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Factors associated with notification of childhood violence in Brazil

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Abstract *The aim is to describe the characteristics of violence committed against children and analyze the associated factors. Cross-sectional study, with data from SINAN from 2022. Correspondence analysis was carried out to identify variables associated with violence against children aged 0 and 9. 38,899 cases of violence were reported, the most frequent being against girls aged 0 to 1 year (30.1%), 2 to 5 years (39.4%) and 6 to 9 years (30.5%). Violence occurred mainly in homes (88.3%), the aggressors were: mother (51.7%), father (40%), stepfather (6.2%). Among victims aged 0-1 year, the most frequent occurrence was at home, committed by mother or father, type of violence was negligence. Children aged 2-5 experienced sexual violence, committed by acquaintances, in the residence. Children aged 6-9 years were subjected to physical and psychological violence, committed by their stepfather or acquaintances, with threats and bodily force, use of sharp/blunt objects, the place of occurrence: school and public road. The main victims of violence were female children aged 2-5 years old, the main aggressor was the mother and there were variations in the types of violence according to age groups, including neglect, sexual, physical and psychological violence.*
Key words *Violence, Children, Child abuse, Surveillance, Health information systems*

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Introduction

Violence is a complex event that reflects and influences a society's dynamics and generates great pressure on health, justice, and social services systems. It is a multi-causal event that takes place at the level of social relationships and is found in all regions of the world and in different social groups[1].

It is estimated that more than one billion children suffer some type of sexual abuse each year worldwide, and it mainly affects children and adolescents aged 2-17[2]. In 2020, 58% of children in Latin America and 61% in North America suffered physical, sexual, or emotional abuse[3,4]. In Brazil, data from the Ministry of Health reveal that more than 200,000 cases of sexual violence against children and adolescents were reported between 2015 and 2021, 41.2% of which were children[5]. A study conducted by the United Nations Children's Fund (UNICEF) and the Brazilian Public Security Forum identified 34,918 intentional violent deaths in the 0-19 age group from 2016 to 2020, representing a mean of 7,000 yearly deaths[6].

Violence against children can manifest itself in different ways, whether through neglect, abandonment, mistreatment, physical, psychological, or sexual abuse and can be aggravated by underreporting and the victim's vulnerable situation[2,7]. Although reporting violence against children is included in the national list of compulsory reporting of public health problems in Brazil[8], studies in different regions of the country still show underreporting[9,10], which can be explained by the fact that violence has multiple causes, the lack of training for health professionals on reporting violence, the lack of establishment of comprehensive healthcare network care, and the guarantee of rights for child victims of violence, among other aspects[9]. In general, violence against children is perpetrated by people close to them, such as parents, caregivers, and family members, besides violence perpetrated at school, such as bullying[11], or in the community, by neighbors and strangers[7].

Childhood violence causes trauma that can persist into adulthood and generate physical and mental harm[7,12]. Physical harm includes fractures, lacerations, head trauma, sexually transmitted infections, and unwanted pregnancies from sexual violence, besides several pain disorders. Impacts on mental health include depression, anxiety, post-traumatic stress disorder, substance abuse, and suicidal behaviors[13-16]. Furthermore, exposure to early violence can predispose to diseases such as coronary heart disease and other chronic non-communicable diseases (NCDs)[17]. Violence against children impacts opportunities and affects future generations, families, and communities. Children exposed to violence are at greater risk of dropping out of school, performing worse at work, and are at greater risk of being perpetrators of violence, continuing the violence cycle[7].

Violence is associated with environmental, psychological, social, and biological factors and is influenced by political, economic, and cultural factors[1]. Thus, it is a problem of the society that produced it and can affect, to a greater or lesser extent, the several stages of life and the most varied interpersonal relationships[18]. Violence is also influenced by family factors such as dysfunctional and unstructured families, fragile emotional ties, drug use, mental problems, and a history of exposure to violence in the family[19].

The United Nations recognizes the importance of ending all forms of violence against children. For this reason, it included target 16.2 in the Sustainable Development Goals (SDGs) to "*end abuse, exploitation, trafficking and all forms of violence against and torture of children*"[20]. The WHO emphasizes that eliminating violence against children should be a priority for countries through public policies and case reporting[7].

Violence against children must be continuously monitored, given its severity, the vulnerability of children, and their inability to react and report it. The Notifiable Diseases Information System (SINAN) is a highly relevant system that allows monitoring of these occurrences and enables health teams to take notification measures to protect the victims. While necessary, national studies on the subject are still scarce. Thus, we hope that this study will give visibility to the problem and guide public policies to eliminate all forms of violence against children and advance toward achieving the goals of the 2030 Agenda for protecting children.

In this context, this study aims to describe the characteristics of violence practiced against children and analyze the factors associated with the characteristics of victims and perpetrators.

Methods

This cross-sectional study employed secondary data from SINAN 2022. SINAN aims to record and process data on notifiable diseases throughout the national territory, providing informa-

tion for analysis of the morbidity profile and, thus, contributing to municipal, state, and federal decision-making.

Cases of violence against children are reported on SINAN Net by health professionals or those responsible for health establishments, in public or private services, by completing the Individual Notification Form (FNI). The Municipal Health Secretariats collect the forms and digitize and consolidate the data. From then on, data are forwarded upwards and concentrated in the Ministry of Health, which makes the data publicly available on the DataSUS website. It is worth noting that since notifications are made in health services, such as hospitals and health units, they are restricted to cases that require care from a health professional or that reach public or private health services[21].

For this study, reports of interpersonal violence against children aged 0-9 were selected. The following variables were selected from the FNI: sex (male and female), age group (0-1, 2-5, and 6-9 years); place of occurrence (home, school, and public road); violence type (physical, psychological, and neglect); means of abuse (physical force/beating, sharp object, blunt object, hot object, and threat); likely perpetrator (father, mother, stepfather, and acquaintance), sex of the perpetrator (male, female, and both); alcohol consumption by the likely perpetrator (yes or no). The prevalence of the variables was estimated, and correspondence analysis (CA) was adopted to verify possible associations, which allows for addressing a large number of qualitative variables consisting of a large number of categories[11,22,23].

CA is an exploratory phase of the data. It uses contingency tables, also called cross tables, to verify the dependence between rows and columns, using the chi-square test as a measure of association. In this study, the categories of the age group and sex variables comprise the demographic variable, and the categories of the variables related to notifications comprise the violence variable.

Thus, the table consists of two qualitative variables: demographic and violence. The column contains the demographic characteristics (age group and sex), and the row contains the violence-related characteristics, totaling 23 violence categories and five demographic categories. The technique uses the chi-square independence test as a measure of association to verify the dependence between rows and columns, where H_0 is the independence between the two variables, and H_1 is the dependence between them.

If hypothesis H_0 is rejected, the categories of variables can be reduced into new dimensions. Selecting the number of dimensions depends on the percentage of variation explained by each dimension. CA summarizes the data variability structure regarding dimensions, and the number of its dimensions is smaller than the number of variables. CA is equivalent to factor analysis, but the results are presented graphically, in which the smallest distances between the row and column categories represent the most robust associations. In contrast, the most extensive distances represent dissociations[11,22,23]. The analysis used the Statistical Package for the Social Sciences (SPSS) version 25.0.

This study used data from secondary databases in the public domain, so there was no need for approval by a Research Ethics Committee.

Results

A total of 38,899 cases of violence against children were reported in 2022, of which 21,462 occurred among girls and 17,437 among boys. Reports of violence against children aged 0-1 year occurred in 30.1%, 2-5 years in 39.4%, and 6-9 years in 30.5%. The home was the most frequent place of occurrence (88.3%), followed by public roads (6.9%) and schools (4.7%). The most frequent type of violence was neglect (50.7%), followed by physical (23%) and psychological (14.5%). The means of abuse were physical force/beating (21.1%), threats (7.7%), hot objects (3.4%), blunt objects (2.5%), and sharp objects (1.65%). The perpetrators were the father (40%), mother (51.7%), stepfather (6.2%) and an acquaintance (8.5%). The sex of the likely perpetrator was male (37.4%), female (28.5%), and both (28.5%). The perpetrators reported alcohol use in 10.6% of the reported cases (Table 1).

In the correspondence analysis, two dimensions were sufficient to explain 98.9% of the data variability. The first explained 90.5% and the second 8.4% (p-value < 0.01) (Table 2). The absolute contributions of the variables in dimension 1 that stand out the most are perpetrator with 24.1%, harassment/rape with 16.5%, and sex of the perpetrator with 13.8%. The principal variables for dimension 2 are violence type (51.0%) and means of abuse (16.0%) (Table 3).

From the observation of the proximity of the variables in the correspondence analysis graph, the following associations are observed: in victims aged 0-1 year, the violence occurred at home, was perpetrated by the mother or father,

the most frequent type of violence was neglect, and the means of abuse was a hot object. Among victims aged 2-5 years, the most frequent type of violence was sexual harassment and rape perpetrated by acquaintances. The perpetrators were male and female, and the place of occurrence was the home. Victims aged 6-9 years suffered physical and psychological violence. The perpetrators were the stepfather or an acquaintance. The means of abuse were threats and physical force, with the use of sharp and blunt objects. The event occurred at school and on public roads (Figure 1).

Discussion

According to SINAN data, approximately 40,000 cases of violence against children aged 0-9 years were reported in 2022. The primary victims were girls aged 2-5 years, the most frequent perpetrators were mothers, and the home was the

Table 1. Sociodemographic variables and characteristics of violence against children. SINAN, 2022.

Variables	Female		Male		Total	
	n	%	n	%	n	%
Total	21462	100.0	17437	100.0	38899	100.0
Age						
0-1	6006	28.0	5722	32.8	11728	30.1
2-5	8682	40.5	6631	38.0	15313	39.4
6-9	6774	31.6	5084	29.2	11858	30.5
Place of occurrence						
Home	19191	89.4	15171	87.0	34362	88.3
School	1009	4.7	835	4.8	1844	4.7
Public road	1262	5.9	1431	8.2	2693	6.9
Shops	478	2.2	642	3.6	1120	2.8
Violence type						
Physical	4572	21.3	4361	25.0	8933	23.0
Psychological	3419	15.9	2234	12.8	5653	14.5
Neglect	9114	42.5	10591	60.7	19705	50.7
Sexual (harassment and rape)	8058	36.7	2299	12.7	10357	25.9
Means of abuse:						
Physical force/beating	4686	21.8	3519	20.2	8205	21.1
Blunt object	473	2.2	485	2.8	958	2.5
Sharp object	265	1.2	351	2.0	616	1.6
Hot object	558	2.6	774	4.4	1332	3.4
Threat	1.999	9,3	999	5,7	2.998	7,7
Kinship bond						
Father	7812	36.4	7750	44.4	15562	40.0
Mother	9388	43.7	10728	61.5	20116	51.7
Stepfather	1594	7.4	808	4.6	2402	6.2
Acquaintance	2142	10.0	1183	6.8	3325	37,4
Sex of the likely perpetrator						
Male	9387	43.7	5147	29.5	14534	37.4
Female	5571	26.0	5519	31.7	11090	28.5
Both	5130	23.9	5949	34.1	11079	28.5
Likely perpetrator was suspected of using alcohol						
Yes	2406	11.2	1700	9.7	4106	10.6
No	11.474	53.5	10.245	58.8	21.719	55.8

* Totals add up to 100%, and when they do not add up, the remainder corresponds to "no information".

Source: Authors.

Table 2. Statistical measures resulting from correspondence analysis. SINAN, 2022.

Dimension	Singular value	Inertia	Chi-square	Sig.	Variance explained	
					%	% accumulated
1	0.254	0.065			90.5	90.5
2	0.077	0.006			8.4	98.9
3	0.028	0.001			1.1	100.0
Total		0.071	30531.058	.000[a]	100.0	100.0

Note: a = 84 degrees of freedom.

Source: Authors.

Table 3. Characteristics related to abuse among children aged 0-9 years and the demographic variables that comprise each dimension. SINAN, 2022.

Overview column points [a]										
Variables	Description	Mass	Biplot graph coordinates		Inertia	Contribution				
						Absolute		Relative		
			1[a]	2[b]			2[b]	1[a]	2[b]	Total
Row: violence										
1Com	Shops	0.005	-0.804	-0.017	0.001	0.013	0.000	0.977	0.000	0.977
1Esc	School	0.009	0.519	-0.291	0.001	0.009	0.009	0.627	0.060	0.686
1Res	Home	0.161	-0.058	0.065	0.000	0.002	0.009	0.657	0.251	0.908
1Viap	Public road	0.013	0.031	-0.525	0.000	0.000	0.045	0.009	0.779	0.788
2Fis	Physical	0.049	0.085	-0.490	0.001	0.001	0.153	0.090	0.907	0.997
2Neg	Neglect	0.129	-0.566	0.086	0.011	0.163	0.012	0.993	0.007	1.000
2Psi	Psychological	0.030	0.574	-0.551	0.003	0.039	0.118	0.776	0.216	0.992
2Sex	Sexual	0.061	0.818	0.549	0.012	0.161	0.239	0.880	0.120	1.000
3Ame	Threat	0.016	0.744	-0.612	0.003	0.034	0.077	0.785	0.162	0.947
3Cor	Sharp object	0.003	-0.323	-0.626	0.000	0.001	0.017	0.466	0.531	0.997
3For	Physical force/beating	0.045	0.307	-0.324	0.001	0.017	0.061	0.748	0.252	1.000
3Obj	Blunt object	0.005	0.061	-0.561	0.000	0.000	0.021	0.033	0.869	0.902
3Que	Hot object	0,007	-0,725	-0,054	0,001	0,014	0,000	0,996	0,002	0,998
4Assed	Harassment	0,019	0,964	0,328	0,005	0,070	0,027	0,965	0,034	0,999
4Estup	Rape	0,037	0,803	0,499	0,007	0,095	0,121	0,895	0,105	1,000
6Conh	Stranger	0,019	0,713	-0,445	0,003	0,038	0,049	0,893	0,106	0,999
6Desc	Acquaintance	0,008	0,325	0,269	0,000	0,003	0,007	0,824	0,171	0,995
6Mae	Mother	0,127	-0,527	0,037	0,009	0,139	0,002	0,998	0,001	1,000
6Pad	Stepfather	0,012	0,777	-0,347	0,002	0,029	0,019	0,943	0,057	1,000
6Father	Father	0,089	-0,299	0,065	0,002	0,031	0,005	0,935	0,013	0,949
7Fem	Female	0,075	-0,422	0,067	0,003	0,053	0,004	0,977	0,007	0,985
7Masc	Male	0,081	0,520	-0,069	0,006	0,086	0,005	0,992	0,005	0,997
Total active	1.000			0,071	1,000	1,000				
Column: demographic										
0a1	0-1	0,148	-0,865	0,083	0,028	0,437	0,013	0,990	0,003	0,993
2a5	2-5	0,196	0,137	0,285	0,002	0,014	0,206	0,377	0,498	0,875
6a9	6-9	0,156	0,651	-0,437	0,019	0,260	0,385	0,878	0,120	0,998
Fem	Female	0,279	0,342	0,220	0,009	0,128	0,175	0,877	0,111	0,988
Masc	Male	0,221	-0,429	-0,277	0,012	0,161	0,221	0,877	0,111	0,988
Total active	1.000			0,071	1,000	1,000				

Note: 1[a] refers to dimension 1; 2[b] refers to dimension 2.

Source: Authors.

principal place of occurrence. Three situations were identified in the correspondence analysis: victims aged 0-1 year (violence type was neglect, occurred at home, practiced by the mother and father, and use of a hot object); 2-5 years (sexual violence by harassment and rape, practiced by acquaintances and place of occurrence was the home); victims aged 6-9 years (physical and psychological violence, perpetrators were stepfathers and some acquaintances, means of abuse were threat, physical force, use of sharp and blunt objects, and the occurrence was at school and public roads).

Age and violence type

The WHO defines violence against children as any type of violence committed against people under the age of 18, which may be perpetrated by family members, caregivers, peers, or strangers and may include physical, sexual, and emotional violence, besides witnessing violent acts. Interpersonal violence is the most frequent in this age group and can be classified as mistreatment, which includes abuse and neglect; youth violence, which includes bullying, physical fights, severe sexual and physical abuse, and homicides; and violence between intimate partners. Children may suffer several types of violence simultaneously and at different stages throughout their lives, and this violence can result in physical and psychological harm and harm to children's growth, development, and maturation[24].

The study showed that violence against children varies with age. Evidence shows that younger children are more prone to neglect[2,7]. Neglect includes abandonment, absence, or insufficient physical and emotional care[7,25]. Neglect can occur as a result of vulnerable situations, such as poverty and the use of alcoholic beverages and other drugs by parents or caregivers[25,26]. We should underscore that, despite family diversity, in 2022, 87% of Brazilian single-parent households with children were headed by women, and among these women, 60% were Black[27]. This reality can contribute to the occurrence of negligent situations, especially when women lack a support network, aggravated by the patriarchal culture that primarily attributes the responsibility for domestic work to women[28].

Sexual violence was the most frequent

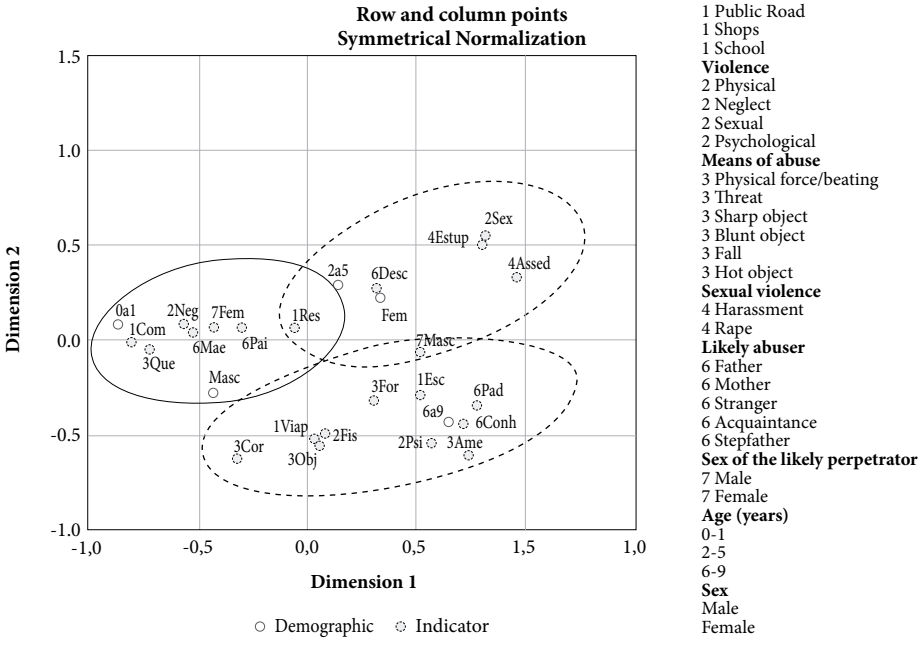

Figure 1. Correspondence analysis and variables associated with violence against children. SINAN, 2022.

Source: Authors.

among children aged 2-5 years. Sexual violence against children and adolescents is a sociocultural problem understood from different dimensions and expressed in social relationships of class, gender, and ethnicity/skin color and their intersections. It is a severe public health problem that violates human rights[29]. According to UNICEF and the Brazilian Public Security Forum, most sexual violence victims are female (80% of the total), of which 12% were 0-4 years, and 22% were 5-9 years, totaling 34% aged 0-9 years. Approximately 47% of victims are 10-14 years old, and 19% are 15-19 years old. Regarding males, sexual violence cases are concentrated, especially in the 3-9 years group.

Most sexual violence cases occurred in the victim's home, and 86% of the perpetrators were known to the victims. In the last four years, more than 22,000 children aged 0-4 years, 40,000 aged 5-9 years, 74,000 children and adolescents aged 10-14 years, and 29,000 adolescents aged 15-19 years were raped in Brazil[6].

Children aged 6-9 years suffered physical and psychological violence. Physical violence consists of any type of abuse against the physical body of a child or adolescent, with or without the use of objects. It can harm the organic and cerebral development of young people and be lethal besides causing physical harm. Psychological abuse occurs through verbal aggression, blackmail, excessive rules, threats (including death threats), humiliation, devaluation, stigmatization, disqualification, rejection, isolation, and demands for inappropriate or overly ethical behavior[30]. Notably, recognizing psychological violence depends substantially on its context since detecting the source of the occurrence can often be challenging due to omitted cases, given that initially, this type of violence does not leave such expressive marks[33].

Perpetrators

The study showed that family members such as fathers and mothers are the primary abusers against children, and mothers are the most frequent perpetrators. Domestic violence hampers the physical and psychological development of children and has several harmful consequences for their health and well-being in childhood, which extend throughout the child's life[34]. Violence against children is a multifactorial problem and is rooted in a set of interconnected factors, ranging from individual to social. In this context, gender norms are crucial in understanding and combating this severe public health problem[35].

Studies have also shown that violence against children within the family occurs firstly by the mother, followed by the father, stepfather, and the mother's boyfriend or partner. Those who should protect perpetrate violence, which makes the problem even more complex and escalates children's vulnerability[26,36,37].

The participation of mothers in these practices is a consequence of the perpetuation of the cycle of violence. Women who face domestic violence from their partners have often been victims of violence in their families of origin, which contributes to the propensity to reproduce these practices with their children.[38] Added to this are the social vulnerabilities in which most families headed by women live.[27] Understanding and addressing this cycle of violence is crucial to developing effective interventions that aim to interrupt this pattern and promote healthier and safer family environments.

Place of occurrence

Violence occurred within the home in almost 90% of cases, especially among children aged 0-5 years. Thus, the place of protection and care becomes a place of risk for children. This aspect underlies the context of structural violence resulting from social inequalities, unemployment, drug use, and the perpetuated interpersonal violations among dysfunctional households. Domestic violence should be understood as a matter of public interest, as it violates the rights of incapable people who need the State to guarantee their fundamental rights.

Violence against children aged 6-9 occurred in schools and on public roads. Violence committed at school that occurs repeatedly and within an imbalance of power can be described as bullying and includes physical and verbal violence, intimidation, and cyberbullying[40,41]. Violence against children occurs mainly at home and on the streets when against adolescents, especially among Black boys. The places where violence occurs are complementary and simultaneous events. However, it is essential to understand their particularities to implement effective public policies to prevent violence[6].

We should underscore that cases of violence were underreported due to the COVID-19 pandemic. Due to restrictive circulation measures, public establishments changed their opening hours and days, schools operated virtually, and, as a result, children and adolescents stopped attending the central space where they usually

had contact with adults outside the family circle[42].

The 2030 Agenda establishes a commitment to eliminate all forms of violence against children[20]. The WHO created "INSPIRE[3]: Seven Strategies to End Violence Against Children", namely: 1) Implementing legislation and laws that can ban forms of discipline through violence, access to weapons and alcohol; 2) Changing social values and norms, such as normalizing violence against girls and encouraging abuse in boys; 3) Ensuring safe environments, identifying points of violence in the neighborhoods and seeking alternatives to improve them; 4) Supporting parents and caregivers, especially young parents; 5) Strengthening policies to improve household income, such as microcredit and women's empowerment; 6) Improving emergency and psychosocial support services; 7) Investing in education to ensure children's access to and permanence in school[3].

However, achieving this global commitment is still a long way to go. To move towards achieving these proposals, we must work on disseminating data and ensuring that governments and society commit to public policies for the protection and safety of children and families. Policies must coordinate the social care and protection network, health, education, accountability, and protection services to reduce these problems and protect the lives of these children, as stated in the Statute of the Child and Adolescent.

One limitation of this study is that underreporting of violence does not allow for estimating population prevalence. Data may be even more underreported due to vulnerability, silence, and attempts by parents and perpetrators to conceal the events. On the other hand, using SINAN's information reflects the organization of health surveillance and is one of the strengths of the Brazilian information system. Although this number is still underreported, almost 40,000 reports of violence against children were recorded. These data allow for drawing associations between variables and analyzing the profiles of perpetrators, violence types, and other aspects.

As potentialities of the study, we underscore that notification is the first instrument to guarantee the rights of children and adolescents after the occurrence or suspicion of violence. Selecting correspondence analysis allowed for multivariate analysis and verifying several factors associated with the outcome "violence against children", besides using the graphical model that facilitates interpreting the relationship between the sets.

Conclusion

A total of 38,899 cases of violence against children aged 0-9 years were reported in 2022. The primary victims were girls, and the perpetrators were mothers and fathers. The home was the most frequent place of occurrence for younger children, and the school or public roads for children aged 6-9 years.

Brazil has been recording alarming indicators regarding violence, which has become a public and collective health problem. In order to address it, the traditional organization of services must be readjusted, with the need for much more specific, interdisciplinary, multidisciplinary, intersectoral, and engaged action targeting comprehensive care, prevention, and protection, which also represents an immense challenge to be overcome. Furthermore, prevention strategies must be adopted to address the origin of violence and change the processes that lead to underreported cases. Comprehensive care must also be encouraged and promoted within the family environment through public policies, programs, and services, which enable communities, parents, and caregivers to ensure children's good health and nutrition and protect them from violence and threats while also improving family ties and positive parenting. No violence against children is acceptable, and all events can be prevented.

Collaborations

DC Malta participated in the conception of the article, literature review, article design, data analysis and interpretation, and wrote the first version of the first manuscript. RIT Bernal participated in the statistical analysis, data analysis and article design. AG Silva, NNB S**á**, LAB Tonaco, SLA Santos, and G Albuquerque participated in the data analysis and interpretation and their critical review. All authors read and approved the final version.

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