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DOCENCIA - INVESTIGACIÓN

State of violence against children and adolescents in Brazil

Situação da violência contra crianças e adolescentes no Brasil

Situación de la violencia contra niños y adolescentes en Brasil

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Palabras clave: Violencia; Niño; Adolescente; Enfermería

ABSTRACT

Objective: Verify the occurrence of physical and psychological/moral violence against children and adolescents in the geographic regions of Brazil in 2012.

Method: Documental study of quantitative and descriptive approach. Data were collected in the Notifiable Diseases Information System, in which it was used the modality “physical and psychological/moral violence” in the age range of <1 year to 14 years old in different regions of Brazil in 2012. Data analysis was performed using descriptive statistics (simple and crossed tables, figures and rates), by using the Microsoft Office Excel, 2007 version.

Results: Of the 8,397 occurrences of psychological/moral violence, 62.7% had ambulatory referral and hospitalization occurred in 6.3%, being the major frequency among females. In 14,125 registered cases of physical violence, 54.2% had ambulatory referral and 13.6% hospitalization, with higher incidence

among females, too. There was lack of notification in about 1/3 of attendances.

Conclusion: There is a need of specific politics and professional support to prevent, combat and attend the violence against children and adolescents that could reduce the level of insecurity and also increase the number of notifications.

RESUMO

Objetivo: verificar as ocorrências de violência física e psicológica/moral contra crianças e adolescentes, nas regiões geográficas do Brasil no ano de 2012.

Método: Estudo documental de abordagem quantitativa e descritiva. Os dados foram coletados no Sistema de Informação de Agravos de Notificação no qual se utilizou a modalidade "violência física e psico/moral" no intervalo de idade de <1 ano a 14 anos nas diferentes regiões do Brasil em 2012. A análise dos dados foi realizada com auxílio da estatística descritiva (tabelas simples e cruzadas, figuras e taxas), utilizando o Microsoft Office Excel, versão 2007.

Resultados: Das 8397 ocorrências de violência psicológica/moral, 62,7% tiveram encaminhamento ambulatorial e em 6,3% ocorreu internação hospitalar, sendo a maior frequência no sexo feminino. Nos 14125 casos registrados de violência física, 54,2% tiveram encaminhamento ambulatorial e 13,6% internação hospitalar, ocorrendo com maior incidência também no sexo feminino. No entorno de 1/3 dos atendimentos ocorreu falta de registros.
Conclusão: Existe a necessidade de políticas especificas e suporte profissional que venham prevenir, combater e assistir a violência contra crianças e adolescentes podendo reduzir o grau de insegurança bem como a incrementação do número de notificações.

RESUMEN

Objetivo: Verificar las ocurrencias de violencia física y psicológica/moral contra niños y adolescentes, en las regiones geográficas de Brasil en el año 2012.

Método: Estudio documental de abordaje cuantitativo y descriptivo. Los datos fueron colectados en el Sistema de Información de Agravios de Notificación en el cual se utilizó la modalidad "violencia física y psico/moral" en intervalos de edad de <1 año a 14 años en las diferentes regiones de Brasil en el 2012. El análisis de los datos se realizó con ayuda de la estadística descriptiva (tablas simples y cruzadas, figuras y tasas), utilizando el Microsoft Office Excel, versión 2007.

Resultados: De las 8397 ocurrencias de violencia psicológica/moral, 62,7% fueron dirigidos a ambulatorios y en 6,3% ocurrió el ingreso hospitalario, siendo la mayor frecuencia en el sexo femenino. En los 14125 casos registrados de violencia física, 54,2% fueron dirigidos a ambulatorios y 13,6% tuvieron ingreso hospitalario, ocurriendo con mayor incidencia también en el sexo femenino. En cerca de 1/3 de los atendidos ocurrió falta de registros.

Conclusión: Existe la necesidad de políticas específicas y soporte profesional que vengan a prevenir, combatir y asistir la violencia contra niños y adolescentes pudiendo reducir el grado de inseguridad, así como el incremento del número de notificaciones.

INTRODUCTION

External causes of violence against children and adolescents have grown rapidly and indicated the major source of mortality, occurring in scale and magnitude that should be considered as intolerable [(1)]. In 2012, 53.4% of the number of homicides in Brazil was against young people, which indicates an alarming proportion. Youth homicide rates have increased in most of the Brazilian states in the last decade. In the international context, Brazil occupies the 8th position in the ranking of juvenile mortality by homicide in 100 countries studied, from 2008 to 2012 [(1)].

In this context, the physical and psychological / moral violence against children and adolescents represents a complex public health problem, involving psychological,

social and legal aspects and that undermines the development of peoples, threatening their quality of life [2]. Violence against children, in its various manifestations, is an abstruse problem because its implications are extended from the individual to the social level [3].

This population stratum experiences daily situations where violence is present, pervading cultural, social and educational, income and age boundaries, among others. They report their pain - not only physical pain, but the "internal pain" caused by such violence / abuse, which is aggravated by the acceptance, even approval, of adults [4].

The World Health Organization conceptualizes violence against children by the nature of the fact, classifying it in physical, sexual, emotional or psychological violence and neglect [2]. For this study, physical and psychological violence will be considered. In this sense, physical violence against a child can be defined as the intentional use of physical force against them, causing different types of damage, involving the physical, mental and social aspects. Psychological abuse can manifest as isolated incidents or repeated abandonment by a parent or a guardian who keeps the child in an inappropriate environment for their development and devoid of support. This type of violence may cause potential damage to the physical, mental, spiritual, moral and / or social development of the child. Movement restrictions, continued contempt, guilt, threats, acts of terror, discrimination or ridicule and other nonphysical variants of rejection or hostile treatment are part of such violence [2].

The concern is not related exclusively to the magnitudes, but to tolerance and agreement of public opinion and of the institutions that are responsible for confronting the problem of violence against children and adolescents [1]. Negligence, in pure form, is mostly committed by the mother and addressed to the sons, and the opposite occurs with sexual violence, it is committed by the father against his daughter. This finding may reflect how the gender issue is revealed in the home [5].

Violence hardly manifests alone, it is followed by other poor living conditions and contradictions arising from the production of the categories generation, gender, ethnicity and social class [6].

However, on the notification of psychological violence, identification is hampered by not leaving visible marks on the body. On the other hand, for the same reason, physical violence is more easily identified and, in view of this, psychological violence appears more often when associated with other type of violence. There is still underreporting of cases of violence against children and adolescents [5]. In this context, the fear of possible implications, the desire to maintain the family together, the financial dependence to the partner and the punishment to the aggressor are factors that contribute to the non-fulfillment of notification of violence by the family, especially in situations of sexual abuse inside the family[7]. Accordingly, violence against children is a universal and growing problem that affects many victims and is exposed, most of the time, in a veiled manner [9].

The importance of discussion by the multidisciplinary team in cases of violence is of paramount importance in view of the complexity of this phenomenon. In this sense, there is the need to train professionals for prevention, detection and monitoring of victims of violence. Violence against children is a problem consisted of several variables, which "affects all socioeconomic and cultural levels of society and, for these reasons, requires intervention of a multidisciplinary and interdisciplinary team, whose

procedures allow a comprehensive care"[3:137]. It stressed out the importance of the role of Community Health Workers, since they visit families more frequently [3].

In studies of violence, there is a lack of uniformity of records relating to socio-demographic data of the subjects involved in the events, and thus these records contribute little to describe the distribution of occurrences in social groups [9]. In this perspective, "the literature reveals the lack of statistical data on domestic violence against children, making it difficult to know the real impact of this phenomenon", often arising from inaccuracy of information, which leads to difficulty in measuring morbidity rates related to this situation [3:138]. In this sense, the reporting of abuse is still little discussed in health services [10].

Since children are fragile and vulnerable and depend on an adult to their development, they should be protected from all forms of violence [4]. Therefore, it is necessary to invest in measures to prevent any abuse, without any concessions.

Given the above, it is fundamental to conduct a health study on the subject, which should bring clarification to health professionals, community groups, and institutions dedicated to combating violence, thus contributing to improving public health policies in Brazil and other countries. Therefore, this study aimed to verify the occurrence of physical and psychological / moral violence against children and adolescents in the geographic regions of Brazil in 2012.

METHOD

This is a documentary study of quantitative and descriptive approach. It addresses occurrences of physical and psychological / moral violence against children and adolescents that occurred during the year 2012, in Brazilian regions. The data collected are from the SINAN - Notifiable Diseases Information System, in which researchers used the modality "physical and psychological / moral violence" in the age range of <1 year to 14 years old.

The analysis was performed by using descriptive statistics (simple and crossed tables, figures and rates), by using Microsoft Office Excel version 2007. The studied modalities are physical violence and psychological / moral violence, which will be analyzed according to the case outcome, that is, discharge (inpatient or outpatient) which refers to the completion of the care modality that had been provided to the person being cared for / victim. The person being cared for / victim may be discharged from the notifying service and nevertheless be referred for follow-up in other services or clinical specialties and, if necessary, start receiving another form of care, whether in the same establishment, in another or in the household; avoidance / escape is the distancing of the patient from the health service without authorization of the health team and / or without informing the exit to the sector in which the patient was hospitalized or under observation or waiting for service; death by violence is one whose root cause was a violent event, regardless of whether care and related administrative procedures have been performed or not; death from other causes is one that happens by causes other than violence, regardless of whether administrative procedures related to attendance have occurred or not; and ignored / blank is when there is no information of the case outcome [11].

Also, *physical and psychological / moral violence* will be analyzed according to the referring to: outpatient referral (Primary Care Center, Psychosocial Support Center -

CAPS, Health Unit, Reference Centers, Laboratories, medium complexity services and emergency services), hospitalization, not applicable (when there is no need to forward the person being cared for / victim) and unknown [11].

As this study deals with public data available online, there was no need to submit the project for consideration by the Ethics in Research Committee, taking into account the Resolution 466/2012 of the National Health Council, which regulates research involving human subjects.

RESULTS

When studying occurrences of psychological / moral violence (Table 1) against children and pre-adolescents aged up to 14 years in 2012, it was observed that of the total of 8,397 children / adolescents, 62.7% had had outpatient referral and 6.3% had been hospitalized. The others were classified as "not applicable", "unknown" or "blank". Regarding the cases outcome, most of them were discharged and 0.35% died by violence.

Psychological / moral violence occurred more frequently in females, totaling 69.6% of the 5,794 cases in which the gender was registered (Table 1). Similarly, in physical violence there was prevalence among females, however the difference was lower, 54.1% of cases.

Table 1: Occurrences of psychological / moral violence against children and pre-adolescents (age <1 year to 14 years old). Brazil - 2012.

Case outcome	Referral							
	OR			HA			NA	U/B
	F	M	Tota	F	M	Total	Total	Total
Discharge	2617	1143	3760	22	16	393	827	756
Avoidance/escape	145	32	177	6	4	10	34	32
Death by violence	1	3	4	**3**	2	5	5	2
Death from other causes	-	-	-	2	-	2	1	-
Unknown/ Blank	956	367	1323	77	43	120	331	615
Total	**3719**	**1545**	**5264**	**31**	**21**	**530**	**1198**	**1010**

OR= Outpatient referral; HA= Hospital Admission; NA= Not applicable; I=Ignored; EB= Blank
Data taken from the DATASUS database, subject to review. Source: http://dtr2004.saude.gov.br/sinanweb/tabnet/dh?sinannet/violencia/bases/violebrnet.def

With regard to occurrences of physical violence (Table 2) against children and pre-adolescents, it was found that 14,125 cases were recorded in 2012, and 54.2% had outpatient referral and 13.6% had hospital admission. Of the total, 34.2% were classified as "not applicable", "unknown" or "blank". As for the case outcome, 1.5% died due to violence and 0.2% died from other causes. It draws attention the lack of records, both of occurrences of psychological / moral violence and of physical violence.

Table 2: Occurrences of physical violence against children and pre-adolescents (age <1 year to 14 years old). Brazil - 2012.

Case outcome	Referral							
	OR			HA			NA	U/B
	F	M	Tota	F	M	Total	Total	Total
Discharge	3451	2838	6289	597	830	1427	1375	1887
Avoidance/escape	107	36	143	14	23	37	20	31
Death by violence	5	10	15	15	34	49	36	30
)eath from other causes	-	1	1	4	4	8	5	4
Unknown/ Blank	803	399	1202	186	213	399	286	881
Total	4366	3284	7650	816	1104	1920	1722	2833

OR= Outpatient referral; HA= Hospital Admission; NA= Not applicable; I=Ignored; EB= Blank
Data taken from the DATASUS database, subject to review. Source: http://dtr2004.saude.gov.br/sinanweb/tabnet/dh?sinannet/violencia/bases/violebrnet.def

Table 3 shows the occurrences of psychological / moral violence according to the regions of Brazil, referral and outcome.

Table 3: Occurrences of psychological / moral violence against children and pre-adolescents (age <1 year to 14 years old), in Brazil regions - 2012.

Referral	Case outcome	Regions				
		North	Northeast	Southeast	South	Mis-west
OR	Discharge	368	396	1171	1417	408
	Avoidance/escape	137	3	18	12	7
	Death by violence	-	2	1	-	1
	Death from other causes	-	-	-	-	-
	Unknown/ Blank	608	107	278	203	127
HA	Discharge	32	73	121	116	51
	Avoidance/escape	3	1	3	3	-
	Death by violence	1	2	2	-	-
	Death from other causes	-	1	-	1	-
	Unknown/ Blank	17	17	49	23	14
NA	Discharge	30	129	323	217	128
	Avoidance/escape	19	1	7	5	2
	Death by violence	-	-	3	2	-
	Death from other causes	-	1	-	-	-
	Unknown/ Blank	21	33	114	127	36
U/B	Discharge	24	142	366	153	71
	Avoidance/escape	15	5	4	6	2
	Death by violence	-	1	1	-	-
	Death from other causes	-	-	-	-	-
	Unknown/ Blank	53	85	221	193	63

OR= Outpatient referral; HA= Hospital Admission; NA= Not applicable; I=Ignored; EB= Blank
Data taken from the DATASUS database, subject to review. Source: http://dtr2004.saude.gov.br/sinanweb/tabnet/dh?sinannet/violencia/bases/violebrnet.def

Table 4 shows the same variables according to the occurrence of physical violence. It shows that the greatest number of victims seeking help is in the Southeast and South regions. In the third position of physical violence is the Northeast region, and of psychological / moral violence is the North region.

Table 4: Occurrences of physical violence against children and pre-adolescents (age <1 year to 14 years old), in Brazilian regions - 2012.

Referral	Case outcome	Regions				
		North	Northeast	Southeast	South	Mis-west
OR	Discharge	400	799	2850	1586	654
	Avoidance/escape	79	9	30	15	10
	Death by violence	-	6	3	3	3
	Death from other causes	-	-	1	-	-
	Unknown/ Blank	495	91	309	215	92
HA	Discharge	84	375	455	285	228
	Avoidance/escape	4	8	16	5	4
	Death by violence	1	15	23	6	4
	Death from other causes	2	2	2	2	-
	Unknown/ Blank	38	80	166	73	42
NA	Discharge	40	118	870	227	120
	Avoidance/escape	-	1	15	3	1
	Death by violence	-	2	17	13	4
	Death from other causes	-	2	3	-	-
	Unknown/ Blank	14	32	125	87	28
U/B	Discharge	33	355	1155	202	142
	Avoidance/escape	3	6	15	5	2
	Death by violence	3	10	14	1	2
	Death from other causes	-	-	3	-	1
	Unknown/ Blank	71	146	407	167	90

OR= Outpatient referral; HA= Hospital Admission; NA= Not applicable; I=Ignored; EB= Blank
Data taken from the DATASUS database, subject to review. Source: http://dtr2004.saude.gov.br/sinanweb/tabnet/dh?sinannet/violencia/bases/violebrnet.def

DISCUSSION

Psychological violence has received more attention in recent years [12]. This phenomenon does not see social class, culture or geographical boundaries, and therefore is universal. This condition is still shrouded by a pact of silence, constituting the main obstacle for the diagnosis and justifying the low number of notifications. This corroborates the data reported in this study, showing that there are still obstacles in the way between suspicion, confirmation and notification of these events.

In this study, it is observed that psychological / moral violence as well as physical violence have occurred more frequently in females. Agreeing with these results, a survey on violence in the State of Amazonas has shown that physical aggression is the most reported type of violence, and most of the victims are female adolescents, aged between 12 and 15 years [13].

The outpatient sector had higher resolution rate in cases of psychological / moral and physical violence compared to other referrals. This may mean that outpatient services are good at solving these situations. However, addressing violence and what follows it constitutes a challenge to the health field, especially for primary care services. Health professionals experience difficulties to handle incidents of violence due to their unpreparedness and lack of care resources to meet the demands of this population[10].

In the same line of thought, research showed that health professionals face difficulties in identification and referral of situations involving violence against children in the home, for fear of commitment of the relationship between work, family and community[3].

The multiple causes of violence against children and adolescents generates challenge to researchers and managers because the high estimates found confirm the need for family, transdisciplinary, inter-sectoral and network approach to address the problem[14].

Analyzing the research data, there is highlight for the markers "unknown / blank", which may be due to underreporting of cases by health professionals who do the report. It is known that the notifications are doubly important tools to combat violence: they produce benefits for individual cases, and are epidemiological control instruments of violence [15]. It is noteworthy that the healthcare professional that becomes aware of the fact is obliged by law to notify confirmed and suspected cases of violence. In this sense, they play an essential role in this area.

Underreporting of violence against children and adolescents may worsen when there is no public support and administrative policy measures. In addition, psychological violence is one of the most difficult to be identified by not producing immediate evidence. Similarly, "the act of notifying is a crucial element in the specific action against violence, in global political actions and to understand the phenomenon"[10:482].

Table 3 shows that the South (Parana, Santa Catarina and Rio Grande do Sul) and the Southeast (Espirito Santo, Minas Gerais, Rio de Janeiro and São Paulo) regions had the highest rates of assisted children and adolescents in psychological / moral and physical violence, with the case outcome of discharge after outpatient referral. However, it is clear that, in the states of Acre, Amapa, Amazonas, Para, Rondonia, Roraima and Tocantins, in the category psychological / moral violence, there was a failure in the notification of case, outcome, which was informed (unknown / blank).

In psychological / moral violence there were low rates of hospitalization, which may indicate the efficiency of low complexity health services in such cases. It appears that underreporting is still an obstacle to be overcome by health professionals as there are information as unknown / blank in relation to the referral and case outcome, which hampers studies and research in the area, which could support the formulation of public policies.

Many professionals do not have data that allow us to recognize, diagnose and report violence [15]. Also, it should be noted that even if the power relationships have been changing throughout history, in the social and the State sphere, the family remains with attitudes of domination, justified by the privacy of the family environment, contrary to what is announced within children's policies and rights [6].

It should be noted the importance of identifying the experiences of family violence, including child abuse that increases the likelihood of developing various mental disorders. Women victims of family violence are more likely to be violent with their children, multiplying and confirming the idea that suffered violence is propagated against the most vulnerable. Still, one can see the existence of behavioral and psychiatric changes arising from situations of violence, which can cause lasting impact on the mental and social functioning of individuals [16].

Thus, it is essential to address prevention at all levels. Due to the complexity and impact of violence on children's growth, such intervention is required, i.e., primary when it comes to structural level actions, in promoting health and reducing poverty and inequality and policies related to firearms, alcohol and drugs; secondary when it focuses on the most vulnerable groups, incentives to stay in school, peaceful conflict resolution; and also tertiary, which involves dealing with victims of violence, preventing sequelae and qualifying service [17]. Measures to protect children and adolescents who are in situations of vulnerability are necessary and important for the protection of imminent risks, thus contributing to the biopsychosocial development [17].

In terms of prevention, it is necessary to consider that children and adolescents have specific complexities, so social programs and campaigns are recommended strategies, paying attention to these particularities [18]. It is noteworthy that the area of childhood and adolescence has specific complexities that need to be considered in proposals for public health policies.

CONCLUSIONS

This research evidences the large number of children and adolescents subjected to physical and psychological / moral violence in Brazil. The psychological / moral violence suffered by children and adolescents, even still invisible to the eyes of society, has had alarming results, which warns of many cases that received no care. Still, there were some underreported cases, which show the inefficiency of the various sectors in dealing with this event, leaving these individuals vulnerable, and these often have no support or protection and become also deprived of a possible recovery of the suffered damages.

Data indicate the vulnerability of girls to both physical violence and the psychological / moral violence, showing thus that the formulation of policies on prevention and recovery should receive special attention. However, even though there have been a greater number of cases of violence against girls, boys are subjected to all forms of violence, to which they are more exposed in the young and adult age group; so, it is possible to prevent such events. Public policies towards prevention and recovery should be consistently implemented and adjusted, and constantly encouraged.

When health professionals recognize a case of violence, they must notify it immediately. Primary health care services have even greater responsibility, because professionals working at this level should know the population and the problems it faces, carrying out monitoring of families that have a history of violence and home visits to be aware of new cases. They must give primary attention to reports and complaints of children and adolescents and be alert to physical and psychological signs of violence during childcare and routine consultations.

Still, reports of cases of violence should be part of the work process of health professionals at all levels, as this sector is one of the gateways to such cases. Sometimes the professionals are the people who have contact with the victims; therefore, they must give real importance to this opportunity. The quest for qualification and professional training for such situations should be encouraged and be present in academic curricula, putting future professionals in contact with this problem since graduation.

Referrals after health care service should be made to the police sector and Guardianship Councils in order to promote investigation of facts, punishment of offenders and protection of victims, family and notifiers. The formulation of public policies to prevent and combat violence against children and adolescents should be on the list of priorities in the three spheres of government. It is evident that research on violence must be deepened with the intention to help in the formulation of methods of prevention and protection of victims, and also in an attempt to promote discussion and thus greater understanding of the subject.

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