PROFILE OF CHILD AND ADOLESCENT VICTIMS OF SEXUAL VIOLENCE

Perfil de Niños y Adolescentes Víctimas de Violencia Sexual

Polianna de Carvalho Oliveira Santos1, Luisa Helena de Oliveira Lima2, Anna Klara Alves da Silva3, Edina Araújo Rodrigues Oliveira4, Paula Valentina de Sousa Vera, Rúbia Fernanda Santos Lima4

ABSTRACT

Objective: to analyze the profile of sexual violence against children and adolescents. Method: this is a descriptive cross-sectional study carried out with 28 medical records of child and/or adolescent victims of sexual violence, with collection of data by means of a form at the Specialized Reference Center for Social Work (CREAS) in the town of Picos, Piauí, Brazil. Data were analyzed using descriptive statistics. The study was approved by the Research Ethics Committee of Universidade Federal do Piauí (UFPI), under the CAAE 0279.0.045.000-11. Results: there was a prevalence of females (89.3%) and the average age was 12.43 years. The prevalent education level among the victims was incomplete Elementary School (78.6%). Conclusion: the study shows the vulnerability of children with regard to the offender, who is usually a trusted person or someone close to the family. Notification and attention from health professionals are important, and they should always seek to detect and diagnose sexual violence signs. Descriptors: Sexual Violence; Nursing; Children; Adolescents.

RESUMO

Objetivo: analisar o perfil da violência sexual contra crianças e adolescentes. Método: trata-se de um estudo transversal descritivo realizado com 28 prontuários de crianças e/ou adolescentes vítimas de violência sexual, com coleta de dados por meio de formulário no Centro de Referência Especializada da Assistência Social (CREAS) do município de Picos (PI). Os dados foram analisados utilizando a estatística descritiva. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal do Piauí (UFPI), sob o CAAE n. 0279.0.045.000-11. Resultados: houve prevalência do sexo feminino (89,3%) e a média de idade foi 12,43 anos. O nível de escolaridade prevalente entre as vítimas foi o Ensino Fundamental incompleto (78,6%). Conclusão: o estudo mostra a vulnerabilidade das crianças em relação ao agressor, que, geralmente, é alguém de confiança ou próximo à família. É importante a notificação e a atenção dos profissionais da saúde, que sempre devem buscar diagnosticar sinais de violência sexual. Descriptores: Violência Sexual; Enfermagem; Crianças; Adolescentes.

RESUMEN

Objetivo: analizar el perfil de la violencia sexual contra niños y adolescentes. Método: se trata un estudio transversal descriptivo llevado a cabo con 28 prontuarios de niños y/o adolescentes víctimas de violencia sexual, con recogida de datos por medio de un formulario en el Centro de Referencia Especializado de la Asistencia Social (CREAS) del municipio de Picos (PI). Los datos fueron analizados utilizando la estadística descriptiva. El estudio fue aprobado por el Comité de Ética en Investigación de la Universidad Federal do Piauí (UFPI), bajo el CAAE n. 0279.0.045.000-11. Resultados: hubo prevalencia del sexo femenino (89,3%) y la media de edad fue 12,43 años. El nivel de escolaridad prevalente entre las víctimas fue la Educación Primaria incompleta (78,6%). Conclusión: el estudio muestra la vulnerabilidad de los niños con relación al agresor, que suele ser alguien de confianza o cercano a la familia. Es importante la notificación y la atención de los profesionales de la salud, que siempre deben buscar detectar e diagnosticar señales de violencia sexual. Descriptores: Violencia Sexual; Enfermería; Niños; Adolescentes.
INTRODUCTION

Children and adolescents are included into the human groups most vulnerable to violent events and, often, these situations take place in the family’s bosom, which is no longer a reference in terms of education and protection, characterizing a problem of great social and scientific relevance.

The Statute of Children and Adolescents (ECA) considers a child, for the purposes of the Law, the person < 12 and adolescents are those individuals aged between 12 and 18 years. The Brazilian juvenile population has its rights to dignity and citizenship provided for by ECA (Law 8.069/90).1

Population level surveys indicate that sexual violence affects millions of people worldwide and it can lead to long-lasting effects, including victimization.2 Juvenile sexual abuse has been understood as the involvement of children and adolescents in sexual activities to which they are not able to to provide an informed consent.3 Sexual exploitation is characterized by sexual abuse by adults, usually with financial remuneration for the child or third parties, and it may also be related to coercion and violence against children, being linked to contemporary slave labor.4

In spite of the underreporting, researches reveal that violent acts, including the sexual ones, occur in all continents, reaching the various cultures, social classes, education levels, income levels, and ethnic origins.5 In Brazil, there are records that in our culture exists a certain degree of social compliance with regard to cases of maltreatment in childhood, due to the belief that caregivers have unlimited rights over the child, something which leads to abuse of power by the stronger towards the weaker.6

Sexual abuse stands out as a major form of violence against children and adolescents, involving a sexual behavior related to disrespect for the individual and her/his limits. Sexual violence corresponds to any situation in which an adult uses a child or adolescent to satisfy her/his sexual pleasure, from caressing, touching genitalia, breast, or anus, sexual exploitation, voyeurism, pornography, exhibitionism to the sexual act, with or without penetration.7

This kind of violence has been practiced most frequently within the intrafamily environment, regardless of social class. Incest can occur in up to 10% of families, and it is mainly practiced by father, stepfather, uncle, grandfather, or someone close to the family, by someone the victim knows, trusts, and loves. The abuser often uses, as a weapon, seduction and threats, seeking a partnership with the victim. She/he may be an overt pedophile or not. The adult uses the power she/he has over the child, using it as a means to satisfy her/his desires, violating the child’s right to autonomy.7

Notified cases are very important, because it is through them that violence becomes visible, enabling us to draw the epidemiological problem and create public policies aimed to prevent it.8

Article 13 of ECA provides for mandatory notification of cases, even if suspected, of maltreatment. Article 245 establishes a fine for the health professional who fails to inform the competent authority about cases, she/he knows, involving suspected or confirmed maltreatment against a child or adolescent.1

In this regard, the Code of Ethics of Nursing Professionals prohibits the nurse to provoke, cooperate, collude, or overlook any kind of violence.9 Thus, faced with maltreatment of children and adolescents, the nurse should report the fact to the Guardianship Council or the Specialized Reference Center for Social Work (CREAS). In the absence of such a body, notification should be made to the judicial authority, given that this communication constitutes a just cause for breaking professional confidentiality.10

There is a need for defining the characteristics of sexual violence against children and adolescents, so that the professional can draw action strategies aimed at the profile of the clientele and, thus, seeks quick and effective solutions.

From this perspective, this study aims to:

- Analyze the profile of sexual violence against children and adolescents;
- Characterize violence cases by age group, sex, education level, family composition, family income, notification agent;
- Identify the main abusers and the perpetrator’s relation to the victim.

METHODOLOGY

Article prepared from the monograph << Profile of child and adolescent victims of sexual violence >>, presented to Universidade Federal do Piaui. Picos, Piaui, Brazil. 2011.

This is a descriptive cross-sectional study. The population consisted of 68 medical records referring to all services provided by CREAS in the town of Picos, Piaui, Brazil. It is a facility aimed at providing assistance to people who had their rights violated or threatened; this reference facility coordinates...
and relates the medium complexity social protection.

CREAS covers the whole town and micro-region and it offers social and family guidance and support; psychosocial, systematic, individual, and group care; referrals to the social service network and other public services; permanent connection to the Guardianship Councils, the Childhood and Youth Court, and the other institutions within the system ensuring the rights guaranteed by ECA. These services may be used by children, adolescents, elderly people, women, disabled people who have their rights violated or who know someone going through this situation, and they may denounce at the facility itself. The institution was chosen because it is the place welcoming child and adolescent victims of sexual violence.

The following inclusion criteria were adopted:
- Being the medical record of a child or adolescent aged from 0 to 18 years;
- Being a victim of sexual violence.

The sample consisted of only 28 medical records, since, after detailed analysis of each of them, we observed that only these met all the inclusion criteria.

Data were collected in September 2011, by means of a form prepared for this study aiming to guide the search for relevant data, with closed questions referring to these variables: age, sex, education level, family composition, family income, relation of the perpetrator to the victim, notification agent.

Initially, we came into contact with the director of CREAS, in order to obtain authorization to conduct the survey. Then, the researchers followed these steps: 1) Contact with the director of CREAS; 2) Explanation on the research objectives and procedures; 3) Permission request, to the director of CREAS, to use the medical records of child and adolescent victims of sexual violence; 4) After obtaining authorization from the facility and approval by the Research Ethics Committee (REC) of Universidade Federal do Piauí (UFPI), the survey started by applying the research instrument.

Data were entered into an electronic database using the software Microsoft Excel 2007 and analyzed using the software Statistical Package for the Social Sciences (SPSS), version 17.0. The results are presented in tables, analyzed according to descriptive statistics, and discussed under the light of literature.

The study was approved by the REC of UFPI, under the CAAE 0279.0.045.000-11. For carrying out the study we complied with all ethical and legal precepts of Resolution 196/96, from the National Health Council, on research involving human beings.11

### RESULTS

In Table 1 we observe that there was a prevalence of females (89.3%) and the average age was 12.43 years.

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
<td>89.3</td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>10.7</td>
</tr>
</tbody>
</table>

KS: Kolmogorov-Smirnov test.

In Table 2 we observe that 78.6% of the victims had only incomplete Elementary School, 25.0% had ≥ 5 people in the same housing, and the average family income was R$ 637.00.
There was a prevalence of 67.9% of victims of sexual abuse, followed by 25.0% of rape, and the most common perpetrator was a person close to the family, with 35.7% (Table 3).

A higher proportion of female victims may be explained by the very gender issues, which still situate the woman as a sexual object, in spite of the current female conquests\textsuperscript{14}, making girls the favorite targets of perpetrators.\textsuperscript{15}

The prevalence of females has a very considerable value when compared to males, due to the fact that the number of unreported cases is higher than that of the reported cases. What differentiates them is the fact that male children have more difficulties to reveal that they were abused and that the health professionals, in turn, also have more difficulty to identify this kind of abuse in boys.\textsuperscript{16}

Regarding age, the study found out the average age of 12.43 years, something which is close to other researches. Studies show that among girls there is a concentration of cases in the age group from 10 to 14 years (58.0%) and among boys the age group with the highest number of cases was from 5 to 9 years (66.7%)\textsuperscript{17}, and the age of victims ranged from 10 months to 17 years, with an average age of 11.4 years (SD = 3.9) and a median of 12 years.\textsuperscript{18}

Regarding education level, most of these children and adolescents is still included into Elementary School (78.6%), and only 3.6% are illiterate. In a study in Teresina, Piauí, Brazil, it was found out that 21.88% of children still attend Primary School; 55.72% did not finish.
Elementary School; and 13.54% finished Elementary School. Most of them studied (81.6%), but only 37.2% were attending the grade suitable to their age. The highest incidence lies on victims with lower education level.

The prevalence of victims according to the number of people living in the same house shows 25.0% for ≥ 5 people, something which makes it clear that the higher number of people in the same household, the higher the rate of abuses, as shown in the literature: 2 people (3.3%); 4 people (23.4%); ≥ 5 people (55%).

In this study, with regard to family income, we observed an average of R$ 637.00 per month; this shows that low-income families are more vulnerable. In Campina Grande, Paraíba, Brazil, it was shown that most notified cases (80%) is related to the lower family incomes, i.e. 1 minimum wage (48.3%) and < 1 minimum wage (31.7%).

Characterization data of the type of violence showed that sexual abuse was more prevalent (67.9%), followed by sexual exploitation (7.1%). Similarly, in São Paulo, out of the 52,965 cases of domestic violence against children and adolescents, cared for by the Laboratory of Child Studies of the Institute of Psychology of Universidade de São Paulo, within the period from 1996 to 2001, 8.0% were due to sexual violence. The program Network for the Protection of Children and Adolescents at Risk of Violence, in the city of Curitiba, Paraná, Brazil, shows that, out of the notifications of maltreatment cases in 2003, 17.6% were cases of sexual violence. The most frequent type of violation was sexual abuse (37.6%). Among females, prevailed abuse (37.4%), followed by rape (18%), while among men indecent assault and abuse had similar frequencies (39.8% and 38.9%, respectively).

The participation of stepfather, other relatives, neighbors, parents, and friends of the family as aggressors in sexual abuse cases is widely informed by the researches, from the oldest to the most recent ones, revealing that the sex offender is, most often, someone close to the child, and, in this study, there was a prevalence of cases involving someone close to the family (35.7%) and a neighbor (10.7%). Contrary to the other research, in which only 15.8% of the cases recorded in the Service of Assistance for Women Victimized by Sexual Violence in Teresina has as perpetrator a person close to the victim, most cases are represented by the neighbor (29.7%). We found out that in 37.2% of cases, the perpetrator had abused other people in the same domestic context; these people were brothers of the victim, stepdaughter, mother, housemaid, or other children.

The notification was made by the Guardianship Council in 100% of cases, something similar to what the literature shows, where the main denouncers were the Guardianship Council (68%), followed by the police station (20%), family (7%), and Civil Police (5%). The main denouncers are relatives as uncles, brothers-in-law, siblings and cousins (67.2%), followed by the mother (8.1%), school principal (7.0%), father (5.4%), health professionals (3.2%), neighbors (2.7%), the victim her/himself (2.7%), grandparents (1.6%), anonymous people (1.1%), and others (1.1%).

**CONCLUSION**

The study allowed us to claim that the children and adolescents’ health depends on a comprehensive context, where stands out their protection with regard to the risk situation, since sexual violence favors the emergence of other health problems, compromising their healthy development.

The study achieved a satisfactory result, since we analyzed the profile of sexual violence among children and adolescents and there was a prevalence of female victims (89.3%), and most of them did not complete Elementary School (78.6%), average age of 12.43 years, the highest incidence of cases took place in households with ≥ 5 people (25.0%), and a family income with an average of R$ 637.00 per month. The most prevalent type of violence was sexual abuse (67.9%), the most common perpetrator was a person close to the family (35.7%), and 100% of notifications were made by the Guardianship Council.

Notification is an instrument for the public policy, as it helps measuring sexual violence, determining the need for investments in centers for surveillance and assistance and it also allows knowing the dynamics of the violence concerned. However, it is a fact that the awareness of its importance and proper training to diagnose situations of violence are necessary conditions so that the health professional is able to detect and notify, within her/his professional duty and role, to act in its prevention, to diagnose the risk and raise early suspicion, for, in a situation of already installed violence, obtain the diagnosis and notify in a timely manner, to ensure the physical and emotional integrity of the victim under her/his care.

It is necessary that family is worked on in order to create a space for embracement and
reflection to think of the problem and look for more creative solutions to solve it, thus, it is of paramount importance the multidisciplinary work involving connected health care actions, such as those observed in institutions as CREAS, and provide protection to children and adolescents undergoing situations of sexual violence, and there is a need for a legal and material apparatus to the family.

This study may positively contribute to nursing and society, taking into account that it is a not much discussed subject, where we can observe the great importance of the nurse, because she/he is the professional who works more directly with the community, which, through childcare and adolescent care, can have an increased attention and look for more knowledge regarding the subject matter.

REFERENCES


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