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Epidemiology of child and youth sexual violence in the city of São Paulo

ABSTRACT Objective: To describe the epidemiological profile of sexual violence in children and adolescents living in the city of São Paulo. Methods: This is a descriptive study. Secondary data from the Notifiable Diseases Information System from January 2015 to December 2017 were used. Results: 2,884 cases of sexual violence involving children and adolescents were reported for the period. There was an evolution in the number of reported cases between the years (2015–401; 2016–1049 and 2017 - 1434). The age group with the highest risk estimate for sexual violence was 5 to 9 years. The prevalence of cases occurred in females (81.1%) and blacks (47.2%). Regarding the aggressors, friends / acquaintances (20.9%) and parents (16.8%) prevailed. Conclusion: The temporal and evolutionary aggravation of sexual violence to the health of children and adolescents was evidenced and inequalities were observed in the life cycle, gender and race.

RESUMEN | Objetivo: Describir el perfil epidemiológico de la violencia sexual en niños y adolescentes residentes en la ciudad de São Paulo. Métodos: Se trata de un estudio descriptivo. Se utilizaron datos secundarios del Sistema de Información de Enfermedades Notificables de enero de 2015 a diciembre de 2017. Resultados: En el período se reportaron 2.884 casos de violencia sexual en niños y adolescentes. Hubo una evolución en el número de casos notificados entre los años (2015–401; 2016–1049 y 2017–1434). El grupo de edad con el mayor riesgo estimado de violencia sexual fue de 5 a 9 años. La prevalencia de casos ocurrió en mujeres (81,1%) y negros (47,2%). En cuanto a los agresores, predominaron los amigos / conocidos (20,9%) y los padres (16,8%). Conclusión: se evidenció el agravamiento temporal y evolutivo de la violencia sexual a la salud de niños y adolescentes y se observaron desigualdades en el ciclo de vida, género y raza.

Palabras claves: Notificación de enfermedades; Violencia; Niño; Adolescente; Delitos Sexuales.

Keywords: Disease Notification; Violence; Child; Adolescent; Sex Offenses.

RESUMO | Objetivo: Descrever o perfil epidemiológico da violência sexual em crianças e adolescentes residentes do município de São Paulo. Métodos: Trata-se de um estudo descritivo. Foram utilizados dados secundários, oriundos do Sistema de Informação de Agravos de Notificação no período de janeiro de 2015 a dezembro de 2017. Resultados: Para o período foram notificados 2.884 casos de violência sexual envolvendo crianças e adolescentes. Houve evolução do número de casos notificados entre os anos (2015–401; 2016–1049 e 2017 - 1434). A faixa etária com a maior estimativa de risco para violência sexual foi de 5 a 9 anos. A prevalência dos casos ocorreu no sexo feminino (81,1%) e na raça negra (47,2%). Em relação aos agressores prevaleceu os amigos/conhecidos (20,9%) e os pais (16,8%). Conclusão: Evidenciou-se o agravo temporal e evolutivo da violência sexual à saúde de crianças e adolescentes e observou-se desigualdades no ciclo de vida, gênero e raça. **Palavras-chaves:** Notificação de Doencas: Violência: Crianca: Adolescente: Abuso Sexual.

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INTRODUCTION

iolence is a complex and multi-causal public health problem. When it happens against children and adolescents, it presents significant particularities, contributing to the fragmentation of developmental stages, which can cause a marked repercussion in adult life. (1)

The World Health Organization (WHO) defines violence as all forms of

emotional, physical abuse, sexual abuse, neglect, or other forms of exploitation, with the potential to result in potential or actual harm to children's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. (2)

Among the various types of violence, sexual violence stands out, due to its complexity, given that they have medical, legal and psychosocial implications. In the period from 2011 to 2017 alone, 184.524 cases of sexual violence were reported in Brazil, of which 58.037 against children and 83,068 against adolescents, concentrating 76,5% of cases in the life span of childhood and adolescence. (3)

Sexual violence is defined by the WHO as "any sexual act, attempt to consummate a sexual act or unwanted sexu-

al innuendo; or actions to commercialize or otherwise use a person's sexuality through coercion by another person, regardless of the person's relationship with the victim, in any context, including the home and workplace". (2)

Thus, sexual violence includes: systematic rape during armed conflicts; in loving relationships, or by strangers, sexual harassment, including demanding sex in return for favors, sexual abuse of people with physical, mental disabilities, children, forced marriage or cohabitation, denial of the right to use contraception, forced abortion, violent acts against the sexual integrity of women, including female genital mutilation and mandatory inspections to prove virginity, forced prostitution and trafficking in persons for the purpose of sexual exploitation. (2)

The creation of the Child and Adolescent Statute (ECA) instituted by Law 8.069 on July 13, 1990, made it mandatory to notify any suspected cases of abuse to children and adolescents in any public health facility and/or private. Suspected or confirmed cases of violence must be reported to the Guardian Council of the locality. (4)

Any and all health professionals must perform the notification of the condition through the Information System for Notifiable Diseases (Sinan), through the Individual Violence Notification Form used in the national territory that is standardized by the Ministry of Health, and, for example, in turn, it includes data about the identification of the service (date, notifying unit, professional), identification of the child or adolescent, characterization of the mistreatment, data of the service, conduct and monitoring. (5)

In epidemiology, knowledge about the cases allows to measure the magnitude of the problem and makes it possible to define effective measures, according to the profile of the affected population. Before the above, it was asked: What is the epidemiological profile of sexual violence in children and adolescents living in the city of São Paulo between the years 2015 and 2017? In this sense, the present study sought to describe the epidemiological profile of sexual violence against children and adolescents in the city of São Paulo/SP from 2015 to 2017.



The Ministry of Health follows the WHO prescription as a definition of children and adolescents, which characterizes individuals from 0 to 9 years old as children and 10 to 19 years old as adolescents.



METHODS

This is a descriptive study based on notifications about sexual violence in children and adolescents, available at Sinan (Information System for Notifiable Diseases) in residents of the city of São Paulo from January 2015 to December 2017. The temporal delimitation studied was the most recent data available in Sinan until the year 2017, in addition, the three years are already relevant and significant to answer the objective of the study. The study area was concentrated in the capital of the State of São Paulo, whose average population

in the three years of the study showed that among the 11,638,896 inhabitants there were about 3.101.775 children (0-9 years) and adolescents (10-19 years), which corresponded to 26,7% of the total inhabitants, according to the São Paulo State System of Data Analysis Foundation (Seade). (6)

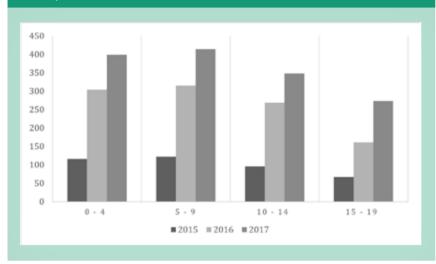
To profile the cases reported in residents of the municipality of São Paulo, the following variables were studied: age (0-19 years), race/skin color (white, black, yellow, brown, indigenous), sex (female and male) possible perpetrator of the aggression (mother, father, stepfather, spouse, ex-spouse, boyfriend, ex-boyfriend, sibling, son/daughter, friends/acquaintances, stranger, caregiver, boss, person with institutional relationship, law enforcement officer, own person and other ties), type of sexual violence (sexual harassment, rape, child pornography, sexual exploitation) and place of occurrence (residence, collective housing, school, sports venue, bar or similar, public road, commerce/services, industries/construction).

The Ministry of Health follows the WHO prescription as a definition of children and adolescents, which characterizes individuals from 0 to 9 years old as children and 10 to 19 years old as adolescents. (7)

According to the Racial Equality Statute, the term black race refers to the group of people who call themselves black and brown. (8) Based on these recommendations, this study used the classification of mixed race and blacks to classify the black race variable.

To estimate the magnitude of the notifications over the selected years, the incidence rate of sexual violence against children and adolescents in each year was calculated by the population from 0 to 4/5 to 9 years (children) and from 10 to 14/15 aged 19 (adolescents), estimated through the Seade Foundation in the respective years of analysis. The incidence rate per 100.000 children/adolescents was calculated from the ratio

Graph 1- Distribution of notified cases of sexual violence, according to age group. São Paulo-SP, 2015-2017.



Source: Sinan

Table 1 - Distribution of notified cases of sexual violence in children and adolescents living in the city of São Paulo, according to the year of notification. São Paulo-SP, 2015-2017

Variáveis	Total n (%)	2015 n (%)	2016 n (%)	2017 n (%)
Sexo				
Masculino	544 (18,9)	88 (21,9)	192 (18,3)	264 (18,4)
Feminino	2340 (81,1)	313 (78,1)	857 (81,7)	1170 (81,6)
Cor/raça				
Branca	1148 (39,8)	159 (39,7)	402 (38,3)	587 (40,9)
Preta	268 (9,3)	40 (10,0)	102 (9,7)	126 (8,8)
Amarela	16 (0,6)	1 (0,2)	6 (0,6)	9 (0,6)
Parda	1092 (37,9)	142 (35,4)	421 (40,1)	529 (36,9)
Indígena	50 (1,7)	8 (2,0)	20 (1,9)	22 (1,5)
Ign/branco	310 (10,7)	51 (12,7)	98 (9,3)	161 (11,2)
Faixa etária				
0-4	819 (28,4)	116 (28,9)	304 (29,9)	399 (27,8)
5-9	851 (29,5)	122 (30,4)	315 (30,0)	414 (28,9)
10-14	713 (24,7)	96 (23,9)	269 (25,6)	348 (24,3)
15-19	501 (17,4)	67 (16,7)	161 (15,3)	273 (19,0)
Local de ocorrência				
Residência	1773 (61,5)	236 (58,9)	643 (61,3)	894 (62,3)
Habitação comunitária	35 (1,2)	2 (0,5)	8 (0,8)	25 (1,7)
Escola	136 (4,7)	20 (5,0)	53 (5,1)	63 (4,4)
Local de prática esportiva	11 (0,4)	4 (1,0)	4 (0,4)	3 (0,2)
Bar ou similar	24 (0,8)	2 (0,5)	13 (1,2)	9 (0,6)
Via pública	222 (7,7)	38 (9,5)	80 (7,6)	104 (7,3)

between the number of reported cases (numerator) and the resident population (denominator).

In addition to the incidence rates. the distribution of absolute and relative frequencies of the variables proposed in this study was analyzed for each year of the established period. The data were analyzed using Excel 2016 software.

The research did not need to be approved by the Research Ethics Committee, given that the secondary data on sexual violence obtained for analysis in this study are in the public domain and did not present identification of the individuals, thus following the principles established by Resolution No. 466, of December 12, 2012, which provides for regulatory guidelines and standards for research involving human beings.

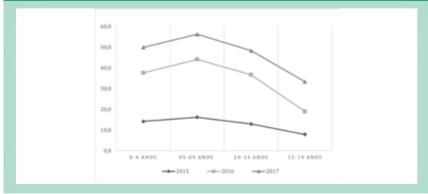
RESULTS

During the period from 2015 to 2017, 2.884 cases of sexual violence involving children and adolescents living in the city of São Paulo were reported, with 1.670 (57,9%) children and 1.214 (42,1%) adolescents. Of the cases studied, the largest proportion occurred in 2017 (49,7%). An increasing trend was observed in the frequency of registrations, with an increase between 2015 and 2016 of approximately 161,6%. In 2017, the percentage of growth in the total number of notifications, compared to 2015, was approximately 288,5%, corresponding to an increase from 401 to 1.434 records (Graph 1).

The results showed that, for all years of the study, the highest prevalence occurred in female victims (2015: 78,1%; 2016: 81,7% and 2017: 81,6%), of black color/race (2015: 45,4%; 2016: 49,8% and 2017: 45,7%), aged 5 to 9 years (2015: 30,4%; 2016: 30,0% and 2017: 28,9%), being the location of the occurrences in the residence itself (2015: 58,9%; 2016: 61,3% and 2017: 62,3%) and typically for rape (2015: 53,2%; 2016: 46,4% and 2017: 48,3%). In re-

Comércio/Serviços	13 (0,5)	2 (0,5)	3 (0,3)	8 (0,6)
Indústrias/Construção	2 (0,1)	0 (0,0)	1 (0,1)	1 (0,1)
Outros	282 (9,8)	38 (9,5)	108 (10,3)	136 (9,5)
Ign/branco	386 (13,4)	59 (14,7)	136 (13,0)	191 (13,3)
Tipo de violência sexual				
Assédio	1081 (36,9)	137 (12,7)	418 (38,6)	526 (36,5)
Estupro	1413 (48,3)	216 (53,2)	502 (46,4)	695 (48,3)
Pornografia infantil	90 (3,1)	9 (2,2)	34 (3,1)	47 (3,3)
Exploração sexual	102 (3,5)	15 (3,7)	45 (4,2)	42 (2,9)
Outras violências	242 (8,3)	29 (7,1)	83 (7,7)	130 (9,0)
Possível agressor				
Mãe	417 (10,7)	38 (8,5)	176 (11,3)	203 (10,7)
Pai	656 (16,8)	60 (13,5)	241 (15,4)	355 (18,8)
Padrasto	336 (8,6)	40 (9,0)	143 (9,1)	153 (8,1)
Conjuge	91 (2,3)	2 (0,4)	46 (2,9)	43 (2,3)
Ex-conjuge	71 (1,8)	5 (1,1)	30 (1,9)	36 (1,9)
Namorado(a)	24 (0,6)	1 (0,2)	11 (0,7)	12 (0,6)
Ex-namorado(a)	35 (0,9)	2 (0,4)	13 (0,8)	20 (1,1)
Irmão(a)	224 (5,7)	16 (3,6)	105 (6,7)	103 (5,4)
Filho(a)	85 (2,2)	5 (1,1)	42 (2,7)	38 (2,0)
Amigos/conhecidos	813 (20,9)	110 (24,7)	363 (23,2)	340 (18,0)
Desconhecido(a)	472 (12,1)	71 (16,0)	184 (11,8)	217 (11,5)
Cuidador(a)	40 (1,0)	5 (1,1)	13 (0,8)	22 (1,2)
Patrão/chefe	11 (0,3)	1 (0,2)	5 (0,3)	5 (0,3)
Pessoa c/ relação institucional	60 (1,5)	4 (0,9)	31 (2,0)	25 (1,3)
Policial Ag.Lei	7 (0,2)	1 (0,2)	2 (0,1)	4 (0,2)
Própria pessoa	44 (1,1)	0 (0,0)	13 (0,8)	31 (1,6)
Outros vínculos	513 (13,2)	84 (18,9)	145 (9,3)	284 (15,0)
Source: Sinan.				

Graph 2- Incidence rate of sexual violence in children and adolescents (per 100.000 children and adolescents), according to age group. São Paulo-SP, 2015-2017.



Source: Sinan.

lation to the possible aggressor, friends and/or acquaintances of the family had the highest proportion in two years (2015: 24,7%; 2016: 23,2%), and the father himself in the year 2017 (18,8%) (Table 1).

The highest incidence rates of reported cases of sexual violence in children and adolescents (0 to 19 years old), living in the city of São Paulo, were registered in the age group of 5 to 9 years, regardless of the study period (2015) - 16,2; 2016 - 44,1 and 2017 - 56,2 in every year, for every 100.000 children (Graph 2).

DISCUSSION

The present study showed an increase in the number of reported cases of sexual violence against children and adolescents living in the city of São Paulo, in the period from 2015 to 2017, despite the already recognized underreporting. The increase in the number of violence records seems to express greater effectiveness of Ordinance No. 104/2011, which has made violence a problem of compulsory notification throughout the country, in which the health team needs to complete the notification form for all the suspected or confirmed case. (9)

Another factor that may have contributed to the increase in the number of cases over the years may be related to the commitment assumed by health professionals regarding the rights of children and adolescents, this may mean that the increase in the number of notifications is not necessarily linked to the high number of cases, but to more effective reporting. (10)

In this study, there was a predominance of females for cases of sexual violence. These data have already been pointed out by several authors, whose studies were carried out in the states of Paraná (PR), Goiás (GO) and in the municipalities of Manaus (AM), Guanambi (BA) and Teresina (PI). (11-15) Such evidence reinforces the historical inequality between men and women, which has existed since the beginning of society, where women have been and are still seen as an image of submission, "the weaker sex". A culturally based idea that attributed negative values that served to justify unequal treatment, from early childhood to adulthood, thus exposing the vulnerability and predisposition of the girl and, consequently, of the woman to violence. (11,16)

The black race was the one with the greatest casuistry. According to a study in the state of Goiás, there was also a predominance of sexual violence among black children and adolescents. (12) Violence follows an ethnic/racial pattern, where blacks stand out, considering that, culturally, they occupy divergent places in society for centuries, when compared to whites. There is a clear disproportion that leads the black race to innumerable social inequities that are clearly expressed by social inequality, leading to conditions of vulnerability, particularly to violence. (11)

Regarding the age group, there is a similarity with the study carried out in the state of Paraná, where victims aged between 5 and 9 years appear, predominantly, in all years of study. (11) According to surveys in the municipalities of Manaus (13) and Guanambi (14) there is divergence when compared to this study. In relation to Guanambi, a higher frequency of sexual violence was observed in the age group 10 and 19 years, while in Manaus, the most abused children were aged between 1 and 5 years and adolescents between 10 and 14 years old.

With regard to the place of occurrence, surveys carried out in Goiás, and Brejo Santo, Ceará, pointed out the presence of domestic violence as the majority in registered cases of sexual violence, which corroborates the results of this study. These data demonstrate that at home children are more exposed to violence, characterizing an event in the family context and difficult to identify. (12,17)

Rape was the most frequent type of sexual violence observed in this study.



With regard to the place of occurrence, surveys carried out in Goiás, and Brejo Santo, Ceará, pointed out the presence of domestic violence as the majority in registered cases of sexual violence, which corroborates the results of this study.

This data is similar to the studies carried out in Paraná and Sergipe. (11,18) Rape is the clearest form of sexual violence, and for this reason, it can trigger more reports, which may not occur with other types of violence. (19)

As for the characteristics of the aggressor and kinship with the victim, the most prevalent aggressors in this study were friends / acquaintances, which is similar to the Paraná study. (11) The data from the Paraná study showed that friends/acquaintances represented around 18.3% and those from other relationships 31,1%, the two being the majority. With regard to the municipality of Manaus (13), there is a similarity where father/mother/stepfather/stepmother also dominate as the biggest aggressors making up 49,2% of the cases.

The findings of this study showed that in most cases, the main suspects are members of the family, or, friends, that is, people who live together every day, or, with considerable frequency with the victims, in this way the family environment changes from a safe home and environment to a place of insecurity and helplessness. (11,20,21)

A study carried out in Recife/Pernambuco found an incidence of 3,67/10.000 of sexual violence. The findings showed an incidence of 8,16/10.000 in 2012 and 7,99/10.000 in 2013, in the 10-14 year age group. (21) In this study, the incidence of (2015 - 16,2; 2016 - 44,1 and 2017 -56,2) prevailed in every year, for every 100.000 children. The expressive increase in the incidences of sexual violence, show promising changes, regarding the process of sensitization of the professional who notifies, and the participation of the instances, at the same time reveals the need for specific programs and policies aimed at their reduction and prevention, as well as studies that deepen the understanding of this condition. (22)

CONCLUSION



It is concluded that the epidemio-

logical profile of the reported cases of sexual violence in children and adolescents, living in the city of São Paulo, is a multi-causal and complex phenomenon, which is inserted in a hierarchical relationship of power (usually established by parents), especially against children, due to their vulnerability and dependence, which make them inferior and predisposed to suffer such an injury. In this sense, this study carries out an important social complaint in order to enable public policy interventions in order to intervene in the social determinants of the health-disease process of children and adolescents in the face of this public health problem.

Finally, this work had limitations due to the use of secondary data that may be inconsistent in terms of the quantity, quality and processing of data with regard to the number of notifications of the possible aggressor and type of sexual violence, taking into account that it is totally possible when, at the time of the aggression, the child and/or adolescent were raped by one, two or more aggressors and also suffered more than one type of sexual violence.

AUTHORS 'CONTRIBUTION

Oliveira YS, Silva DR, Pombo APM and Moura RF contributed to the conception and planning of the article, analysis and interpretation of data and writing of the manuscript. All authors approved the final version and are responsible for all aspects of the work, including ensuring its accuracy and integrity.

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