

Domestic violence against children and adolescents: a challenge

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SUMMARY

Objective: To study children and adolescents victims of domestic violence treated at the Referenced Pediatric Emergency Unit of the Hospital de Clínicas of the Universidade Estadual de Campinas and its specialized outpatient clinic between January 2003 and December 2007, emphasizing sexual abuse. **Methods:** The variables gender, age, origin, and classification were studied. For victims of sexual abuse, the following variables were also studied: type of abuse (rape), location (domestic/urban), duration (acute/chronic), perpetrator (known, incestuous), alterations at medical examination, notification to child protection agencies, and antiretroviral medication and serology (HIV, syphilis, hepatitis B and C). Patients were divided into two groups according to the type of abuse and type of perpetrator and they were associated with gender, age, and duration. For the comparison, chi-squared or Fisher's exact test were performed (significance $p < 0.05$), as well as raw prevalence odds ratio. **Results:** Of the total cases of abuse (551), neglect (33.9%) and sexual abuse (31.9%) predominated; the victims were female in 55.9% of the cases, and 50% were up to 5 years of age. Of the sexual abuse cases (95), 80% were female, and 58.9% were between 5 and 10 years of age. Rape was observed in 39% and indecent assault in 59.6%; 72.6% occurred in the domestic area, 81.1% by known perpetrator; 31.6% were incestuous, 47.4% were chronic, and 76.5% had no clinical alterations. 81.1% were referred to child protection agencies. Antiretroviral medication was prescribed to 49.1% of patients, and serological tests (HIV in 46 [48.4%], syphilis in 42 [44.2%], hepatitis B in 44 [46.3%] and hepatitis C in 45 [47.4%]), all of which were negative, were more frequent in rape victims ($p = 0.00$). There was an association between rape and age (10 and 15 years, $p = 0.01$) and between incestuous perpetrator and chronic duration ($p = 0.01$). **Conclusion:** Although this study does not reflect reality, it can be used as a warning to pediatricians.

Keywords: Childhood maltreatment; child abuse; neglect; sexual violence.

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INTRODUCTION

For centuries, children and adolescents have been victims of violence around the world. However, only since 1962, when the “battered child syndrome” was described by American pediatrician C. Henry Kempe, has maltreatment of children and adolescents become a widely recognized fact¹. Since then, several national and international conventions have been proposed in order to protect this population.

Violence against children and adolescents, a current issue of extreme importance, has acquired alarming proportions, becoming a serious public health problem. In Brazil, it started to receive greater attention from authorities in the late 1980s, due to the promulgation of the Federal Constitution, in 1988, and of the Child and Adolescent Statute (ECA) in 1990. The law mandates the reporting of suspected or confirmed cases, establishing penalties for doctors, teachers, and those responsible for the health and education institutions that fail to notify the fact^{2,3}.

Most definitions of maltreatment incorporate two key elements: evidence of harmful behavior towards the child and presence of damage resulting from such conduct. The abuse may be committed by omission, suppression, or transgression of the rights of the child or adolescent, as defined by sociocultural norms and legal conventions^{4,5}.

Experiences of violence occurring during childhood are likely to interfere significantly in the future development of the child, with results ranging from maladaptive behaviors and emotional deficits, to severe mental disorders such as impulsive behavior, hyperactivity disorder, learning problems at school, as well as behavior disorders and substance abuse in adolescence⁶⁻⁸.

Some factors have been associated with the occurrence of child maltreatment, such as unfavorable social conditions (poverty, promiscuity, medical and social support deficits, unemployment, bad housing conditions), families with economic hardship, dysfunctional family relationships, separated parents, low parental education level, families in which abusive or neglectful parents were abused or neglected in childhood, parents (or guardians) who are drug users or have other psychiatric disorders (personality disorders, depression, psychosis, etc.), besides the so-called childhood vulnerability factors, such as premature birth, mental retardation, male gender, adoption, and living in shelters or compulsory detention system⁶⁻⁹.

Notification of cases of violence against children and adolescents is still scarce, which complicates their quantification and, therefore, the knowledge of the true extent of the problem⁷. Several factors are associated with this scarcity. Among these, the difficulty in diagnosis, which should be simplified and standardized by screening methods, and the “wall of silence”⁷, especially in cases perpetrated in the family environment, the most frequent site of violence must be highlighted.

In the city of Campinas, there was a progressive increase in reported cases of domestic violence affecting children and adolescents after the creation of “Project Iluminar – caring for victims of sexual violence”, a network of service, training and reporting of cases for both genders and all age groups, and the implementation of the Violence Reporting System (Sistema de Notificação de Violência – SISNOV) in 2005¹⁰. The Referenced Pediatric Emergency Unit (Unidade de Emergência Referenciada Pediátrica – UERP) of the Hospital de Clínicas of the Universidade Estadual de Campinas (HC – UNICAMP), is one of the services in the Campinas’ Iluminar network. This unit, in addition to providing emergency care to children and adolescents victimized by violence, became the starting point, and also stimulating agent, of better systematic notification of these cases.

After the initial evaluation, the sexual abuse victims are referred to specialized outpatient care at the Violence Against Children and Adolescents Outpatient Clinic (Ambulatório de Violência Contra a Criança e o Adolescente – VCCA), focusing on pediatric and psychiatric care in addition to the support given by the unit’s social worker.

Therefore, this study aimed to assess children and adolescents treated in this unit for domestic violence in the period of 2003 to 2007, with special attention to those who suffered sexual abuse, due to its greater impact.

METHODS

All children and adolescents with a diagnosis of domestic violence treated at UERP HC – UNICAMP, between January 2003 and December 2007 and subsequently followed at the VCCA outpatient clinic, both linked to the Project Iluminar Campinas, were evaluated (opened in 2000).

The following epidemiological data were analyzed for all patients with a diagnosis of domestic violence: gender, age, origin, and classification of violence, obtained from medical records. Violence was classified according to the guidelines of the Brazilian Society of Pediatrics, 2001¹¹, as: physical abuse, sexual abuse, psychological abuse, and neglect.

Specifically for children and adolescents with a diagnosis of sexual violence, the medical records were reviewed, as well as SISNOV data. Data were recorded on a standardized form for clinical variables: type of sexual abuse (rape or not), location (domestic or urban), duration (acute or chronic), perpetrator (known or not; incestuous or not), presence of alterations at physical examination, child protection agency notification, need for antiretroviral medication, and serological tests performed (HIV, syphilis, hepatitis B and C).

For a better analysis, those aged 15 years and older and with evident lack of information in the records about the abuse were excluded from this group. Thus, a total of 95 patients were included, 60 with data obtained

from SISNOV, 64 from charts of HC – UNICAMP and 29 from both.

Regarding the type of sexual abuse, rape was considered when vaginal or anal penetration or oral sex occurred, according to the legal modifications sanctioned by the President of Brazil in August 2009 and published in the Official Gazette on August 10 of that year. The new wording of article 213 of the Penal Code, which defines rape, became: “to constrain someone by violence or serious threat, to have sexual intercourse or to practice or allow the practice of other lewd acts with him/her”¹².

With respect to the perpetrator, he/she was considered known if the victim or the family knew who the perpetrator was. If the perpetrator was related by blood, the act was considered incestuous.

Patients were divided in two groups with regard to the type of sexual abuse, rape or not; and according to the perpetrator, incestuous or not; and associated with gender, age, and acute or chronic duration.

The data were computed in a clinical file and is processed using the SPSS-16.0 software (SPSS Inc. – Chicago, IL, USA). For comparison between groups, the chi-squared or Fisher’s exact test were used, according to the variable studied. The crude prevalence odds ratio (POR) and its 95% confidence interval (95%CI) were also determined, using Epi Info. Results were considered statistically significant when $p < 0.05$ ¹³.

The study was approved by the Ethics Committee of Universidade Estadual de Campinas, under protocol No. 831/2009.

RESULTS

Between the years 2003 and 2007, 551 cases of violence against children and adolescents were treated at HC – UNICAMP, including physical (13.4%), sexual (31.9%), and psychological (2.0%) abuse; neglect (33.9%); and undefined (18.7%). Of the total, 55.9% were females, with up to 17 years of age (mean = 5.75, SD = 4.18) 50% up to five years of age, and most from the city of Campinas (67.3%) (Table 1).

Of the 95 assessed children and adolescents suspected of being victims of sexual abuse, 80% were females, aged up to 14 years (mean = 7.26, SD = 2.98), with 56.8% aged between 5 and 10 years, 23.2% younger than 5 years, and 20.0% older than 10 years. Most of them (58.9%) lived in Campinas and other cities of the region. According to the type of sexual violence, 39% of the cases were characterized as rape (22.1% vaginal, 13.7% anal, and 3.2% oral sex), 59.57% indecent exposure, and only two cases were defined as sexual harassment. Most cases (72.6%) occurred in the domestic area, 81.1% by a known perpetrator, and 31.6% by an incestuous perpetrator.

Regarding the duration of the sexual abuse, 47.4% of cases were considered chronic and the physical examination description of 51 patients was considered normal in 76.5%. Child Protection Services were called in most cases (81.1%). The use of antiretroviral medication was considered for 55 patients, and the use of medication was indicated for almost half of them (49.1%). Regarding serological tests, HIV testing was performed in 46 (48.4%) children and adolescents, syphilis in 42 (44.2%), hepatitis B in

Table 1 – Distribution of cases of domestic violence between 2003 and 2007 treated at HC – UNICAMP divided according to: gender, age, origin and type of violence

n	2003		2004		2005		2006		2007		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Gender												
Male	58	43.6	35	42.2	22	36.1	71	50.4	49	36.8	235	42.6
Female	70	52.6	47	56.6	38	62.3	68	48.2	84	63.2	308	55.9
Age												
0-5 years	51	38.3	48	57.8	28	45.9	93	66.0	64	48.1	284	52.8
6-10 years	36	27.1	27	32.5	27	44.3	26	18.4	48	36.1	164	30.5
11-15 years	35	26.3	7	8.4	6	9.8	22	15.6	20	15.0	90	16.7
City of origin												
Campinas	90	67.7	51	61.4	41	67.2	104	73.8	85	63.9	371	67.3
Sumaré	19	14.3	10	12.0	4	6.6	5	3.5	14	10.5	52	9.4
Hortolândia	6	4.5	6	7.2	7	11.5	12	8.5	10	7.5	41	7.4
Others	17	12.8	16	19.3	9	14.8	20	14.2	24	18.0	86	15.6
Type of violence												
Physical	17	12.8	8	9.6	9	14.8	16	11.3	24	18.0	74	13.4
Sexual	43	32.3	34	41.0	36	59.0	27	19.1	36	27.1	176	31.9
Psychological	7	5.3	–	–	–	–	1	0.7	3	2.3	11	2.0
Neglect	36	27.1	37	44.6	15	24.6	54	38.3	45	33.8	187	33.9
Others	30	22.6	8	9.6	9	14.8	43	30.5	25	18.8	103	18.7

44 (46.3%), and hepatitis C in 45 (47.4 %); all results were negative (Table 2). In patients who were victims of rape, the collection of serological tests and the start of antiretroviral therapy was statistically significant ($p = 0.00$).

When comparing the groups, there was no association in relation to age group among those with suspected rape, being more frequent in adolescents aged between 10 and 15 years ($p = 0.01$) (Table 3).

The type of perpetrator (incestuous or not) was associated with the duration of sexual abuse, with chronic cases predominating in incestuous perpetrators ($p = 0.01$) (Table 4).

DISCUSSION

One of the most delicate issues, among many regarding the problem of child abuse, concerns the issue of notification and the proper diagnosis of these cases, which also has implications in research on the subject.

Domestic violence against children, especially in the form of sexual abuse, constitutes a serious public health problem, resulting in an enormous challenge to society and service organizations^{6,9,14}.

A huge wall of silence tends to be raised around the abuse, which results in serious psychological, emotional, and social damage for the victims⁸. The cover-up of the abuse can occur for many reasons, from the family's omission to the child's fear that the report of the incident will result in further punishment, as well as difficulties in diagnosis and notification, to the lack of standardized and effective tools for the proper handling of cases by the Brazilian health system.

Health professionals, especially pediatricians, due to their position in the provision of services to the juvenile population, are central to the identification of individuals and population groups most vulnerable to violence, and also to the development of activities that can promote the most appropriate interventions in diagnosed cases. Moreover, they can develop preventive strategies for risk groups^{15,16}.

The true prevalence of violence in children and adolescents is unknown, as many victims only disclose it in adulthood. Studies show that, worldwide, the prevalence of maltreatment in childhood and adolescence is very high, despite the difficulty in evaluating these data¹⁷⁻¹⁹. In Brazil, the prevalence found was of approximately 15% of cases of abuse and neglect in children, lower than that in India (36%), Egypt (26%), and Philippines (37%), but much higher than that in Chile (4%) and the United States (4.9%)⁶.

In this study, considering the analysis of domestic violence against children and adolescents as a whole, neglect and sexual abuse predominate. Neglect is the most common form of maltreatment, comprising up to 65% of all cases^{9,19}.

Table 2 – Distribution of clinical characteristics (gender, age range, origin, type of abuse, location, perpetrator, alteration at physical examination, use of medication and serological tests) of 95 children and adolescents treated at HC – UNICAMP between 2003 and 2007, with a diagnosis of sexual abuse

Characteristics	n (%)
Gender	
Female	80 (84.2)
Male	15 (15.8)
Age range	
0-5 years	22 (23.1)
5-10 years	54 (56.8)
10-15 years	19 (20.0)
City of origin	
Campinas	56 (58.9)
Others	39 (41.1)
Type	
Rape	37 (38.9)
Others	58 (61.0)
Location	
Domestic	69 (74.2)
Urban	24 (25.8)
Perpetrator	
Known	77 (81.9)
Unknown	17 (18.1)
Incestuous	
Yes	30 (31.6)
No	65 (68.4)
Duration	
Acute	45 (69.2)
Chronic	20 (30.8)
Physical examination	
Normal	39 (76.5)
Altered	12 (23.5)
Medication	
Yes	27 (49.1)
No	28 (50.9)
Serological tests	
HIV	
Negative	46 (48.4)
Syphilis	
Negative	42 (44.2)
Hepatitis B	
Negative	44 (46.3)
Hepatitis C	
Negative	45 (47.4)

Table 3 – Evaluation of the type of sexual abuse, rape or not, in relation to sex, age, perpetrator, duration, performance of HIV test and treatment of 95 children and adolescents treated at HC – UNICAMP between 2003 and 2007, with a diagnosis of sexual abuse. $p = \text{chi-squared} (< 0.05)$

	Rape	Others	OR	95% CI	p
Gender					
Female	30	49	1		
Male	7	8	0.70	0.20-2.43	0.52
Age					
0-5 years	4	17	1		
5-10 years	22	32	2.92	0.77-11.95	0.07
10-15 years	11	8	5.84	1.18-31.61	0.01*
Perpetrator					
Incestuous	12	18	1.04	0.39-2.76	0.93
Non-incestuous	25	39	1		
Duration					
Acute	23	22	2.44	0.70-8.73	0.11
Chronic	6	14	1		

*Significant; OR, odds ratio.

Table 4 – Evaluation of the perpetrator, if incestuous or not, in relation to gender, age, duration, performance of HIV test and treatment of 95 children and adolescents treated at HC – UNICAMP between 2003 and 2007, with a diagnosis of sexual abuse. $p = \text{chi-squared}$ or Fisher exact test (< 0.05)

	Incestuous	No	OR	95% CI	p
Gender					
Female	28	52	1		
Male	2	13	0.29	0.04-1.49	0.08 ^a
Age					
0-5 years	6	16	1		
5-10 years	19	35	1.45	0.43-4.98	0.50
10-15 years	5	14	0.95	0.19-4.67	0.94
Duration					
Acute	11	34	1		
Chronic	11	9	3.78	1.09-13.45	0.01 ^b

^aFisher exact test; ^bsignificant; OR, odds ratio.

In this study, the predominant age group was younger than 5 years, with similar distribution between genders. Among adolescents, it is believed that there are differences between the type of abuse experienced and gender, with physical abuse predominating in boys and emotional and sexual abuse in girls^{20,21}.

In relation to sexual abuse, its negative effect on the self-esteem and psychological development of children is unquestionable, with serious repercussions in adult life²². A recent study showed a strong association between mental disorders and a history of childhood sexual abuse, i.e., being a victim of childhood sexual abuse can cause a striking impact on the emotional development of children and adolescents²³.

The current study shows that, among victims of sexual abuse only, it predominates among girls between 5 and

10 years of age. The observation that sexual abuse is more common in girls has also been reported by other studies^{21,22,24} and in other countries. Some reasons can help the understanding of these differences. In general, boys are more reluctant and are more discrepant when reporting the fact, underestimating the problem through mechanisms of denial, while society does not consider the abuse in male children and believes they are less affected than females^{24,25}.

Regarding the age range, a study conducted in Rio de Janeiro also found higher prevalence in children up to 14 years of age, where the victim has less capacity for self-defense²⁰. In this study, most cases of sexual abuse occurred in the home environment by a known perpetrator, with 31% of these being incestuous. Another Brazilian study demonstrated that 84.5% of children were molested

by identifiable abusers, mostly family members, whereas the perpetrator was unknown in 72.3% of cases involving adolescents²⁶.

Among those who seek treatment in this service, most were referred to Child Protection Services for evaluation of legal procedures. Brazilian law establishes that pediatricians and other professionals who treat children and adolescents must report suspected cases of domestic violence, even when they are not absolutely certain about them. This procedure is not easy and to do so, one must exercise a cautious, systematic and serious approach when evaluating these children^{15,16,27}.

Studies have shown that the growing need to provide appropriate care for victims of sexual violence, due to their increasing numbers especially at the pediatric emergency units, discloses a structural weakness of health professionals, and reveals the structural weaknesses of the system itself, hindering early diagnosis, emergency conducts, notification, and follow-up of victims¹⁵⁻¹⁷.

Approximately half of the cases of sexual abuse were already chronic at the moment of notification. When medical care was finally sought, most patients had normal physical examinations, which ultimately make it more difficult to establish the diagnosis. The absence of physical alterations was also observed in other studies, which does not invalidate the diagnosis of abuse. The presence of alterations in the clinical examination, when suspected, must take into account the medical and social context, the history, and the explanation for the fact^{7,28,29}.

The delay in the recognition of sexual abuse is inversely proportional to the degree of relationship between the victim and the perpetrator: the closer the relationship, the longer the recognition time^{24,30}. In this study, the chance that the sexual violence was incestuous in chronic cases was 3.78 times higher.

The majority of cases of sexual abuse are characterized by indecent exposure, but over one-third consists of rape victims, which pose the largest concerns, requiring laboratory investigation of sexually transmitted diseases and use of prophylactic medication^{30,31}.

Although not very common (approximately 5%)²⁴, sexually transmitted diseases cannot be ignored in cases of sexual abuse in children and adolescents, including HIV. The transmission of HIV depends on the infection status of the perpetrator and on the characteristics and circumstances of the abuse. Direct contact with semen or blood of the infected person is required for HIV transmission, and anal sex is more likely to infect than vaginal sex²⁵. This service indicates serological tests for HIV, syphilis, and hepatitis B and C for victims of rape. Of the tests performed, all were negative, although prophylaxis with metronidazole, benzathine penicillin, and antiretroviral medication was indicated in 55% of the cases. The indication

for post-exposure prophylaxis must take into account not only the time after contact, but also the perpetrator's characteristics, type of abuse, medication side effects, and adherence to treatment²⁹⁻³¹.

When assessing the risk groups for rape, no association was found with gender, perpetrator and duration, but an association was found with age range, which is similar to other studies. The group aged between 10 and 15 years was 5.84 times more likely to suffer this kind of abuse than children up to five years, probably due to the pubertal development. Drezzet et al.²⁶ found 90.8% of rape among adolescent victims of sexual abuse and indecent assault in 46.5% of children.

In rape cases, there was no difference between genders, probably due to the fact that this is the type of sexual violence most reported by males. As expected, the collection of serological tests and onset of medication therapy was statistically higher among rape victims.

Dubowitz et al.³², indicate the need to prevent child maltreatment and highlight five vulnerability aspects for the occurrence of this problem: poor performance on tests of everyday life, lower level of maternal schooling, use of drugs by the mother, maternal depression, and presence of more children in the family. Moreover, one cannot forget that after the diagnosis and subsequent disclosure of the problem, the families start to face difficulties and require assistance from medical, psychological, legal and psychosocial institutions^{33,34}.

Although it is acknowledged that the data obtained may not reflect the full extent of the problem, this study can be seen as a warning to medical professionals, particularly in the pediatric area. Among the limitations of the data, the "wall of silence" that surrounds domestic violence needs to be highlighted, in addition to the loss of follow-up in these patients, failure to report cases and failure to recover data from medical records.

CONCLUSION

Even with the increasing concern among health professionals on the problem of violence against children and adolescents, and the development of specific programs for the correct approach to these cases, a deficit in the notification and adequate characterization of cases, which may affect adequate treatment and research, is still observed.

Suspected victims of child maltreatment, including sexual abuse, should always be considered, especially in primary healthcare services, so that they can be evaluated at specialized programs with interdisciplinary teams including physicians, psychologists, social workers, child protection agencies, and legal support. The importance of specific multidisciplinary care is justified in order to organize preventive projects and monitor physical and psychological sequelae.

It is necessary to break the wall of silence, removing these children and adolescents from the situation of abandonment they face, when victimized by domestic violence, especially sexual violence.

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