

Documentary study of reports of sexual violence against children and adolescents

Tamiris da Costa Brasileiro¹

Patrícia Nunes da Fonseca¹

¹Universidade Federal da Paraíba, João Pessoa, Paraíba, Brasil

Abstract

This study identified characteristics in the notifications related to sexual violence (SV) against girls and boys registered in the Violence and Accidents Monitoring System (VIVA; SINAN/NET) of the city of João Pessoa, between 2017 and 2020. This was a documental, descriptive and cross-sectional study. A total of 255 notifications were analyzed. The data showed that the majority of the notified cases were related to pre-adolescents, of mixed race and female. Most of the notifications reported only one incident. The overall case shows that the abuse took place in the home, with a male abuser, being the victim's boyfriend. The time that elapsed between the incident and disclosing was longer in the cases of adolescents [$t(253)=-2,75, p=.001$]; and rapes were more observed against girls ($\chi^2=12.305/df=4, p=.015$). There was a tendency for repetition when the rape occurred in the home $\chi^2(30)=178.74, (p<.001)$. The cases were referred to various protection agencies, however, there was no close collaboration and coordination between the notifying organizations.

Keywords: Sexual violence; Notification; Children; Adolescents; Documentary analysis

Estudo documental das notificações de violência sexual contra crianças e adolescentes

Resumo

Buscou-se traçar o perfil das notificações de violência sexual (VS) contra crianças e adolescentes, registrado no Sistema de Vigilância de Violência e Acidentes (VIVA; SINAN/NET) da cidade de João Pessoa, entre 2017 e 2020. O delineamento utilizado foi documental, descritivo e de corte transversal. Foram analisadas 255 notificações. Os resultados demonstraram que as notificações de VS são mais frequentes em pré-adolescentes do sexo feminino e pardas. A maioria das notificações ocorreu uma única vez, em residência domiciliar, com agressor do sexo masculino e namorado da vítima. O tempo entre o episódio e a divulgação do abuso foi maior em adolescentes [$t(253) = -2,75, p = 0,001$] e o estupro foi mais observado entre meninas ($\chi^2 = 12,305/df = 4, p = 0,015$). Quando a violência ocorreu em residência, observou-se tendência de os episódios se repetirem $\chi^2(30) = 178,74, (p < 0,001)$. Os casos foram encaminhados para diversas políticas de proteção, no entanto, não se constatou articulação e coordenação entre os órgãos notificadores.

Palavras-chave: Violência sexual; Notificação; Criança; Adolescentes; Análise documental

Estudio documental de las notificaciones de violencia sexual contra niños y adolescentes

Resumen

Buscó trazar el perfil de las notificaciones de violencia sexual (VS) contra niñas y niños, registrados en el Sistema de Vigilancia de Violencia e Acidentes (VIVA; SINAN/NET) en la ciudad de João Pessoa, entre 2017 y 2020. El diseño utilizado fue documental, descriptivo y de corte transversal. Fueran analizados 255 notificaciones. Los resultados demostraron que preadolescente, del sexo femenino y pardas brasileñas fueran mas notificadas. La mayoría de las notificaciones ocurrió una única vez, en la residencia domiciliaria, con el agresor del sexo masculino y novio de la víctima. El tiempo entre el episodio y la divulgación del abuso fue mayor en adolescentes [$t(253)=-2,75, p=0,001$] y la violación fue mas observado entre niñas ($\chi^2=12,305/df=4, p=0,015$). Cuando la violencia ocurrió en la residencia, observó la tendencia de los episodios volvieren a repetirse $\chi^2(30)=178,74, (p<0,001)$. Los casos fueran enviados a diversas políticas de protección, sin embargo, no se constató articulación y coordinación entre los órganos de notificación.

Palabras clave: Violencia sexual; Notificación; Niño; Adolescentes; Análisis documental

Introduction

In previous decades, sexual violence (SV) against children and adolescents has become part of the maltreatment category, having become a serious global public health problem (World Health Organization, 1999). With a direct impact on emotional and behavioral

dimensions, it can be associated mainly with substance use and risky behaviors in victims (Broaddus-Shea et al., 2020). Notifying the occurrences is necessary to understand the dimension of the phenomenon, expand social attention on the subject and prevent future cases.

Epidemiological data guide public policies to address the problem, mobilize prevention actions and

alert the population to the notification (Ministry of Health, 2018). Even though crimes of a sexual nature are far from being eradicated, the increase in the volume of SV notifications in the national and international context in recent years has contributed to understanding the problem and planning combat actions (Barth et al., 2013; Santos & Costa, 2011; Sena et al., 2018; Silva & Roncalli, 2020).

Historically, caresses with sexual connotations and lewd acts towards children and adolescents were allowed and widespread in different societies. However, these practices began to be repudiated when the Convention on the Rights of the Child was instituted in Geneva (1989) by the United Nations, considered a historic landmark in the legal protection for this public. This was the first document signed in an agreement between 73 countries that sought to define and account for children's rights (Simon et al., 2020).

Subsequently, social movements in defense of children and adolescents gained strength, driving changes in legislation. For example, in Brazil, the Statute of Children and Adolescents (*Estatuto da Criança e do Adolescente* - ECA; Presidência da República, 1990) was enacted, which recognized SV as a crime, provided protection measures for victims and began to punish their aggressors. Since then, obtaining sexual satisfaction through the use of force and/or power has been understood as SV and referred to specialized agencies; examples of SV are sexual abuse (SA) and sexual exploitation of children and adolescents (SECA). Sexual abuse is characterized by interactions with physical contact, including caressing, manipulation of the genitals, breast or anus, as well as interactions without physical contact, such as voyeurism and exhibitionism (Kringdes & Habizang, 2018).

The SECA, in turn, comprises practices related to sexual commercialization (Pereira et al., 2019) and/or acts of a sexual nature involving children and adolescents in which there is some type of "remuneration" for the child/adolescent and/or third parties, who participate in a network of child and adolescent sexual exploitation in which children/adolescents are treated as goods and sexual objects (Pincolini & Hutz, 2014).

Despite more than 30 years of advances in legislation, SV against children and adolescents is considered a widespread social problem (Pereda et al., 2009), although there is no consensus on its prevalence. However, a meta-analysis revealed that 8 to 31% of the population of girls and 3 to 17% of boys are affected by SV (Barth et al., 2013). In addition, the home

environment is considered the main location for interpersonal violence provoked by parents and other family members (Rates et al., 2015).

In 2019, Brazil received almost 87,000 reports of violence against children and adolescents on the Human Rights Hotline (*Disque 100*), 17,000 of which related to SV cases. It is estimated that seven children/adolescents are sexually assaulted per hour in the country, placing them as the group most vulnerable to risk. In a meta-analysis focused on Western countries, Assink et al. (2019) found that, among the main risk factors for this group, the following stand out: 1) previous history of victimization, 2) use of psychoactive substances in the family, 3) low quality of parental competence, and 4) physical and mental condition of the child. In addition, being a girl, residing in a developing country and belonging to less favored socioeconomic classes can increase the risk (Russell et al., 2020).

The ramifications and severity of events vary depending on their onset, duration of episodes, type of relationship with the aggressor, and the support received. Early victims of sexual assault or those exposed to successive scenarios of violence may adapt to abusive situations (Alaggia et al., 2017), delaying disclosure or making it impractical. Conversely, if they receive maternal support, they feel safe to talk about the sexual abuse with non-aggressive parents, teachers or someone in the support network (Lange et al., 2020; McKibbin, & Humphreys, 2020), this can mitigate possible harm provoked by the aggression and prevent new scenarios from occurring.

Against the background of prevention, the mapping of occurrences makes it possible to identify weaknesses in the Rights Guarantee System (*Sistema de Garantias de Diretos* - SGD; Presidência da República, 2017) and propose alternatives for its improvement. Even though different studies have verified the SV statistics in the country (Malta et al., 2018; Santos et al., 2018; Von Hohendorff et al., 2014), it is not known whether the increase in the number of reported cases reflects greater awareness of people due to the obligation to report them (Ordinance MS/GM No. 104, of January 25, 2011) or whether it is associated with the stage of implementation of epidemiological surveillance policies in each location (Macedo et al., 2019).

Furthermore, data available from publications are mainly concentrated in the field of public/collective health and come from the South, Northeast and Southeast regions (Macedo et al., 2019), the first being the region with the most notifications in the

country, according to the *Disque 100* Report. Analysis of the economic and social condition in a previous study showed that the highest rates of SV notification occurred in places with better social and economic indicators, justifying the higher numbers in the South region (Silva & Roncalli, 2020).

Based on the assumption that the higher frequency of notifications in a region is most likely due to improved surveillance and the commitment of its managers and technical teams who are sensitized to the topic (Rates et al., 2015), it is important to identify the panorama of notifications of SV against children and adolescents in the city of João Pessoa. Regarded as one of the cities with a Human Development Index above the country's average (Programa das Nações Unidas para o Desenvolvimento; PNUD, 2010), mapping the reality of SV in João Pessoa can increase the visibility of the problem for other cities in the state and identify which combat fronts and/or policies are being implemented. Notifications can be useful for the promotion of health strategies (e.g., prevention of early pregnancy, sexually transmitted diseases, sexual difficulties in adult life) and, mainly, to interrupt cycles of violence, as well as for mobilizing the agencies responsible for forwarding actions and victim support (Ministry of Health, 2018; Moura et al., 2017).

Taking into account the importance of this information for the improvement and formulation of public policies, the aim of this study was to outline the profile of SV notifications against girls and boys between zero and 18 years of age, registered in the Violence and Accident Surveillance System (*Sistema de Vigilância de Violência e Acidentes - VIVA; SINAN/NET*), in the city of João Pessoa, between 2017 and 2020. This system identifies the epidemiological characteristics of violence and accidents in the country, constituting an important tool to support the planning and execution of measures of prevention, care and protection for victims.

Health services continuously collect information on violence and forward it to the Epidemiological Surveillance sector of the Health Department of each municipality, who are responsible for disseminating the reported data and work towards promoting public policies to combat the problem.

This was a retrospective study, which specifically sought to: (1) compare the time between the episode and the reporting of the abuse among children and adolescents; (2) identify whether the type of sexual abuse differs between girls and boys; (3) verify whether the place of occurrence is associated with the number

of reported episodes and (4) identify the agencies to combat SV to which the victims were referred. The reason for investigating the panorama of children and adolescents in a situation of SV was to identify points of weakness in the support network, regardless of the place of occurrence, prevalence between the sexes, profile of the aggressor and circumstances of the facts, aiming to prevent possible situations of vulnerability and reduce the impact of the violence.

Method

This was a documentary, descriptive and cross-sectional study.

Participants

All notifications of SV against children and adolescents aged zero to 18 years, from João Pessoa, between 2017 and 2020 were selected. The time frame is justified by Law No. 13,431, of April 4, 2017 (Presidência da República, 2017) that regulates and organizes the Rights Guarantee System of children and adolescents who are victims or witnesses of violence, creates mechanisms to prevent and curb violence, and establishes articulated measures of assistance and protection in situations of violence. Only profiles involving SV were analyzed, that is, rape, sexual harassment, indecent assault, child pornography and sexual exploitation. Accordingly, 255 profiles were generated in the analysis.

Instruments

The data were obtained secondarily from the platform for the notification of domestic, sexual and/or other violence registered in the Notifiable Disease Information System (SINAN/NET; Ministry of Health), having been accessed through the Epidemiological Surveillance of the Municipal Health Department of João Pessoa. The compulsory notification form is nationally standardized and filled out by healthcare providers.

The information consists of general data (e.g., type of notification, municipality, reporting unit), individual notification (e.g., age, sex, education), residence data, data of the person assisted (e.g., name, marital status, disability/disorder), occurrence data (e.g., location, time, amount), violence (e.g., physical, psychological, torture), SV (e.g., sexual harassment, rape, child pornography, sexual exploitation), data on the probable perpetrator of the violence (e.g., age, sex, relationship with the victim), referral (e.g., health network, guardianship council, education network), final

data (e.g., work-related violence, injury circumstance, closing date) and notifier (e.g., municipality, Health Unit, name, function).

To fulfill the aims of this study, information was collected on the victims (e.g., age, sex, skin color), perpetrators (e.g., gender, type of relationship with the victim, and alcohol/drug use), and SV circumstances (e.g., year of occurrence, year of notification, place of occurrence, type of SV, number of episodes, presence of other forms of violence, number of people involved, procedures performed and referral actions).

Ethical data collection protocol

This study complied with Resolutions 466/12 and 510/16 of the National Health Council and was approved by the Research Ethics Committee of the Federal University of Paraíba (CAAE 37475220.7.0000.5188). After authorization from the Epidemiological Surveillance sector of the Municipal Health Department of João Pessoa, access to the notification records was obtained. A database was generated from access to the inquiries into notifications of violence. Each of the inquiries was checked in order to select only SV cases. Data were collected between October 2020 and January 2021.

Data analysis

The collected data were compiled in a database and descriptively analyzed using the SPSS version 21.0 software. In order to identify the prevalence of cases involving children and adolescents, the aggressor and the characteristics of the violence scenarios, descriptive statistics were used (e.g., mean, standard deviation, frequency and percentage). The parametric statistical test analysis was carried out, using the *t*-test for independent samples, in order to compare the mean time of disclosure of the SV between children and adolescents. Finally, the non-parametric chi-square test (χ^2) was used to identify whether there was an association between the type of SV in boys and girls and to identify whether the place of occurrence and the number of reported episodes were associated.

Results

A total of 255 notifications of SV against children and adolescents aged zero to 18 years, between 2017 and 2020, were analyzed. More notifications referred to girls (94.1%) than boys (5.9%), with a difference of up to sixteen times more incidence. The distribution of age groups was between 10 and 14 years (58.4%), followed

by 15 to 18 years (23.5%), 1 to 5 years (9.8%), 6 to 9 years (5.5%) and, to a lesser extent, babies under one year of age (2.7%). In this study, adolescents (75.17%) were victims of SV three times more often than children (24.3%). This and other information regarding the characteristics of the victims are detailed in Table 1.

The children and adolescents were mixed race (67.0%), White (19.6%), Black (4.3%) and Asian (0.4%), in that order. Those who had some disorder/disability were the minority (3.1%), and it was found that the sample largely did not present this characteristic (90.6%); of the eight profiles that reported some disorder/disability, two were children and six were adolescents. The field intended to specify the type of disorder was marked with the 'ignored' option in all cases, and it was not possible to identify which group was more susceptible to SV.

Regarding education, there was a predominance of girls and boys with complete fourth grade of elementary school (38.0%), followed by complete elementary school (15.7%), incomplete higher education (8.0%), incomplete high school (7.5%), incomplete 5th to 8th grade of elementary school (6.7%), illiterate (5.5%), incomplete 1st to 4th grade of elementary school (3.5%) and complete high school (2.7%). These data suggest compatibility between the mean age of the sample ($M=12$ years; $SD=5.71$) and the level of schooling of the children and adolescents.

Table 2 shows that the alleged SV perpetrators were mainly male (85.5%). Only 4.3% were reported to be female, with a smaller number of both sexes (1.2%). The relationship with the victim was variable, however, the SV was predominantly perpetrated by the boyfriend (29.0%), followed by friend/person known to the victim (21.2%), stranger (14.5%), ex-boyfriend (2.7%), father (2.4%), stepfather (2.0%), spouse (2.0%), brother (2.0%), support institution (0.8%) and caregiver (0.4%). There was no use of illicit substances by the perpetrator in most reports (58.3%), assuming that the cases of SV occurred consciously and intentionally. Substance use was verified in 13.3% of the sample studied. Most cases were perpetrated by only one aggressor (83.1%) and a small proportion by two or more (7.8%) involved simultaneously.

As can be seen in Table 3, the year with more notifications was 2019 (29.7%), followed by 2018 (23.2%), 2017 (21.7%) and 2020 (17.8%). There was an abrupt drop between the years 2019 and 2020, coinciding with the emergence of the global coronavirus pandemic (SARS-COV-2) - COVID 19 and isolation of people, culminating in the maintenance of victims

Table 1.
Victims Profile

Categories	Subcategories	<i>n</i>	<i>f</i> (%)
Age in years (N=255)	0 < 1	7	2.7%
	1 to 5 years	25	9.8%
	6 to 9 years	14	5.5%
	10 to 14 years	149	58.4%
	15 to 18 years	60	23.5%
Age group (N=255)	Child (<12)	62	24.3%
	Adolescent (12<x<18)	193	75.7%
Sex (N=255)	Female	240	94.1%
	Male	15	5.9%
Race (N=252)	White	54	19.6%
	Black	12	4.3%
	Asian	1	0.4%
	Mixed race	185	67.0%
Disability/Disorder (N=239)	Yes	8	3.1%
	No	231	90.6%
Marital status (N=191)	Single	161	62.0%
	Married/Stable union	28	11.0%
	Widowed	1	0.4%
Education (N=205)	Illiterate	14	5.5%
	Incomplete 1 st to 4 th grade of FE	2	3.5%
	Incomplete 4 th grade of FE	84	38.0%
	Incomplete 5 th to 8 th grade of FE	10	6.7%
	Complete FE	41	15.7%
	Incomplete HS	12	7.5%
	Complete HS	4	2.7%
Incomplete HE	2	8.0%	

under the control of the aggressor more easily. Most of the sample (99.0%) lived in the urban area, indicating that the numbers are a reflection of greater access to information and violence protection services in this region of the city. The SV occurred more frequently in the home (41.7%), followed by public streets (8.2%), commerce/services (1.6%), collective housing (1.2%), schools (1.2%) and other places (0.2%). There was a significant association between the place of the occurrence and the number of episodes. The chi-square test showed that if the violence occurs in the home, there was a greater chance of the episode being repeated $\chi^2(30)=178.74$, ($p<.001$), with privacy being a facilitating factor for new scenarios.

The mean interval between the date of the episode and the notification was 41 days. These data make sense when taking into account that most of the cases took place in the home, based on the hypothesis that if the abuse happened in a domestic environment, the chances of disclosure by the victim are reduced and, therefore, it takes time to report the occurrences. Furthermore, it is believed that they can be kept secret longer when they occur only once and when they take on more subtle forms. Results of the *t*-test showed that the adolescents disclosed the abuse more quickly than the children [$t(253)=-2.75$, $p=.001$]. Most of the assaults occurred once against children and adolescents aged zero to 18 years ($n=213$). However, in 42 cases

Table 2.
Profile of the alleged aggressor

Categories	Subcategories	<i>n</i>	<i>f</i> (%)
Gender of the abuser (<i>N</i> =276)	Female	11	4.3%
	Male	218	85.5%
Relationship/Degree of kinship (<i>N</i> =550)	Both	3	1.2%
	Father	6	2.4%
	Stepfather	5	2.0%
	Spouse	5	2.0%
	Boy/Girlfriend	80	29.0%
	Ex boy/girlfriend	7	2.7%
	Sibling	5	2.0%
	Friend/Acquaintance	54	21.2%
	Stranger	38	14.0%
	Caregiver	1	0.4%
	People with institutional relationship	2	0.8%
Suspected Use of Alcohol by the Perpetrator (<i>N</i> =184)	Yes	34	13.3%
	No	150	58.3%
Number of people involved (<i>N</i> =255)	Only one involved	212	83.1%
	Two or more involved	20	7.8%

there were episodes of re-victimization, when the episode of sexual abuse was repeated two or more times.

Results of the descriptive analyses showed that the forms of SV were predominantly configured as rape (64.3%), that is, sexual intercourse or lewd acts with children under 14 years of age (art. 217; Presidência da República, 1990); followed by sexual harassment (15.7%), related to verbal, non-verbal or physical humiliation in order to obtain sexual advantage or favor; sexual exploitation (1.6%), which is subjecting someone under 18 to prostitution or someone who, due to illness or mental disability, does not have the necessary judgment to consent to the act (art. 218; Law 12.015/2009); and child pornography (0.8%), which comprises actions for the purpose of selling, distributing or publicly exhibiting writings, drawings, paintings, prints or any obscene object (art. 234; Presidência da República, 1990).

The fields related to oral, anal and vaginal penetration were not completed, which makes it difficult to more accurately identify the type of abuse or the risk of unwanted pregnancy and STI (Sexually Transmitted Infections). Chi-square analyses showed a significant difference between girls and boys regarding

rape $\chi^2(4)=12.30$, $p=.015$, which was the predominant type of SV in the first group.

Other forms of violence were identified, including polyvictimization, such as psychological/moral violence ($n=80$), physical violence ($n=51$), self-harm ($n=12$) and torture ($n=11$). Regarding the types of aggression reported, there was the use of physical force or beatings (20.4%), threats (16.1%), firearms (4.0%), choking (2.7%), sharp objects (2.8%), poisoning (2.4%), blunt objects (0.8%) and hot substances/objects (0.4%).

Information about the notifying agency was omitted and it was not known who the person responsible for the complaint was (e.g., mother, neighbor, school and/or others), which makes it difficult to understand the path that leads to the authorities gaining the knowledge of the facts. However, the procedures performed by the notifying agency were reported, which included prophylactic procedures (55.2%), blood collection (25.2%), emergency contraception (13.0%), collection of vaginal secretions (3.0%), semen collection (1.5%) and legal abortion (2.1%). It should be noted that the notification form used only has space for recording the victims' physical symptoms (e.g., pregnancy, genital

Table 3.
General Aspects of the Sexual Violence Scenario

Categories	Subcategories	<i>n</i>	<i>f</i> (%)
Year of occurrence (<i>N</i> =255)	2017	60	21.7%
	2018	64	23.2%
	2019	82	29.7%
	2020	49	17.8%
City area (<i>N</i> =255)	Rural	3	1.0%
	Urban	252	99.0%
Place of occurrence (<i>N</i> =255)	Home	114	41.7%
	Collective housing	3	1.2%
	School	3	1.2%
	Public street	21	8.2%
	Commerce/Services	4	1.6%
	Others		0.2%
Revictimization/ Polyvictimization (<i>N</i> =255)	Yes	51	2.0%
	No	240	94.1%
Type of violence (<i>N</i> =254)	Harassment	40	15.7%
	Rape	164	64.3%
	Child pornography	2	0.8%
	Sexual exploitation	4	1.6%
	Other	67	26.3%
Means of aggression (<i>N</i> =255)	Physical force/beating	57	20.4%
	Choking	7	2.7%
	Blunt object	2	0.8%
	Sharp object	7	2.8%
	Hot substance/object	1	0.4%
	Poisoning/intoxication	6	2.4%
	Firearm	10	4.0%
	Threat	41	16.1%
	Other	25	9.8%
Procedure (<i>N</i> =333)	Prophylactic procedures	184	55.2%
	Blood collection	84	25.2%
	Semen collection	5	1.5%
	Vaginal secretion collection	10	3.0%
	Emergency contraception	43	13.0%
	Legal abortion provided	7	2.1%
Referral (<i>N</i> =421)	Health Network	105	41.2%
	Social Welfare Network	46	18.0%
	Guardianship Council	112	44.0%
	Specialized Police Department for the Protection of Children and Adolescents	38	15.0%
	Childhood and Youth Court	49	19.2%
	Others		27.9%

injuries and virginity), lacking spaces to report social, behavioral and subjective aspects that are also important for the identification of other SV formats and for supporting the operationalization of future interventions.

The children and adolescents were referred to various protection network agencies, such as the Guardianship Council (44.0%), Health Network (41.2%), Childhood and Youth Court (19.2%), Social Welfare Network (18.0%), Specialized Police Station for Children and Adolescents (15.0%), and Others (27.9%). Despite the variety, the referrals were mainly focused on the Primary Care policies recommended by the ECA.

Discussion

This study sought to outline the profile of SV notifications in João Pessoa, based on information generated through the SINAN/NET. According to the records from 2017 to 2020, female pre-adolescents composed the majority of victims of sexual violence. This finding confirms what has been evidenced nationally and internationally (Alaggia et al., 2017; Leach et al., 2017; Von Honhendorff et al., 2012).

One explanation for the concentration of notifications in the age group between 10 and 14 years is that victims are at a stage of cognitive development in which they are able to distinguish what is right and wrong and recognize inappropriate interactions (Von Honhendorff et al., 2012), therefore they communicate violence more easily. In a recent study, children were also found to be more likely to report sexual abuse within the period they were being abused (McElvaney et al., 2019).

In this study, chi-square analyses were conducted to examine the relationship between age and time of disclosure. Cases involving adolescents were reported faster. This data may reflect the inequity of the sample, composed of few adolescents. However, one study suggested an identifiable pattern regarding age at the time of disclosure, with children in early or late childhood delaying disclosure more (McElvaney et al., 2019). Empirical evidence has shown that the effect of age on disclosure may be moderated primarily by the severity of the abuse, child-suspect relationship, abusers' history of violence, child's previous disclosures (Leach et al., 2017), opportunity to tell, fear of disbelief, and by what might happen after the discovery (Morrison et al., 2018).

The disclosure process was also investigated by Santos and Dell'Aglío (2013), who analyzed a sample of Brazilian mothers whose daughters were victims of

sexual abuse. Among the main variables that delayed the discovery were doubts and insecurities regarding the children's statements, the clear presence of threats by the alleged aggressor and uncertainties about the family's future. It is believed that clarification about sexual abuse, its consequences and support for families could encourage reporting.

It was expected that there would be more reports concerning girls than boys. In addition, the type of SV was expected to vary by sex. Analysis of the chi-square test revealed that rape was the violence most experienced by the girls. A previous study suggests that vulnerability in female samples is due to the history of a patriarchal culture rooted in and notably marked by gender violence (Teixeira et al., 2019). There is a tendency to place the man in a position of power and dominance in relation to women, naturalize them as exponents of rape and make them responsible for the most varied abuses of which they are victims.

On the other hand, authors start from the understanding that boys are more susceptible to other types of violence, such as physical violence, for example (Rates et al., 2015). Furthermore, because they feel threatened by the stigma of homosexuality, cases involving male victims are more often kept secret (Von Honhendorff et al., 2014). Another interpretation is the association of masturbation and pleasure with SV in boys, while in girls it may be more related to penetration and feeling pain. It should be noted that SV appeared to be mainly associated with the use of physical force or beatings, which is compatible with what was found in the literature (Maria, 2012).

Mixed race victims were more evident in the occurrences analyzed, confirming research results in different states of the Northeast (Sena et al., 2018; Teixeira et al., 2019). This data is discussed as a historical reflection of the occupation and process of marked miscegenation in Brazilian culture (Teixeira et al., 2019). However, this is not a reality observed across the country. The profile of White children and adolescents is the one that predominates in the South (Macedo et al., 2019) and reflects the hegemony of people with phenotype and/or light skin tones found in this region.

Although the literature identifies greater vulnerability among groups with some disorder and/or disability (Byrne, 2018), there were few notifications regarding these children and adolescents. The field "disability" was checked in only 3.1% of the cases, suggesting that the chance of reporting is reduced depending on the type/degree of difficulty (e.g.,

cognitive, communication and motor skills) and fragility of the victim (Von Honhendorff et al., 2014).

The level of education was considered compatible with the mean age of the sample and is above average when compared to victims recruited in other studies in the Northeast (UNDP, 2010). The aggressor was predominantly male, the victim's boyfriend, and the aggressions occurred only once, in a domestic environment. These findings coincide with those of other authors (Soares et al., 2016) who highlight the ease of SV in this context due to the close contact between perpetrators and victims. There was a direct relationship between the place of occurrence and the number of reported episodes, suggesting that if the episode occurs in the home, there was a greater chance of revictimization.

Violence within the family is a risk factor for date violence in adolescents (Borges et al., 2020) and domestic violence by a romantic partner in adult life (Lassri et al., 2018). The fact of being married or cohabiting can make reporting difficult, as it is not considered an abusive practice (Bunting, 2008). In this sense, date violence prevention programs with adolescents are very useful for interrupting the propagating cycles of violence.

Regarding the number of perpetrators, few violations occurred with more than one aggressor or with aggressors of both sexes. Generally, the group of female perpetrators is small, however, they include situations of alcohol/drug abuse and violence, affection and disaffection, and loss of loved ones during childhood and adolescence (Bittar & Nakano, 2011). As women are usually the caregivers, SV cases can go unnoticed at the time of bathing and changing clothes, for example.

As mentioned, one of the hypotheses to explain the concentration of notifications in the urban area is that there is more access to information and assistance agencies in this location. However, SV usually takes place in families that are more vulnerable, have other problems and have less access to social and material resources (Guerra et al., 2019). In other words, they are victims stigmatized and marginalized by the State itself, disseminating in the collective imagination that the aggressions do not affect the middle and high income classes, when these cases can be underreported and mask the reality.

In this study, it was not known whether the mothers were also victims of childhood sexual abuse or whether they experienced violence concomitant with their daughters. This can be considered important data to understand the effect of the continuity of the victimization cycle on the family (Lange et al., 2020), although

most women who have experienced violence admit that their experiences influenced the desire to protect their children from abuse and, therefore, sought to adopt protective behaviors (Brittany et al., 2020).

While the SINAM/NET is nationwide, it is a notification platform with exclusive access for healthcare providers (Santos et al., 2018) who are sometimes disconnected from education and social welfare networks. This fact can be seen as a weakness in the field of prevention, considering that the technical recommendations of the Networks to combat SV suggest that the various agencies (e.g., police, Child and Youth Court, education professionals) need to articulate to report together (Presidência da República, 1990). The aspect of individuality must be discussed and revised within the field of public policies.

Cases are not reported concurrently between the agencies and this makes it difficult to find information for possible interventions. Some factors that may contribute to the fragmentation of the Network are the lack of professional training, lack of knowledge regarding mandatory notification and ECA precepts, lack of coordination between the network services for the adoption of protective measures, and fear of exposure (Bazon, 2008).

Prophylactic procedures were the most used resources when assisting the victims, although their use was less than the amount of reported rapes. These resources are employed due to the increased risk of pregnancy in the pre-adolescent age group. The importance of prevention programs is emphasized not only at this age, but from early childhood onwards, and school seems to be a suitable place for these programs to take place (Finkelhor, 2009).

Regarding the consequences for the victims, the form only reports physical symptoms, which were not completed in any of the profiles analyzed. For Macedo et al. (2019), the absence of this information can be explained by the inadequacy of the conditions provided at the time of data collection, which requires a more accurate analysis performed over a certain time by trained professionals. In addition, a reorganization of the services involved is required for the identification and monitoring of the symptoms reported. The need to identify the consequences in order to better target the victim assistance services is reiterated.

The cases were forwarded to the various protection agencies, especially those located in the Defense and Accountability Axis of the National Plan to Combat Sexual Violence against Children and Adolescents (2002/2013), which, among its main attributions,

aims to update legislation on sexual crimes, combat impunity, and provide qualified reporting and responsabilization services.

It was expected that the Guardianship Council would be the most used agency, as the ECA (Presidência da República, 1990) made its mobilization on any type of violence against children and adolescents mandatory. Almost half of the referrals were made to this location. Attention is drawn to the fact that there are no guidelines integrated among the notifying agencies regarding referral, as the frequencies varied considerably among them. The policies implemented in the justice, public security, social assistance, education and health systems should adopt articulated, coordinated and effective actions aimed at accommodating and providing comprehensive care to victims of violence (Presidência da República, 2017).

Although the general statistics indicate a trend towards growth in the number of notifications (Santos et al., 2018; Silva & Roncalli, 2020), it is assumed that the higher rates of national notifications over the years are due to the greater awareness and engagement of agencies and policies to confront and combat violence, which opened space for national reporting channels, such as *DISQUE 100* and the *Observatório da Criança e do Adolescente*, fundamental for the visualization of cases.

In Paraíba, among the most evident protection agencies, there is the Network to Combat the Abuse and Sexual Exploitation of Children and Adolescents (REDEXI, 2011), which aims to denounce situations of SV, publicize the rights of children and adolescents foreseen in the ECA, formulate and propose changes in the legislation, and monitor and encourage the development of municipal plans to confront SV in the state.

In summary, even highlighting a *continuum* in national notifications, this study clearly showed a drop in notifications between 2019 and 2020, with this last year being the one with the least number of cases of SV reported in the city. There is no denying the impact of the coronavirus (COVID-19) pandemic as an agent that contributed to camouflaging violence in general that takes place in domestic environments. However, failure to advance convictions against perpetrators or attacks and deaths of witnesses are aspects that can discourage victims from making complaints.

Final considerations

This study fulfilled its objective, mapping the profile of SV notifications against girls and boys reported

between 2017 and 2020 in João Pessoa. However, the results obtained must be interpreted with caution due to certain limitations. The first one is the data source: the information was obtained in a secondary way, through the *Sistema Nacional de Agravos e Notificações (SINAN/NET)* platform, and not from the experiences of the alleged victims. It is recognized that collecting data directly from children and adolescents can generate more accurate information.

Secondly, the data was extracted from professional files, with the quality of the completion of the files and feeding of the data into the system being questionable. This limitation drives the need to outline strategies regarding ways to collect information to facilitate future studies. Third, the sample was too small to provide confidence in the comparison between groups regarding the type of sexual abuse and the time of disclosure. Fourth, the age at which the abuse ceased at the time of disclosure and whether the violation continued after the notification was not examined, as this data was not available.

This was a similar reality to that found previously by the PAIR Expansion Report (*Programa de Ações Integradas e Referenciais de Enfrentamento à Violência Sexual*, 2008) on the municipalities of Paraíba, which drew attention to how the documents are being completed, the need for training, and the commitment of the social actors involved regarding the follow-up of the cases. Among some limitations that made access to the information difficult is the form itself, which is limited only to mechanized aspects, lack of effectuation for the attendance of cases, and commitment of the public power.

Furthermore, there was no unity in the data input by the different agencies that make up the protection network; this can be highlighted as one of the main weaknesses of the Rights Guarantee System, as it makes it difficult for more action fronts to be activated. As directions for future studies, it is believed that the fact that the school is an agency that gave few notifications, entering this space to verify the knowledge of the professionals and the school's engagement policies could be an important step towards guaranteeing the rights of children and adolescents.

References

- Alaggia, R., Collin-Vézina, D., & Lateef, R. (2017). Facilitators and barriers to child sexual abuse (CSA) disclosures: a research update (200-2016). *Trauma, Violence, & Abuse*, 20(2). <https://doi.org/10.1177/1524838017697312>

- Assink, M., van der Put, C., Meeuwssen, M., Jong, M. N., Oort, J. F., Stams, J. G., & Hoeve, M. (2019). Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychological Bulletin*, *145*(5), 459-489. <http://doi:10.1037/bul0000188>.
- Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis. *International Journal of Public Health*, *58*(3), 469-483. <http://doi:10.1007/s00038-012-0426-1>
- Bazon, M. R. & Faleiros, J. M. (2013). Identificação e notificação dos maus-tratos infantis no Setor Educacional. *Paidéia*, *23*(54), 53-61.
- Bittar, D. G., & Nakano, A. M. S. (2011). Violência intrafamiliar: análise da história de vida de mães agressoras e toxico dependentes no contexto da família de origem. *Revista Texto & Contexto de Enfermagem*, *20*(1), 17-24.
- Borges, L. J., Heine, J. A., & Dell'Aglio, D. D. (2020). Personal and contextual predictors for adolescent dating violence perpetration. *Acta Colombiana de Psicología*, *23*(2), 460-469. <http://www.doi.org/10.14718/ACP.2020.23.2.16>
- Bunting, L. (2008). Sexual offences against children: an exploration of attrition in the Northern Ireland criminal justice system. *Child Abuse and Neglect*, *32*(12), 1109-18.
- Broadus-Shea, T., Scott, K., Reijnders, M., & Amin, A. (2020). A review of the literature on good practice considerations for initial health system response to child and adolescent sexual abuse. *Child Abuse & Neglect*. <http://doi.org/10.1016/j.chiabu.2019.104225>
- Byrne, G. (2018). Prevalence and psychological sequelae of sexual abuse among individuals with an intellectual disability: A review of the recent literature. *Journal of Intellectual Disabilities*, *22*(3), 294-310. <http://doi.org/10.1177/1744629517698844>
- <http://doi.org/10.1016/j.chiabu.2019.104225>
- Disque direitos humanos (2019). Available at <https://www.gov.br/pt-br/servicos/denunciar-violacao-de-direitos-humanos>
- Finkelhor, D. (2009). The prevention of Childhood sexual abuse. *The future children*, *19*(2), 169-94. <http://doi.org/10.1353/foc.0.0035>
- Guerra, C., Ocaranza, C., & Weinberger, K. (2019). Searching for Social Support Moderates the Relationship Between Polyvictimization and Externalizing Symptoms: A Brief Report. *Journal of Interpersonal Violence*, *34*(3), 653-662. <http://doi.org/10.1177/0886260516642293>
- Gonçalves, H. S., Ferreira, A. L. (2002). A notificação da violência intrafamiliar contra crianças e adolescentes por profissionais de saúde. *Cadernos de saúde pública*, *18*(1), 315-319.
- Krindges, C. A., & Habigzang, L. F. (2018). Regulação emocional, satisfação sexual e comportamento sexual de risco em mulheres vítimas de abuso sexual na infância. *Estudos de psicologia (Campinas) [online]*, *35*(3), 321-332.
- Lange, B., Condon, E., & Gardner, F. (2020). A mixed methods investigation of the association between child sexual abuse and subsequent maternal parenting. *Child Abuse & Neglect*, *103*(8). <http://doi.org/10.1016/j.chiabu.2020.104389>
- Lassri, D., Luyten, P., Fonagy, P., & Shahar, G. (2018). Undetected scars? Self-criticism, attachment, and romantic relationships among otherwise well-functioning childhood sexual abuse survivors. *Psychological Trauma*, *10*(1), 121-129. <http://dx.doi.org/10.1037/tra0000271>
- Macedo, D. M., Foschiera, L. N., Bordini, T. C. P. M., Habigzang, L. F., & Koller, S. H. (2019). *Ciência & Saúde Coletiva*, *24*(2). <http://doi.org/10.1590/1413-81232018242.34132016>
- Malta, D. C., Bernal, R. T. I., Neto, E. V., Curci, K. A., Pasinato, M. T., Lisboa, R. M., Cachapuz, R. F., & Coelho, K. S. (2018). Tendências de fatores de risco e proteção de doenças crônicas não transmissíveis na população com planos de saúde no Brasil de 2008 a 2015. *Revista Brasileira de Epidemiologia*, *21*. <http://doi.org/10.1590/1980-549720180020.supl.1>
- Maria, S. G. S. (2012). Abusos sexuais de crianças: Mudanças resultantes de uma intervenção preventiva (Tese de doutorado em Psicologia Comunitária). Lisboa. ISPA - Instituto Universitário Ciências Psicológicas, Sociais e da Vida. Available at <http://hdl.handle.net/10400.12/1768>
- McElvaney, R., Moore, K., O'Reilly, K., & Turner, R. (2020). Child sexual abuse disclosures: Does age

- make a difference? *Child Abuse Neglect*, <http://doi.org/10.1016/j.chiabu.2019.104121>
- McKibbin, G., & Humphreys, C. (2020). Future directions in child sexual abuse prevention: Australian perspective. *Child Abuse Neglect*, *105*. <http://doi.org/10.1016/j.chiabu.2020.104422>
- Ministério da Saúde (2018). Boletim Epidemiológico: Análise epidemiológica da violência sexual contra crianças e adolescentes no Brasil, 2011 a 2017. *49*(27).
- Morrison, E. S., Bruce, & C., Wilson, S.(2018). Children's Disclosure of Sexual Abuse: A Systematic Review of Qualitative Research Exploring Barriers and Facilitators. *Journal of Child Sexual Abuse*, *27*(2):1-19 <http://doi.org/10.1080/10538712.2018.1425943>
- Moura, A. F., Pacheco, A. P., Dietrich, C. F., & Zanella, A. F. (2017). Possíveis contribuições da psicologia para a educação sexual em contexto escolar. *Psicologia Argumento*, *29*(67), 437-446. <http://doi.org/10.7213/psicolargum.v29i67.20217>
- Programa de Ações Integradas e Referenciais de Enfrentamento à Violência Sexual – PAIR. (2008). O enfrentamento à violência sexual contra crianças e adolescentes no município de João Pessoa. Pró-Reitoria de extensão e assuntos comunitários, Universidade Federal da Paraíba. Available at <http://pair.ledes.net/gestor/titan.php?target=openFile&fileId=284>
- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The international epidemiology of child sexual abuse: a continuation of Finkelhor (1994). *Child Abuse Neglect*, *33*(6), 331-42. <http://doi.org/10.1016/j.chiabu.2008.07.007>
- Pereira, C. A., Maciel, S. C., Dias, C. C. V., Alexandre, T. M., O., Oliveira, M. X., & Pimentel, C. E. (2019). Validação da escala de crenças sobre abuso sexual (ECAS). *Psico-USF*, *24*(1). <https://doi.org/10.1590/1413-82712019240112>
- Pincolini, A. M. F., & Hutz, C. S. (2014). Abusadores sexuais adultos e adolescentes no sul do Brasil: Pesquisa em denúncias e sentenças judiciais. *Temas em psicologia*, Ribeirão Preto, *22*(2). doi: 10.9788/TP2014.2-03. <https://doi.org/10.9788/TP2014.2-03>
- Presidência da República (Brasil). (1990). Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Recuperado em http://www.planalto.gov.br/Ccivil_03/leis/L8069Compilado.htm
- Presidência da República (Brasil). (2002/2013). Plano Nacional de Enfrentamento da Violência Sexual contra crianças e adolescentes Estabelece um conjunto de ações articuladas que permite a intervenção técnico-política e financeira para o enfrentamento da violência sexual contra crianças e adolescentes. Available at <http://www.movimentodeemaus.org/data/material/plano-nacional-de-enfrentamento-a-violencia-sexual-contra-criancas-e-adolescentes.pdf>
- Presidência da República (2011). Portaria MS/GM nº 104, de 25 de janeiro de 2011. Define as terminologias adotadas em legislação nacional, conforme o disposto no Regulamento Sanitário Internacional 2005 (RSI 2005), a relação de doenças, agravos e eventos em saúde pública de notificação compulsória em todo o território nacional e estabelece fluxo, critérios, responsabilidades e atribuições aos profissionais e serviços de saúde.
- Presidência da República (Brasil). (2017). Lei nº 13.431, de 4 de abril de 2017. Estabelece o sistema de garantia de direitos da criança e do adolescente vítima ou testemunha de violência e altera a Lei no 8.069, de 13 de julho de 1990 (Estatuto da Criança e do Adolescente).
- Programa das Nações Unidas para o Desenvolvimento (PNUD, 2010). Available at <https://www.br.undp.org/content/brazil/pt/home/idh0/rankings/idhm-municipios-2010.html>
- Rates, S. M. M., Melo, E. M., Mascarenhas, M. D. M., & Malta, D. C. (2015). Violência infantil: uma análise das notificações compulsórias, Brasil 2011. *Ciência e Saúde Coletiva*, *20*(3), 655-665. <http://doi.org/10.1590/1413-81232015203.15242014>
- Santos, S. S., & Dell' Aglio, D. D. (2013). O processo de revelação do abuso sexual na percepção de mães. *Psicologia: Teoria e prática*. *15*(1), 50-64.
- Santos, V. A., & Costa, L. F. (2011). A violência sexual contra crianças e adolescentes: conhecer a realidade possibilita a ação protetiva. *Estudos de Psicologia (Campinas)*, *28*(4), 529-537. <http://doi.org/10.1590/S0103-166X2011000400013>
- Santos, M. J., Mascarenhas, M. D. M., Rodrigues, T. P., & Monteiro, R. A. (2018). Caracterização da *Psico-USF, Bragança Paulista, v. 28, n. 2, p. 375-388, abr./jun. 2023*

- violência sexual contra crianças e adolescentes na escola - Brasil, 2010-2014. *Epidemiologia e Serviços de Saúde*, 27(2), 2237-9622. <http://doi.org/10.5123/s1679-49742018000200010>
- Sena, C., Silva, M., & Falbo Neto, G. (2018). Incidência de violência sexual em crianças e adolescentes em Recife/Pernambuco no biênio 2012- 2013. *Ciência & Saúde Coletiva* [online], 23(5), 1591-1599
- Silva, J. V., & Roncalli, A. G. (2020). Tendência das iniquidades sociais nas notificações de violência sexual no Brasil entre 2010 e 2014. *Revista Brasileira de Epidemiologia*, 23(3). <http://10.1590/1980-5497202000038>
- Simon, J., Luetzow, A., & Conte, J. R. (2020). Thirty years of the convention on the rights of the child: Developments in child sexual abuse and exploitation. *Child Abuse & Neglect*, 110, <https://doi.org/10.1016/j.chiabu.2020.104399>
- Soares, E. M. R., da Silva, N. L. L., de Matos, M. A. S., Araújo, E. T. H., da Silva, L. D. S. R., & Lago, E. C. (2016). Perfil da violência sexual contra crianças e adolescentes. *Revista Interdisciplinar*, 9(1), 87-96.
- Russell, D., Higgins, D. & Posso, A. (2020). Preventing child sexual abuse: A systematic review of interventions and their efficacy in developing countries. *Child Abuse Neglect*, 102. <http://doi:10.1016/j.chiabu.2020.104395>
- Teixeira, E. C., Leite, A. P. L., Santos, W. H. M., Chaves, J. H. B., Duarte, I. A. C., & Cavalcante, J. C. (2019). Characteristics of cases of sexual violence that occurred in Alagoas between 2007-2016. *O mundo da saúde*, 43(4), 834-853. <http://doi.org/10.15343/0104-7809.20194304834853>
- Von Honhendorff, J., Habigzang, L. F., & Koller, S. (2012). Violência sexual contra meninos: dados epidemiológicos, características e consequências. *Psicologia USP* [online], 23(2), 395-416 <https://doi.org/10.1590/S0103-65642012005000007>
- Von Hohendorff, J., Costa, L. S., Habigzang, L. F. & Koller, S. (2014). Documentary Analysis of Cases of Sexual Violence Against Boys Reported in Porto Alegre. *Paidéia*, 24(58), 187-195. <http://doi.org/10.1590/1982-43272458201406>
- World Health Organization. (1999). WHO recognizes child abuse as a major public health problem. *The Lancet*, 353(9161), 1340. [https://doi.org/10.1016/S0140-6736\(05\)74346-4](https://doi.org/10.1016/S0140-6736(05)74346-4)

Recebido em: 07/10/2021
 Reformulado em: 07/04/2022
 Aprovado em: 20/07/2022

Acknowledgments:

Agradecemos à Coordenação de Aperfeiçoamento de Nível Superior (CAPES) pelo financiamento desta pesquisa.

About the authors:

Tamiris da Costa Brasileiro is Graduated in Psychology from the Centro Universitário de João Pessoa (UNIPÊ) and Master's in Social Psychology from the Federal University of Paraíba (UFPB). Currently a doctoral candidate in the Graduate Program in Social Psychology at the Universidade Federal da Paraíba and a member of the Núcleo de Estudos em Desenvolvimento Humano, Educacional e Social - NEDHES.

ORCID: <https://orcid.org/0000-0002-5380-2491>

E-mail: tamirisbrasileiro@gmail.com

Patrícia Nunes da Fonseca is Graduated in Psychology from the Universidade Federal da Paraíba (UFPB), Bachelor of Law from the Centro Universitário de João Pessoa (UNIPE), Master's and Doctorate in Social Psychology from the Universidade Federal da Paraíba. Currently Full Professor of Social and Legal Psychology at the Universidade Federal da Paraíba, productivity level 2 (CNPQ) researcher and coordinator of the Núcleo de Estudos em Desenvolvimento Humano, Educacional e Social - NEDHES.

ORCID: <http://orcid.org/0000-0002-6322-6336>

E-mail: pnfonseca.ufpb@gmail.com

Contact:

Departamento de Psicologia, Universidade Federal da Paraíba, Campus I Lot. Cidade Universitaria
João Pessoa-PB, Brazil
CEP: 58051-900