0.3

neglect/abandonment (n=51/44.0%) and physical (n=50/44.2%) among children aged 1 to 4 years figured prominently.

It is also noteworthy that in the comparison between sex and age of the total number of victims of sexual violence, there was a predominance of this nature of violence against girls (n=101/78.9%), with a similar distribution among those in the age group of 1 at 4 years, 47 (46.5%), and from 5 to 9 years, 50 (49.5%). Another significant finding was the number of offenders suspected of using alcohol, 49 (15.6%), 27 of whom (55.1%) were the children's parents.

Regarding the profile of offenders, mothers and fathers had a higher prevalence over all years (2009-2018), with 110 (34.9%) and 102 (32.4%) cases, respectively, followed by 44 (14.0%) records for other relationships, 30 (9.5%) for friends, 29 (9.2%) for stepfathers, eight (2.5%) for stepmothers, and, finally, a minority, seven (2.2%) for other caregivers, followed by six cases (1.9%) for siblings as well as strangers, and three (1.0%) for the children themselves, as shown in Figure 3.

Considering that more than one type of offender can be registered in the same report, the mother emerged as the main offender in 2010 (n=14/27), 2011 (n=6/16), 2012 (n=6/18) and 2018 (n=18/51), which represented, respectively, 51.9%, 37.5%, 33.3% and 35.3% of offenders in each of these years. However, fathers stood out in 2013 (n=7/19), 2014 (n=24/68), 2016 (n=11/48) and 2017 (n=20/60), which represented 36, 8%, 35.3%, 22.9% and 33.3% of cases in those years, in sequence. In 2015, the two offenders presented themselves with the same number of reports, 13 for each (34.2%). It is also worth noting that in 2009 it was not possible to identify the main offender, since, in the only case reported that year, this information was not recorded.

Mothers were prevalent in records related to neglect/ abandonment (n=99/85.3%), with no record of sexual violence, in which fathers were the most recurrent abusers (n=31/24.2%). Fathers were also the main perpetrators of physical violence (n=41/36.3%) and psychological/moral violence (n=28/43.1%).

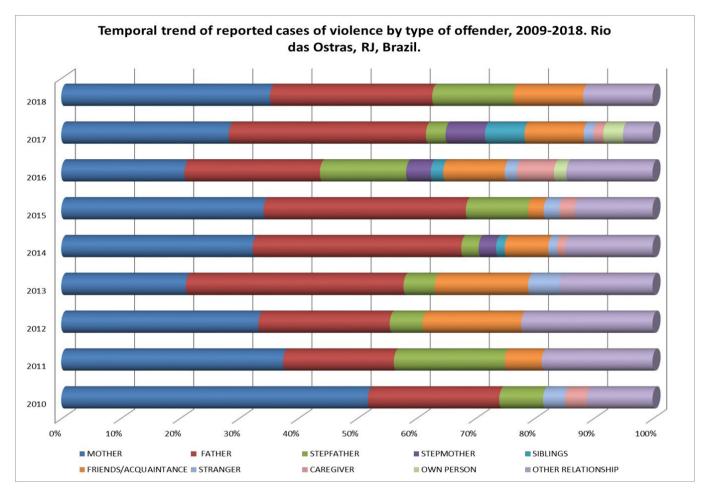


Figure 3. Descriptive time trend of cases of violence reported by type of offender, years 2009-2018 (n=315). Rio das Ostras, RJ-Brazil, 2020.

It should be noted that the total number of offenders was 345 (100%), more than the total number of children with reported cases of abuse, 315 (100%), so some children had more than one offender in a single violent episode. Consequently, regarding the place where the reported cases occurred, 216 (69.0%) were found at the residence. It was also found that 94 (29.8%) children suffered repeated violence; however, in 166 cases (52.7%), this information was not recorded.

It is noteworthy that, in most cases, the information related to referral to the health service and the case evolution was not recorded in the system, due to the high number of "ignored" and "blank", 229 (72.7%) and 249 (79.0%). However, in the reports in which the registration took place, 56 children (17.8%) were referred for outpatient follow-up and 19 (6.0%) for hospitalization. In the last four years (2015-2018) all records are "blank" for these two pieces of information.

DISCUSSION

The findings pointed out that, in relation to the number of reports, there was an increase in the records of child abuse

over the years in the municipality analyzed, with a higher peak of occurrence in 2014 and 2018. It is noteworthy that, regardless of nature, violence has been alarming several sectors of society. The trend is for the number of referrals and reports of cases of violence to child protection services to grow, as people increasingly have access to information, becoming able to better recognize cases.¹⁴ Additionally, the implementation of Ordinance MoH/Ministry's Office (MO) 104 of January 25, 2011, which includes the mandatory reporting of domestic, sexual and other violence by all health services, has contributed to this overview of increasing the number of reports,¹⁵ which corroborates the temporal trend found.

Regarding sex, most of the children who suffered violence were girls, according to the national trend in the same period analyzed.⁸ This data is still in accordance with the international and national literature, which indicates the predominance of females among victims of violence against children, especially when the characteristics of sexual violence are analyzed. It should be noted that in a study carried out in Colombia, in the period 2012-2013, the major risk factor was also being female.¹⁶ It is worth mentioning that society is still marked by a macho ideology, which takes advantage of girls' inability to defend themselves, in addition to considering the female sex as fragile.¹⁷ In this sense, there is a double vulnerability of the victims of these aggressions, because in addition to being children, incapable of self-defense, they are historically subjugated girls and subject to male wills.

Regarding age, the most affected children were between one and four years old, which is also consistent with Brazilian statistics between 2009-2018;⁸ however, it opposes a study carried out in Rio Grande do Sul, in the period 2010-2015, in which the age group most affected by violence was 5 to 9 years,¹⁸ which indicates the importance of local studies to direct actions for the protection of the most affected age groups.

Children have a high risk of suffering violence when compared to the general population, especially due to their situation of greater vulnerability, including the susceptibility to suffer greater damage to health, sometimes permanent, with negative physical, psychological and social repercussions throughout their lives, for being in the process of growth and development.¹⁵ Furthermore, the younger the child, the more exposed to situations of abuse they are, due to their inability to react, physically and emotionally, to adverse situations of violence,¹⁷ which is in line with current evidence.

When analyzing color/ethnicity, a higher frequency of white children was found, which differs from a study carried out in Ceará, in which the brown race was the most reported, followed by white and black,¹⁴ and national and state findings of Rio de Janeiro in the same period analyzed, among which brown and black children also prevail, when totaled.⁸ Such divergences in relation to the present investigation may be related to the fact that a considerable number of records did not contain this characteristic of the abused children.

This fact may be masking the ethnic pattern of child violence in the municipality, insofar as it reveals an atypical characteristic in relation to Brazil and specifically to the state of Rio de Janeiro, which stands out in relation to the others for having 12.4% of people of black race or color and 39.3% of mixed race, which, together, make up more than half of the others.¹⁹ The lack of registration of this information makes it difficult, for example, to compare it with data on race, existing in the regions where the studies are carried out, which can generate illusory data on the group of children who suffered violence, thus reducing their reliability.²⁰

Sexual violence was the preponderant in relation to other types of violence in the report records, figuring prominently among females. It is noteworthy that this result is inconsistent with national findings in the same range of years, among which, negligence/abandonment and physical violence were the most recurrent, with sexual violence in third place.⁸ This reveals an important local characteristic that needs to be recognized so that preventive measures and assistance to victims can be adopted by managers and professionals from different fields, such as health, justice, and education. An alleged justification for the prevalence of sexual abuse against girls may be clarified in two ways. First, there is an underreporting of this nature of violence in males, due to the prejudice that arises as to sexual identity after a boy has been abused. The second strand is based on the sex and economic factors, where male domination and female submission are naturalized; thus, the production and repetition of abusive behaviors occurs by the man, whose representation is the power of the father, therefore, the material provider and the head of the family.²¹

It is reinforced that, despite the greater number of reports among girls, sexual abuse against boys is in fact hidden, highly underreported, much more than in female children, due to the fear of parents' reaction and of a possible family breakdown as well as the offender's reaction. Consequences of structural machismo still ingrained in contemporary society, which has great implications for the psychosexual development of the future adolescent and adult male.²² It should also be noted that most victims contract some type of sexually transmitted infection,¹⁵ further aggravating the health condition of the abused child.

In this study, negligence was the second most recorded report regarding the nature of the violence. However, its perception and confirmation is complex, as it is a violence that is difficult to describe, as it is directly involved in cultural, social and economic issues of each family. It can also be confused with the non-provision of basic needs of children and/or the limitations of supplies resulting from situations of poverty.¹⁰

Indeed, in the Brazilian scenario, certain behaviors classified as parental neglect are linked to situations caused by financial or social impossibility. Therefore, when defining a family as negligent or neglected, it is necessary to critically reflect on the social inequalities that afflict families and, consequently, children, hindering the role of provider of guardians.²³ Anyway, children suffer from the consequences of this violence, therefore, multisectoral public policies need to be undertaken to reduce them in different local and regional contexts in Brazil.

Furthermore, the findings reveal that in relation to physical violence, body strength/beating was the most frequent type, affecting children of all ages. It should be noted that the younger, the more vulnerable the victim is, and the greater the use of physical force, even in children under one year of age. Its report is directly related to its concreteness, as it is a form of violence that leaves visible marks on the child's body, facilitating its identification;²⁴ however, cases that do not leave evidence tend not to be recognized and, therefore, not reported.

Often in Brazilian society, physical violence occurs due to the exaggerated power of authority that adults consider to have over children and is related to a social representation of educational practice, being a way of imposing limits and, thus, like psychological violence, it is often naturalized and socially accepted. However, physical aggression is considered a major worldwide problem, which affects more and more children from different cultures, most often causing damage to their physical and mental capacity, and may even result in death.²⁴

It is also noteworthy that psychological violence is sometimes imperceptible, as it leaves no physical marks and does not clearly reveal the need for report, being almost always associated with other types of violence.¹² In addition, it is also sometimes confused as an acceptable way to discipline and educate children. This is the least recognized form of violence and is also the least reported, as current findings have also revealed, despite leading to constant humiliation, threats, impediments and ridicule for children, situations that can negatively interfere with their selfesteem throughout their lives.¹⁵

As for the offenders, violence was practiced mainly by the mother, followed by the father and other relationships, which creates a discrepancy with a study conducted in Ceará, emphasizing that the main offender was a friend/acquaintance, followed by the father and mother.¹⁴ The mother's appointment as the main offender is associated with the fact that the role of the mother is most often linked to the role of taking care of the home, educating and protecting and, often, seeking the act of violence to impose limits/correct.²⁴ It is important to note that mothers predominated in physical aggression, while fathers prevailed in sexual violence.

Therefore, as for the place where the violence occurred, most of it was intrafamily and domestic, according to a study in Ribeirão Preto, where most of the violence in childhood was also in the homes, a scenario that is worrying and controversial. A place that should represent protection and security has generated violence, also corroborating to maintain the power and superiority relations of one over another resident of the same house,¹⁷ which is consistent with the fact that the main reported offenders were relatives.

Caregivers had little participation in the reported aggressions, although this information may be unknown, so it is also underreported, since the contact of these people with the children happens in the absence of family members, often preventing the identification of possible aggressive behaviors.¹⁷ Abuse committed by well-known and trusted people confuses children's reality and worldview, since the environment where they could feel safe becomes an opportunity for aggressive acts.¹⁴

In the context of repetitive violence, it was found that approximately one third of the children suffered it. That said, it demonstrates the chronic nature of the violence, from which the cycle needs to be interrupted, in addition to showing the fragility of the network and the unpreparedness to guarantee victims' protection.²⁵ Regarding the reports in which there was a record, it is noteworthy that 17.8% were referred for outpatient follow-up, however, 6.0% for hospitalization; however, the low record of this type of information makes more assertive analysis difficult and the real dimension of the problem.

The complexity of the cases in this research is directed at the violation of the fundamental rights of children, especially the protection against any forms of neglect, cruelty and exploitation, especially in the family sphere, in the sense that the main offenders (parents) are those who should protect they, while they are, precisely, the main perpetrators of violence.

Therefore, it is essential to carry out reports of suspected or confirmed cases of child maltreatment, in order to enable the realistic targeting of actions and public policies to minimize the occurrence and repetition of this condition. Furthermore, there is an urgent need to act in line of care, as provided by the MoH, aiming at the integration of the various activities developed in the service network and the co-responsibility of managers and professionals involved in the different levels of health care, in addition to articulation with other public systems.²⁶

Therefore, the definition of standards, protocols and flows in health services, articulated with other services in the municipality, and the training of professionals in the care and social protection network, through permanent education actions that favor skills and competences for comprehensive care children in situations of violence, are essential guidelines for implementing the line of care in the municipalities.²⁶

As the main limitation of this study, there is underreporting of cases of child abuse in the municipality studied, with a probable influence on the results, in addition to the exorbitant number of ignored/and blank records in reports, thus limiting some comparisons with other findings.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

The findings showed gaps in filling in information in the report system, in addition to the perpetuation of violence against children in their different natures. The profile of child abuse in the investigated municipality shows that children suffer mainly from sexual violence and neglect/abandonment, with prevalence in the age group from 1 to 4 years, with the home being the most frequent place for these events. Thus, this study contributes significantly to the area of child health in order to elucidate important characteristics related to childhood maltreatment.

Data can be a powerful public health management decisionmaking tool, given the relevance of the findings and the direction in which they point. It is understood, therefore, that the results are a portrait of a local reality that lead to reflection in a national and global context, being subject to modification through the establishment of priorities in the elaboration and execution of local programs for the prevention and management of cases of child violence.

Therefore, the articulation between the intrasectoral and intersectoral networks is essential, with the report of cases and the training of professionals in the care and social protection network essential to apply public actions and policies that contribute to the continuity of care and to reducing childhood morbidity and mortality and healthy and harmonious child growth and development.

AUTHOR'S CONTRIBUTIONS

Study design. Thamires Myrena Torres Barcellos. Fernanda Garcia Bezerra Góes.

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