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ORIGINAL ARTICLE

# Sexual violence against children and adolescents during the COVID-19 pandemic: data from 2020 at a reference service in the State of Pará

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**Headings:**
Child Abuse, Sexual, Adolescent, COVID-19, Social Isolation.

## Abstract

**Objectives:** To analyze epidemiological data of children and adolescents who suffered sexual violence in 2020, during the COVID-19 pandemic, to characterize the victims and, thus, to know the magnitude of the injury, to support the planning of care, treatments and monitoring of these and their families, promoting enhancement, improvements and planning for the future and, consequently, enabling benefits for the service itself, for professionals included in it and, mainly, for those who use them. **Methods:** This is a cross-sectional, analytical and descriptive epidemiological study, with data collected from the care records of victims referred to the reference service or who attended by spontaneous demand, including children and adolescents aged 0 to 18 years. **Results:** The study sample consisted of 712 children and adolescents. We found a higher rate of sexual violence against females (86%) aged between 12 and 14 years; the psychology service was the most active; the State capital held the largest number of registrations (54.8%); as for agents of sexual violence, the male aggressor totaled 97.8%, being 91.5% family acquaintances and, 72.8% belonging to the family nucleus, the main aggressors were boyfriends/partners (intra-family) and neighbors (extra-familial); the rape of the vulnerable affected 55.9% of the victims. **Conclusion:** The social isolation established during the epidemic provided a more favorable condition for the occurrence of acts of violence within the home. During the pandemic, there was a reduction in reports of violence against children and adolescents, however, not necessarily a decrease in cases of violence.

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## INTRODUCTION

The impact of the COVID-19 pandemic ( *Coronavirus disease* 2019) on the child and youth population, had more effects due to the worsening of the global socioeconomic crisis than due to direct morbidity. The social distancing measures adopted throughout 2020, to prevent further spread of the virus, led to the closure of schools, affecting more than 1.5 billion children and adolescents worldwide[1].

The United Nations Children's Fund (UNICEF) carried out a study that found that 104 out of 136 countries interrupted the provision of child protection services against violence during the pandemic, with 83% located in Latin America[1,2].

Violence is a multicausal process, influenced by historical, cultural, biological/individual, social and economic factors, and has always been present in the world[3].

According to the Booklet on Sexual Abuse against Children and Adolescents, prepared by the Ministry of Women, Family and Human Rights ( MMFDH), sexual abuse is described as a form of violence with or without physical contact, with or without the use of force, between a an older adult or adolescent and a child or adolescent, which takes place within the domestic environment or outside it, without the connotation of buying sex, and the aggressor may be a person known or unknown to the victim. The aggressor-victim binomial consists of an adult- centric relationship , prevailing the relationship of inequality of power; the aggressor dominates the child and/or adolescent, appropriating and nullifying their wishes, treating them not as subjects of rights, but as objects that provide sexual pleasure and relief[4].

Sexual violence against children and adolescents often occurs in the family environment, being part of the intrafamily modality, in which the aggressor is linked to the victim by ties of consanguinity, legality or affinity, for example, parents, adoption, stepfather, among others. The other modality is extra-familial, in which the aggressor is a person known (or unknown) to the victim and who seeks to obtain psycho-emotional advantage from this relationship, such as neighbors, friends, unknown people, professionals known to the victims (teachers, doctors, etc.) , religious leaders, etc.[4].

The establishment of social isolation, in order to prevent the spread of infection by the SARS-CoV-2 virus (responsible for COVID-19), provided a more favorable condition for the occurrence of acts of violence within the home, whether violence against woman or against children and adolescents[5].

In several countries, including Brazil, during the period of social distancing, there was an increase in the number of cases of violence against women and children and adolescents, especially in low-income families. In addition, institutions where the various forms of violence are often identified and reported, such as schools, day care centers, churches and basic health units, were closed, contributing to the maintenance of the situation of violence[6,7].

Therefore, there was a need to carry out an epidemiological study on sexual violence in children and adolescents, so that the victims can be characterized and, thus, favor the identification of cases and know the magnitude of the disease, to support the planning of care. , treatments and follow-ups of these and their families. We should also note that characterizing the people served is also to understand the services they undergo, which is of paramount importance to foster improvements, improvements and planning for the future and, consequently, provide benefits for the service itself, for the professionals inserted in it and , especially to those who use them.

## METHOD

A cross-sectional, analytical and descriptive study, with data collected from the attendance records of victims referred to the service or who attended spontaneously. All cases of sexual abuse or suspected sexual abuse against children and adolescents, from 0 to 18 years old, in the period from January to December 2020, of a reference service of integral, interdisciplinary and quality care for children and adolescents in Belém, were analyzed. For.

The place where the research was carried out promotes guidance to families, integrating specialized services (medical and psychosocial) with the technical expertise of the Renato Chaves Expertise Center and investigative procedures by the Civil Police, via the Child and Adolescent Care Division (DATA). The service is composed of a team of doctors, experts, psychologists, social workers, nurses.

The variables described were: gender and age of victims, number of cases per municipality in Pará and neighborhoods in the capital, Belém, categorization of agents of aggression, assistance provided to victims and typology of sexual violence. Data were analyzed using the Excel program.

The project of this study was approved by the Research Ethics Committee of Fundação Santa Casa de Misericórdia do Pará, under protocol 4,522,260 and Certificate of Presentation of Ethical Appreciation (CAAE) 40186920.2.0000.5171. The principles of ethics in research with human beings present in the resolutions of the National Health Council were respected.

## RESULTS

In the period from January to December 2020, 768 people aged 0 to 59 years were assisted in the service; those over 18 years of age and cases not configured as sexual abuse

were excluded from the study, thus, the final sample consisted of data from 712 children and adolescents.

In the distribution by gender, most victims were female, with 611 victims (85.8%), there was a prevalence of the age group between 12 and 14 years (45.7%). In the male gender, there were 101 victims (14.2%), and the age group with the highest number of cases was 3 to 5 years (29.7%) (Table 1).

Regarding the care provided to victims in the service, which covers reception with a pediatrician, gynecologist, social worker, psychologist, nursing procedures and expertise, psychology was the most active (26.7%), followed by nursing procedures (17). .2%) and assistance with social services (15.9%) (Table 2).

The State of Pará has 144 municipalities, among which there are 62 cases registered in the service, with the capital having the largest number of cases, with more than half of the records (54.8%). The metropolitan mesoregion of Belém, which is composed of 11 municipalities, added up to a percentage of 65.5%. The Northeast region, which is closest to the capital, reached a percentage of 23.8%, the Marajó region had 10.9% of registered cases, the other regions of the state reached rates below 1%.

In the capital, among the neighborhoods, the one with the largest population in the capital, located in the periphery, was also the one with the most victims, with 11.7% of the records.

As for the agents of sexual violence, they were stratified according to gender, whether they were known to the victims or not, and whether they belonged to the family or extra-family nucleus. The male aggressor totaled 97.8% (n=713), among these, 91.5% were known to the family, and 72.8% belonged to the family nucleus. Within the family nucleus, it was observed that 21.4% were boyfriends/partners, 17.7% were stepfathers, 11.5% uncles, 11.3% the father and 10.2% cousins. In the extra-family nucleus, the neighbor stood out as the main aggressor, with 31.9% of the total. The female gender covered 2.2% of the aggressors (n=16), 93.7% of whom were known, 62.5% of whom belonged to the family nucleus (Table 3).

**Table 1.** Distribution by gender and age of victims.

| age in years / Genre | Feminine | Male |
|---|---|---|
| | n (%) | n (%) |
| no | 611 (100) | 101 (100) |
| 0 to 2 | 24 (3.9) | 3 (3) |
| 3 to 5 | 64 (10.5) | 30 (29.7) |
| 6 to 8 | 65 (10.6) | 23 (22.8) |
| 9 to 11 | 95 (15.5) | 21 (20.8) |
| 12 to 14 | 279 (45.7) | 14 (13.9) |
| 15 to 18 | 84 (13.7) | 10 (9.9) |

**Table 2.** Specialized care provided to victims in the service.

| Specialty s | number of attendances |
|---|---|
| | n (%) |
| no | 8217 (100) |
| Gynecology | 1149 (14) |
| Pediatrics | 1196 (14.6) |
| Social service | 1308 (15.9) |
| Psychology | 2197 (26.7) |
| Expertise | 954 (11.6) |
| nursing procedure | 1413 (17.2) |

The typology of violence was stratified into virtual sexual abuse, sexual harassment, libidinous acts, rape of the vulnerable, exhibitionism, sexual exploitation, sexual harassment and suspected sexual abuse, as described in the victim's care form. Of the total, rape of a vulnerable person covered 55.2% of the victims, followed by suspected sexual abuse, with 32.6% of the cases. Among the female gender, rape of vulnerable was 57.8%, followed by 30% of suspected sexual abuse. Among males, the most frequent typology was suspected abuse (48.5%), followed by 39.6% of rape of a vulnerable person (Table 4).

## DISCUSSION

Sexual violence against children and adolescents is a complex issue, which requires assistance from professionals from different areas of activity, and communication between these various specialists is extremely important so that each case is treated in a peculiar way, avoiding contradictions between the multiple procedures involved in the care flow[8].

For Araújo (2021)[9], sexual violence is characterized as a global health problem, affecting people of all sexes and ages, being present at all levels of society. When it comes to sexual violence against children, it is a public health problem, with a high epidemiological incidence; involves social, psychological and legal aspects.

In the context of the COVID-19 pandemic, there was a need to implement social isolation as the main measure to contain the virus, with the consequent removal of children from their schools and other spaces of extra-family coexistence, causing an increase in sexual violence against children and adolescents, due to home confinement, proving to be a moment of crisis for the rights of children and adolescents[9]. Data from the United Nations (UN)[10] indicate that children in isolation are 1.5 times more likely to be victims of violence, and four to 10 times more likely to experience abuse.

According to an alert note issued by the Brazilian Society of Pediatrics (SBP, 2020)[11], there is underreporting

**Table 3.** Characterization of the aggressor according to his gender.

| Variables | Feminine | Male |
|---|---|---|
| | n (%) | n (%) |
| no | 16 (100) | 713 (100) |
| Known | | |
| Yea | 15 (93.7) | 652 (91.5) |
| No | 1 (6.2) | 61 (8.5) |
| Intrafamilial | 10 (62.5) | 519 (72.8) |
| extra-family | 6 (37.5) | 194 (27.2) |

of violence that occurs in childhood and adolescence, the reasons that lead to this being the dependence that victims have on their abusers in most cases, in addition to the child not knowing how to identify what violence is, due to their immaturity, the distorted view of sexuality that the abuser imposes, other factors are the difficulty in diagnosing abuse, in making a complaint, and fear. And even then, the registration numbers are staggering.

The WHO (2016)[12], states that girls are particularly vulnerable to sexual violence, it is estimated that the lifetime prevalence of childhood sexual abuse is 18% for girls, against 8% for boys. The literature points to a higher frequency of sexual abuse among females, corroborating the results found in this study, with 86% of the sample consisting of girls[9,13-16].

When age and sex are associated, the tendency is that boys are abused at earlier ages, while girls are abused at later ages[15,17,18]. The same profile was observed in this research.

According to UNICEF (2014)[19], child violence negatively influences children's health, affecting their physical, cognitive, emotional and social development in different ways. The impact of this violence can extend to adulthood, turning these victims into adults with behavioral changes, developing transgressors. These consequences vary according to the type of violence that these children are exposed to, its intensity and the frequency that it occurs[3,19].

From these data, it is possible to observe the great importance that the psychology professional has in the care of victims, so much so that in the present study, the largest number of consultations occurred precisely with this specialist, covering 26.7% of all consultations performed.

The capital was the municipality with the highest number of cases, with 54.8%. This number is due to the fact that the capital is the most populous, having support networks for victims, such as the service where this study was carried out. The service received victims from different regions of the state, mainly from the northeast region, which is closer to the capital. The result was similar to that found in the work by Platt (2018)[15], in which the capital was also the one with the most cases.

In the capital, the neighborhood that had the most victims was the one with the largest population, also located on the periphery, where there are families in situations of greater socioeconomic vulnerability. Studies carried out by Azevedo and Guerra (2011)[20] and Pinto Júnior et al (2015; 2012)[21,22] correlated low socioeconomic conditions with the possible practice of violence against children and adolescents. However, the same authors also state that care should be taken in interpreting such data, as children in families with higher purchasing power may also suffer abuse, however, in this type of family, violence is usually more veiled, making it more difficult to identification[20-22].

Regarding the perpetrator of the violence, studies indicate that the main perpetrator is known to the victims and their families, being part of the family (intrafamily violence) and with most of them being mostly male[13,15,16,21,23-25]. Corroborating the results found in this study, in which most of the violence is within the family and the abuser is male.

The female authors in this study covered 2.2% of the aggressors. This result is similar to other studies in which the female sex is not very prevalent, as in the study developed by Platt (2018)[15], in which the abusers reached a rate of 4.7%, whereas Maier (2013)[25] found a rate of 4 .5% and Martins and Melo (2010)[26], was 2.1%.

**Table 4.** Typology of cases of sexual violence, according to the gender of the victims.

| Types of violence applied by the aggressor / Gender of the victim | Feminine | Male | Total |
|---|---|---|---|
| | n (%) | n (%) | n (%) |
| no | 611 (100) | 101 (n) | 712 (100) |
| virtual sexual abuse | 18 (2.9) | 4 (4) | 22 (3.1) |
| Sexual harassment | 15 (2.5) | 3 (3) | 18 (2.5) |
| lewd acts | 25 (4.1) | 4 (4) | 29 (4.1) |
| rape of vulnerable | 353 (57.8) | 40 (39.6) | 405 (55.2) |
| Exhibitionism | 0 (0) | 0 (0) | 0 (0) |
| sexual exploitation | 6 (1) | 0 (0) | 6 (0.8) |
| sexual harassment | 11 (1.8) | 1 (1) | 12 (1.7) |
| suspected sexual abuse | 183 (30) | 49 (48.5) | 232 (32.6) |

Unlike other studies that point to the father as the main perpetrator of violence[9,15,17,27], this study found boyfriends/partners as the main perpetrator of aggression; It should be noted that the place where the data collection was carried out is attached to a maternity hospital, and most of these victims were treated at the unit when the pregnancy was discovered or after delivery, a fact that probably influenced this result, thus raising the need to implement programs to prevent teenage pregnancy, another extremely important topic that must be constantly addressed.

In situations that occur outside the family, friends of the family, service professionals frequented by children and neighbors are also seen as aggressors[9]. In this study, the neighbor stood out as the main aggressor, with 31.9% of the total.

As for the type of violence suffered by children and adolescents, rape covered 55.9% of victims, followed by suspected sexual abuse, with 32% of cases. A similar result was found in studies carried out by Santos et al (2018) [28] and Oliveira et al (2014)[29].

During the pandemic, there was a reduction in reports of violence against children and adolescents, however, not necessarily a decrease in cases of violence. Due to the fact that the abuse predominantly occurs in the family nucleus and the victim lives with his aggressor, the identification of violence is more difficult, which was aggravated by the decrease in social contact resulting from the COVID-19 pandemic. Social isolation, although necessary, also ended up being a worrying factor with regard to the safety of children and adolescents victims of sexual violence[2,9,11,30].

In this context of a pandemic, the place where this research was carried out was of paramount importance for the victims and their families, as it was always open to welcome and guide the procedures and necessary care on a case-by-case basis; this place is an integral service to reduce the damage caused by sexual violence to children, adolescents and their families.

## CONCLUSION

Estimating the prevalence of sexual violence against children and adolescents with up-to-date data is of paramount importance to determine the extent of the problem and plan interventions, with the aim of reducing the number of victims. Therefore, the organization of the notification of this grievance is essential for a comprehensive care for people in situations of violence, as well as the dissemination of the theme, with encouragement of sex education in schools and the dissemination of the means by which complaints can be made, by example, which would certainly contribute in a positive way.

This is a topic of extreme importance in the social area, which can have repercussions in different ways and magnitudes in the future lives of those involved, especially children and adolescents, thus, it is essential to develop actions that can control this serious Brazilian Public Health problem.

Understanding the characteristics associated with sexual violence will allow vulnerable groups of children and adolescents to be identified and protected earlier, providing a more effective multidisciplinary intervention with these potential victims of sexual violence.

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