

Acta Scientiarum. Health Sciences

ISSN: 1679-9291 ISSN: 1807-8648 actahealth@uem.br

Universidade Estadual de Maringá

Brasil

Nemer, Mariucha Ramella Marcon; Nogueira, Bruna de Souza; Campos, Fernanda do Nascimento de Lemos; Silva, Márcia Cristina da; Alves, Morgana Ducatti; Lolli, Luiz Fernando Violation of children's and adolescents' rights – the profile of a southern state in Brazil

Acta Scientiarum. Health Sciences, vol. 42, 2020

Universidade Estadual de Maringá

Brasil

DOI: https://doi.org/10.4025/actascihealthsci.v42i1.44453

Available in: https://www.redalyc.org/articulo.oa?id=307264461001



Complete issue

More information about this article

Journal's webpage in redalyc.org



Scientific Information System Redalyc

Network of Scientific Journals from Latin America and the Caribbean, Spain and Portugal

Project academic non-profit, developed under the open access initiative



# Violation of children's and adolescents' rights – the profile of a southern state in Brazil

Mariucha Ramella Marcon Nemer, Bruna de Souza Nogueira, Fernanda do Nascimento de Lemos Campos, Márcia Cristina da Silva, Morgana Ducatti Alves and Luiz Fernando Lolli

Departamento de Odontologia, Centro de Ciências da Saúde, Universidade Estadual de Maringá, Avenida Mandacaru, 1550, 87080-000, Maringá, Paraná, Brasil. \*Author for correspondence. E-mail: maru.marcon@gmail.com

ABSTRACT. The rights of children and adolescents are provided by law and it is the duty of the State, family and society to care for them. Health and education professionals are responsible for reporting suspected or confirmed cases of rights violation. This study aimed to investigate the prevalence and qualification of violation of children's and adolescents' rights in the State of Paraná between 2009 and 2014. A descriptive and observational quantitative study was carried out based on the records of the Child Protective Services in Paraná, accessed through the Information System for Childhood and Adolescence (SIPIA). A total of 129.123 violations of rights were found. Among those cases, the right to familiar and communitarian companionship stands out with the greatest number of violations, followed by the right to education, culture, sports and leisure. Mothers were found to be the main aggressors, followed by fathers, and sexual violence/abuse was the most prevalent type of violence. In conclusion, there was a significant amount of violation of children's and adolescents' rights in the State of Paraná during the period covered by this research, and it has increased over the years. Besides, we found out that there is a predisposition of gender and age group for each variable analyzed.

Keywords: child abuse; human rights; child advocacy; legal liability.

Received on May 5, 2019. Accepted on November 26, 2019.

### Introduction

Children's and adolescents' rights are listed in the Federal Constitution. The State, together with family and society, must provide such groups with dignity and protection. The Brazilian Child and Youth Statute (ECA) has created a Rights Assurance System (SGD), whose model establishes a comprehensive partnership between governments and civil society in order to elaborate and monitor the execution of all public policies regarding children and adolescents. The aforementioned system is sustained by three foundational aspects, namely 'promotion of rights', 'defense' and 'social control'. The categories of rights sustained by ECA are 'life and health', 'freedom, respect and dignity', 'familiar and communitarian companionship', 'education, culture, sports and leisure' and 'professionalization and protection at work'. Therefore, the violation of any of these rights demands intervention.

By evaluating the current situation of the policies brought by the Statute, we can state that the commitments made through the law represent progress. Yet, ineffectiveness in terms of operation is considerable (Rosemberg & Mariano, 2010). Putting all that into practice is not an easy task. It demands the engagement of the State and multiple actors, and has a great political and ethical dimension (Conselho Federal de Psicologia [CFP], 2009). In that context, Child Protective Services are in charge of assisting children and adolescents, protecting them whenever it is necessary.

Health professionals play a pivotal role in cases of children's and adolescents' rights violation due to the fact that those cases may be strongly connected with labor issues (Braun, 2002). Any violation of one's bodily integrity may require assistance by such professionals, which makes them important in detecting and dealing with a violation case. That includes mandatory reporting in certain situations.

Violation of children's and adolescents' rights is widely discussed. Being aware of legislation and the mandatory need of reporting is not the only requirement when it comes to health professionals. They are expected to deeply understand violence as a phenomenon, its peculiarities and how it is produced. The aim of this study is analyzing prevalence of children's and adolescents' rights violation in the State of Paraná, categorizing violation, besides associating it with age group and gender variables.

Page 2 of 7 Nemer et al.

#### Material and methods

A descriptive and observational quantitative study was carried out based on the records of the Child Protective Services in the State of Paraná. The data were accessed through the Information System for Childhood and Adolescence [SIPIA] (1997). Data collection was done in digital media between August and September, 2015. We considered information related to the years of 2009, 2010, 2011, 2012, 2013 and 2014, and the research analyzed the following variables:

- 'gender';
- 'age group';
- 'violated right';
- 'violated right right to life and health';
- 'violated right freedom, respect and dignity';
- 'violated right freedom, respect and dignity physical violence';
- 'violator'.

The data collection process was performed by an examiner, who was previously trained by a specialist in Forensic Dentistry. The data were organized with the Microsoft Excel program and processed by using Bioestat 5.0. Statistical analysis was carried out by the chi-square test ( $\chi^2$ ) contingency table C or Fisher's exact test, with a significance level of 1% (p<0,01).

#### **Results and Discussion**

From 2009 to 2014, 129.123 cases of children's and adolescents' rights violation were registered in Paraná. The data collected by this study show a raise in the number of cases over the years (Figure 1). The following figure is composed of 6 graphs that represent the increase in the number of cases registered in the Information System for Childhood and Adolescence (SIPIA,), in Paraná.

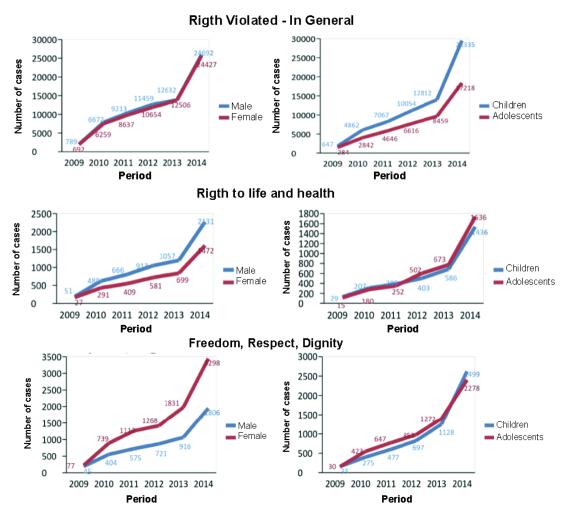


Figure 1. Historical series of violated rights of children and adolescents in the State os Paraná in the 2009-2014 sexennium (SIPIA, 1997).

Table 1 shows the data related to violation of the 'right to life and health', associated with gender. In that context, we can see that most violation cases were associated with the male gender. Table 2, in its turn, establishes a connection with 'age group', and shows that adolescents are more likely to have their rights violated, except when it comes to violation of the right to 'education, culture, sports and leisure', which is more prevalent among children. As for the sub variables, they were mostly associated with children.

**Table 1.** Association between 'violated right' and 'gender' focusing on the 'right to life and health' variable in the cases of violation of children's and adolescents' rights in the State of Paraná from 2009 to 2014.

|  |      |      |         |       | 2010  |         |       | 2011  |         |       | 2012  |         |       | 2017  |         |       | 201   |         |        | m . :  |         |
|--|------|------|---------|-------|-------|---------|-------|-------|---------|-------|-------|---------|-------|-------|---------|-------|-------|---------|--------|--------|---------|
| VIOLATED RIGHT   |      | 2009 |         |       | 2010  |         |       | 2011  |         |       | 2012  |         |       | 2013  |         |       | 2014  | 1       |        | Tota   |         |
|  | Male | Fem  | p value | Male  | Fem   | p value | Male  | Fem   | p value | Male  | Fem   | p value | Male  | Fem   | p value | Male  | Fem   | p value | Male   | Fem    | p value |
| FAMILIAR AND<br>COMMUNITARIAN<br>COMPANIONSHIP   | 275  | 245  | 0,8700  | 2725  | 2576  | 0,8100  | 3917  | 3704  | 0,7500  | 4514  | 4235  | 0,7200  | 5269  | 5197  | 0,8720  | 9878  | 10107 | 0,0440  | 26578  | 26064  | 0,1230  |
| RIGHT TO LIFE AND<br>HEALTH  | 51   | 27   | 0,0360  | 480*  | 291   | <0,0001 | 666*  | 409   | <0,0001 | 913*  | 581   | <0,0001 | 1057* | 699   | <0,0001 | 2131* | 1472  | <0,0001 | 5298*  | 3479   | <0,0001 |
| Inadequate health care<br>service  | 7    | 3    | 0,5370  | 66    | 33    | 0,3900  | 49    | 38    | 0,2990  | 62    | 581   | <0,0001 | 71    | 42    | 0,5780  | 147   | 114   | 0,3700  | 402    | 269    | 0,8170  |
| Offensive actions towards<br>life and health   | 10   | 5    | 0,9200  | 189   | 95    | 0,1990  | 330   | 177   | 0,2280  | 415   | 245   | 0,4360  | 544   | 333   | 0,3600  | 994   | 608   | 0,0480  | 2480*  | 1463   | 0,0063  |
| Lack of specific actions<br>for preventing diseases<br>and promoting health<br>quality | 3    | 0    | 0,2900  | 11    | 8     | 0,6980  | 9     | 2     | 0,1700  | 15    | 11    | 0,7200  | 18    | 13    | 0,8100  | 30    | 46*   | 0,0006  | 86     | 80     | 0,0257  |
| Food and nutrition<br>insecurity   | 3    | 1    | 0,5770  | 37    | 39    | 0,0200  | 30    | 19    | 0,9180  | 27    | 21    | 0,4960  | 28    | 18    | 0,9260  | 51    | 43    | 0,3400  | 176    | 141    | 0,0830  |
| Lack of health care service  | 19   | 8    | 0,6300  | 129   | 72    | 0,6100  | 198   | 114   | 0,6280  | 318   | 213   | 0,6190  | 261   | 195   | 0,2500  | 688   | 459   | 0,6150  | 1613   | 1061   | 0,9700  |
| Irregular practices in<br>health premises  | 0    | 1    | 0,3544  | 1     | 2     | 0,3000  | 3     | 2     | 0,9280  | 2     | 2     | 0,6490  | 4     | 1     | 0,3660  | 13    | 10    | 0,7980  | 23     | 18     | 0,5770  |
| Damage to life and health due to actions or omission                                   | 9    | 9    | 0,2200  | 47    | 42    | 0,0800  | 47    | 57*   | 0,0008  | 74    | 50    | 0,7500  | 131   | 97    | 0,4270  | 208   | 192*  | 0,0059  | 516    | 447*   | <0,0001 |
| EDUCATION, CULTURE,<br>SPORTS, LEISURE   | 346  | 278  | 0,3600  | 2398* | 2028  | 0,0030  | 3365* | 2814  | 0,0001  | 4429* | 3765  | 0,0006  | 4596* | 4036  | <0,0001 | 9168* | 8074  | <0,0001 | 24302* | 20995  | <0,0001 |
| FREEDOM, RESPECT,<br>DIGNITY   | 112  | 136  | 0,0170  | 980   | 1318* | <0,0001 | 1177  | 1659* | <0,0001 | 1357  | 1890* | <0,0001 | 1595  | 2506* | <0,0001 | 3299  | 4659* | <0,0001 | 8520   | 12168* | <0,0001 |
| PROFESSIONALIZATION<br>AND PROTECTION AT<br>WORK                                       | 5    | 6    | 0,6000  | 89*   | 46    | 0,0009  | 88*   | 51    | 0,0060  | 246   | 183   | 0,0230  | 115*  | 68    | 0,0007  | 216*  | 115   | <0,0001 | 759*   | 469    | <0,0001 |
| TOTAL  | 789  | 692  |         | 6672  | 6259  |         | 9213  | 8637  |         | 11459 | 10654 |         | 12632 | 12506 |         | 24692 | 24427 |         | 65457  | 63175  |         |

\*Preference; Fem = Female. Source: SIPIA (1997).

**Table 2.** Association between 'violated right' and 'age group' focusing on the 'right to life and health' variable in the cases of violation of children's and adolescents' rights in the State of Paraná from 2009 to 2014.

| VIOLATED RIGHT   |       | 2009 |         |       | 2010  |         |       | 2011  |         |       | 2012  |         |       | 2013  |         |        | 2014  |         |        | Total  |         |
|--|-------|------|---------|-------|-------|---------|-------|-------|---------|-------|-------|---------|-------|-------|---------|--------|-------|---------|--------|--------|---------|
| NOMITED MOIT   | Child | Adol | p value | Child | Adol  | p value | Child | Adol  | p value | Child | Adol  | p value | Child | Adol  | p value | Child  | Adol  | p value | Child  | Adol   | p value |
| FAMILIAR AND<br>COMMUNITARIAN<br>COMPANIONSHIP   | 174   | 142* | <0,0001 | 1643  | 1440* | <0,0001 | 2698  | 2311* | <0,0001 | 3394  | 3055* | <0,0001 | 4640  | 4125* | <0,0001 | 10434  | 8115* | <0,0001 | 22983  | 19188* | <0,0001 |
| RIGHT TO LIFE AND<br>HEALTH  | 29    | 15   | 0,6140  | 207   | 180*  | 0,0001  | 289   | 252*  | 0,0013  | 403   | 502*  | <0,0001 | 586   | 673*  | <0,0001 | 1436   | 1636* | <0,0001 | 2950   | 3258*  | 0,4150  |
| Inadequate health care<br>service  | 4     | 0    | 0,2103  | 31    | 32    | 0,5270  | 40    | 26    | 0,2680  | 42    | 38    | 1690    | 65*   | 36    | 0,006   | 164*   | 83    | <0,0001 | 346*   | 215    | 0,0739  |
| Offensive actions<br>towards life and health   | 3     | 2    | 0,6738  | 16    | 29    | 0,0227  | 26    | 92*   | <0,0001 | 46    | 198*  | <0,0001 | 80    | 388*  | <0,0001 | 210    | 997*  | <0,0001 | 381    | 1706*  | 0,9250  |
| Lack of specific actions<br>for preventing diseases<br>and promoting health<br>quality | 1     | 0    | 0,6667  | 4     | 8     | 0,1680  | 3     | 0     | 0,1539  | 13    | 6     | 0,0380  | 9     | 13    | 0,0990  | 42     | 27    | 0,0200  | 72     | 54     | 0,0200  |
| Food and nutrition<br>insecurity   | 3     | 0    | 0,3059  | 52*   | 15    | 0,0002  | 37*   | 7     | <0,0001 | 37*   | 8     | <0,0001 | 37*   | 8     | <0,0001 | 82*    | 9     | <0,0001 | 248*   | 47     | <0,0001 |
| Lack of health care<br>service   | 8     | 9    | 0,1760  | 60    | 73*   | <0,0001 | 129   | 102   | 0,5350  | 190   | 225   | <0,6700 | 234*  | 181   | 0,0005  | 653*   | 1421  | <0,0001 | 1274*  | 1011   | <0,0001 |
| Irregular practices in<br>health premises  | 1     | 0    | 0,6667  | 1     | 0     | 0,5361  | 1     | 3     | 0,2652  | 2     | 0     | 0,1150  | 3     | 1     | 0,2540  | 14     | 8     | 0,1130  | 22     | 12     | 0,0454  |
| Damage to life and<br>health due to actions or<br>omission                             | 9     | 4    | 0,5524  | 43    | 23    | 0,780   | 53*   | 22    | 0,0049  | 73*   | 27    | <0,0001 | 158*  | 46    | <0,0001 | 271*   | 91    | <0,0001 | 607*   | 213    | <0,0001 |
| EDUCATION, CULTURE,<br>SPORTS, LEISURE   | 363*  | 67   | <0,0001 | 2372* | 526   | <0,0001 | 3237* | 1107  | <0,0001 | 4967* | 1615  | <0,0001 | 5953* | 1748  | <0,0001 | 12779* | 3589  | <0,0001 | 29671* | 8652   | <0,0001 |
| FREEDOM, RESPECT,<br>DIGNITY   | 80    | 58*  | 0,0068  | 637   | 676   | <0,0001 | 835   | 944*  | <0,0001 | 1163  | 1245* | <0,0001 | 1633  | 1812* | <0,0001 | 3654   | 3638* | <0,0001 | 8002   | 8373*  | <0,0001 |
| PROFESSIONALIZATION<br>AND PROTECTION AT<br>WORK                                       | 1     | 2    | 0,1700  | 3     | 20*   | <0,0001 | 8     | 32*   | <0,0001 | 127   | 199*  | <0,0001 | 16    | 101*  | <0,0001 | 32     | 240*  | <0,0001 | 187    | 594*   | <0,0001 |
| TOTAL  | 647   | 284  |         | 4862  | 2842  |         | 7067  | 4646  |         | 10054 | 6616  |         | 12828 | 8459  |         | 28335  | 17218 |         | 63793  | 40065  |         |

\*Preference; Child = Children; Adol = Adolescents. Source: SIPIA (1997).

The data presented by Table 3 refers to 'violator' and 'gender'. Statistically, females are more likely to have their rights violated by grandparents, siblings, stepfathers, uncles/aunts. When it comes to males, on the other hand, violators are more likely to be the mother or father.

Page 4 of 7 Nemer et al.

**Table 3.** Association between 'violator' and 'gender' in the cases of violation of children's and adolescents' rights in the State of Paraná from 2009 to 2014.

| VIOLATOR       |      | 2009 | )       | 2010 |      |         | 2011 |      |         |       | 2012 |         |       | 2013  |         |       | 2014  |         | Total  |       |         |
|----------------|------|------|---------|------|------|---------|------|------|---------|-------|------|---------|-------|-------|---------|-------|-------|---------|--------|-------|---------|
|                | Male | Fem  | p value | Male | Fem  | p value | Male | Fem  | p value | Male  | Fem  | p value | Male  | Fem   | p value | Male  | Fem   | p value | Male   | Fem   | p value |
| Grandparents   | 8    | 7    | 0,9000  | 72   | 106* | 0,0046  | 123  | 143  | 0,1700  | 133   | 143  | 0,2490  | 194   | 199   | 0,6740  | 341   | 413   | 0,0200  | 871    | 1011* | 0,0005  |
| Siblings       | 2    | 4    | 0,3690  | 29   | 42   | 0,0820  | 32   | 71*  | <0,0001 | 69    | 101* | 0,0040  | 74    | 99    | 0,0450  | 137   | 203*  | 0,0007  | 343    | 520*  | <0,0001 |
| Stepmother     | 4    | 4    | 0,9200  | 22   | 35   | 0,0570  | 22   | 28   | 0,3600  | 33    | 29   | 0,8000  | 37    | 57    | 0,0320  | 101   | 104   | 0,9450  | 219    | 257   | 0,0579  |
| Mother         | 190  | 173  | 0,8500  | 1956 | 1758 | 0,1480  | 2967 | 2717 | 0,0379  | 3412  | 3093 | 0,3240  | 4114  | 3916  | 0,2500  | 7696  | 7724  | 0,4200  | 20335* | 19381 | 0,0075  |
| Stepfather     | 17   | 12   | 0,4670  | 116  | 155* | 0,0066  | 94   | 219* | <0,0001 | 136   | 273* | <0,0001 | 202   | 384*  | <0,0001 | 367   | 651*  | <0,0001 | 932    | 1694* | <0,0001 |
| Father         | 100  | 87   | 0,6729  | 1238 | 1121 | 0,2800  | 1515 | 1423 | 0,2990  | 1959* | 1659 | 0,0097  | 2505* | 2258* | 0,0097  | 4882* | 4516  | <0,0001 | 12199* | 11064 | <0,0001 |
| Legal Guardian | 33   | 45   | 0,1140  | 252  | 262  | 0,3390  | 269  | 263  | 0,9680  | 283   | 283  | 0,4300  | 257   | 249   | 0,8760  | 552   | 604   | 0,2400  | 1646   | 1706  | 0,1523  |
| Uncle/aunt     | 4    | 2    | 0,4660  | 44   | 74*  | 0,0027  | 55   | 117* | <0,0001 | 70    | 115* | 0,0002  | 92    | 183*  | <0,0001 | 181   | 325*  | <0,0001 | 446    | 816*  | <0,0001 |
| Total          | 358  | 334  |         | 3729 | 3553 |         | 5070 | 4981 |         | 6095  | 5696 |         | 7475  | 7345  |         | 14257 | 14540 |         | 36991  | 36449 |         |

\*Preference; Fem = Female. Source: SIPIA (1997)..

Table 4 shows the data related to 'violator' and 'age group' from 2009 to 2014. In all variables analyzed, there is a predisposition towards adolescents, except for the 'grandmother' variable, which is more associated with children.

**Table 4.** Association between 'violator' and 'age group' in the cases of violation of children's and adolescents' rights in the State of Paraná from 2009 to 2014.

| VIOLATOR       |       | 2009 |         | 2010  |      |         | 2011  |      |         |       | 2012 |         |       | 2013 |         |       | 2014  |         | Total |       |         |
|----------------|-------|------|---------|-------|------|---------|-------|------|---------|-------|------|---------|-------|------|---------|-------|-------|---------|-------|-------|---------|
|                | Child | Adol | p value | Child | Adol  | p value | Child | Adol  | p value |
| Grandparents   | 4     | 7    | 0,1588  | 60    | 58   | 0,7000  | 108   | 93   | 0,9100  | 141*  | 82   | 0,0045  | 215   | 144  | 0,0600  | 473*  | 243   | <0,0001 | 1001* | 627   | <0,0001 |
| Siblings       | 0     | 2    | 0,1937  | 9     | 20   | 0,0200  | 27    | 31   | 0,2490  | 45    | 72*  | 0,0011  | 45    | 97*  | <0,0001 | 153   | 144   | 0,0180  | 279   | 366*  | <0,0001 |
| Stepmother     | 1     | 1    | 0,6852  | 9     | 19   | 0,0300  | 13    | 21   | 0,0600  | 27    | 17   | 0,3000  | 47    | 37   | 0,8400  | 115   | 76    | 0,5890  | 212   | 171   | 0,8000  |
| Mother         | 142   | 107  | 0,8288  | 1268  | 1059 | 0,1360  | 2169  | 1754 | 0,2400  | 2710  | 2289 | 0,5000  | 3856  | 3017 | 0,100   | 8481  | 5928  | 0,2500  | 18626 | 14154 | 0,0120  |
| Stepfather     | 8     | 11   | 0,2266  | 52    | 97*  | <0,0001 | 78    | 119* | <0,0001 | 135   | 184* | <0,0001 | 259   | 258  | 0,0300  | 565   | 402   | 0,9200  | 1097  | 1071* | <0,0001 |
| Father         | 5     | 9    | 0,2590  | 78    | 97   | 0,2100  | 109   | 176  | 0,1990  | 136   | 171  | 0,8200  | 267   | 287  | 0,6100  | 705   | 681   | 0,3400  | 1300  | 1421  | 0,72900 |
| Legal Guardian | 10    | 20   | 0,0150  | 89    | 116* | 0,0100  | 137   | 169* | 0,0013  | 166   | 196* | 0,0037  | 170   | 221* | <0,0001 | 543   | 498   | <0,0001 | 1115  | 1220* | <0,0001 |
| Uncle/aunt     | 4     | 2    | 0,4679  | 31    | 43   | 0,0670  | 57    | 53   | 0,6300  | 77    | 57   | 0,377   | 120   | 113  | 0,3000  | 278   | 200   | 0,9580  | 567   | 468   | 0,4460  |
| Total          | 250   | 195  |         | 2309  | 2082 |         | 3695  | 3132 |         | 4824  | 4171 |         | 6924  | 5690 |         | 15625 | 11187 |         | 33627 | 26457 |         |

\*Preference; Child = Children; Adol = Adolescents. Source: SIPIA (1997).

Table 5 presents the data regarding 'violated right – freedom, respect, dignity' in relation to gender and focusing on the 'physical violence' variable. We can notice prevalence for the female gender in both types of sexual violence (abuse and exploitation). Conversely, males are more predisposed to physical and psychological violence.

**Table 5.** Association between 'violated right – freedom, respect and dignity' and 'gender' focusing on the 'physical violence' variable in the cases of violation of children's and adolescents' rights in the State of Paraná from 2009 to 2014.

| VIOLATED RIGHT –<br>FREEDOM, RESPECT                   |      | 2009 |         | 2010 |      |         | 2011 |      |         |      | 2012 |         |      | 2013  |         |      | 2014  | ļ       | Total |       |         |
|--|------|------|---------|------|------|---------|------|------|---------|------|------|---------|------|-------|---------|------|-------|---------|-------|-------|---------|
| AND DIGNITY  | Male | Fem  | p value | Male | Fem   | p value | Male | Fem   | p value | Male  | Fem   | p value |
| Physical violence                                      | 20   | 27   | 0,497   | 193* | 193  | <0,0001 | 246* | 269  | <0,0001 | 330* | 291  | <0,0001 | 393* | 396   | <0,0001 | 723* | 803   | <0,0001 | 1905* | 1979  | <0,0001 |
| Beating / physical<br>aggression                       | 3    | 4    | 0,704   | 2    | 3    | 0,6082  | 1    | 0    | -       | 7    | 6    | 0,7     | 53   | 53    | 0,84    | 10   | 18    | 0,1     | 76    | 84    | 0,4150  |
| Others   | 0    | 0    | -       | 0    | 0    | -       | 0    | 0    | -       | 0    | 0    | -       | 3    | 0     | 0,1394  | 1    | 0     | 0,36    | 4     | 0     | 0,0739  |
| Corporal punishment                                    | 0    | 0    | -       | 0    | 0    | -       | 0    | 0    | -       | 0    | 1    | 0,5625  | 22   | 25    | 0,59    | 12   | 5     | 0,247   | 34    | 31    | 0,9250  |
| Physical torture                                       | 0    | 0    | -       | 1    | 0    | 0,5714  | 0    | 0    | -       | 0    | 1    | 0,5625  | 4    | 0     | 0,0731  | 6    | 1     | 0,1784  | 11    | 2     | 0,0200  |
| PSYCHOLOGICAL<br>VIOLENCE                              | 16   | 13   | 0,07    | 122  | 161  | 0,015   | 186* | 234  | <0,0001 | 181* | 238  | 0,0076  | 277* | 364   | <0,0001 | 656* | 839   | <0,0001 | 1438* | 1849  | <0,0001 |
| SEXUAL VIOLENCE /<br>ABUSE                             | 9    | 35   | 0,046   | 87   | 336* | <0,0001 | 137  | 574* | <0,0001 | 201  | 703* | <0,0001 | 244  | 1025* | <0,0001 | 415  | 1606* | <0,0001 | 1093  | 4279* | <0,0001 |
| SEXUAL VIOLENCE /<br>COMMERCIAL SEXUAL<br>EXPLOITATION | 0    | 2    | 0,404   | 2    | 49*  | <0,0001 | 6    | 35*  | 0,0092  | 9    | 36   | 0,0246  | 2    | 46*   | <0,0001 | 12   | 50*   | 0,0086  | 31    | 218*  | <0,0001 |
| Total  | 45   | 77   |         | 404  | 739  |         | 575  | 1112 |         | 721  | 1268 |         | 916  | 1831  |         | 1806 | 3298  |         | 4467  | 8325  |         |

\*Preference; Fem = Female. Source: SIPIA (1997).

The data brought by Table 6 present the 'age group' variable, and shows a prevalence for adolescents when it comes to 'sexual violence – commercial exploitation'.

**Table 6.** Association between "violated right – freedom, respect and dignity" and "age group" focusing on the "physical violence" variable in the cases of violation of children's and adolescents' rights in the State of Paraná from 2009 to 2014.

| VIOLATED RIGHT –<br>FREEDOM, RESPECT AND               |       | 2009 |         | 2010  |      |         | 2011  |      |         |       | 2012 |         |       | 2013 |         |       | 2014 |         | Total |      |         |
|--|-------|------|---------|-------|------|---------|-------|------|---------|-------|------|---------|-------|------|---------|-------|------|---------|-------|------|---------|
| DIGNITY  | Child | Adol | p value |
| Physical violence                                      | 12    | 10   | 0,8600  | 89    | 158  | 0,3500  | 144   | 188  | 0,7600  | 219   | 259  | 0,7500  | 338   | 327  | 0,0800  | 730   | 665  | 0,9900  | 1532  | 1607 | 0,51700 |
| Beating / physical aggression                          | 6     | 1    | 0,7692  | 1     | 3    | 0,7222  | 1     | 0    | 1,0000  | 6     | 7    | 0,6376  | 60    | 39   | 0,9200  | 18    | 9    | 0,7770  | 92    | 59   | 0,51700 |
| Others   | 0     | 0    | -       | 0     | 0    |         | 0     | 0    |         | 0     | 0    | -       | 0     | 2    | 0,1648  | 0     | 1    | 0,3774  | 0     | 3    | 0,06665 |
| Corporal punishment                                    | 0     | 0    | -       | 0     | 0    | -       | 0     | 0    | -       | 1     | 0    | 0,5000  | 27    | 19   | 0,8700  | 12    | 5    | 0,5900  | 40    | 24   | 0,71700 |
| Physical torture                                       | 0     | 0    | -       | 0     | 1    | 0,8773  | 0     | 0    | -       | 0     | 1    | 0,5625  | 3     | 0    | 0,2217  | 3     | 4    | 0,2588  | 6     | 6    | 0,3449  |
| PSYCHOLOGICAL VIOLENCE                                 | 5     | 9    | 0,2590  | 78    | 97   | 0,2100  | 109   | 176  | 0,1990  | 136   | 171  | 0,8200  | 267   | 287  | 0,6100  | 705   | 681  | 0,3400  | 1300  | 1421 | 0,72900 |
| SEXUAL VIOLENCE / ABUSE                                | 16    | 11   | 0,5480  | 107   | 158  | 0,7800  | 224   | 272  | 0,3000  | 336   | 408  | 0,9400  | 518   | 638  | 0,2100  | 1054  | 885  | 0,1280  | 2255  | 2372 | 0,5000  |
| SEXUAL VIOLENCE /<br>COMMERCIAL SEXUAL<br>EXPLOITATION | 0     | 0    | -       | 1     | 10   | 0,0400  | 0     | 11*  | 0,0045  | 6     | 14   | 0,1800  | 5     | 20*  | 0,0070  | 10    | 47*  | <0,0001 | 22    | 102* | <0,0001 |
| Total  | 33    | 30   |         | 275   | 423  |         | 477   | 647  |         | 697   | 852  |         | 1128  | 1272 |         | 2499  | 2278 |         | 5109  | 5502 |         |

\* Preference; Child = Children; Adol = Adolescents. Source: SIPIA (1997).

Law number 8.069 (1990) from 13<sup>th</sup> July, 1990, addresses the Child and Youth Statute, which establishes the rights of children and adolescents: the right to life and health, the right to education, culture, sports and leisure, and the right to professionalization and protection at work. Therefore, identifying the prevalence of violated rights, as well as victims' profile and their association with aggressors is of great relevance for the State and its community, for it provides bases for early detection and intervention in suspected cases.

Our research shows that the number of cases of violated rights has increased over the years, and that the most common situations involve familiar and communitarian companionship, followed by education, culture, sports and leisure. Violators are prevalently mothers, followed by fathers.

A search on SIPIA revealed 281.232 cases of rights violation in Brazil from 2009 to 2014. If we take into account only those cases registered in Paraná, then the number is 129.123, which means 46% of the cases registered in the entire country. These figures may suggest that other Brazilian States underreport those cases, which is corroborated by other studies affirming that underreporting of violence does happen in Brazil (Gonçalves & Ferreira, 2002).

Although the Brazilian Child and Youth Statute was promulgated over 20 years ago, it was only in 2006 that the National Plan for Promoting and Defending the Right of Children and Adolescents to Familiar and Communitarian Companionship was created. It was devised to ensure such right through public policies linked to other governmental programs. With regard to Institutional Reordering of Institutional Shelters, the main goal of the National Plan is adjusting the shelters in order to extinguish the large ones, thus ensuring familiar reintegration, and enabling fostering processes, so that children and adolescents have the right to familiar and communitarian companionship. Our findings show that, in Paraná, this right is the one with the greatest number of violation cases (n=52902), which points to the need of more effective public policies.

Violation of the right to education, sports, culture and leisure comes runner-up in the number of cases reported (n=45.398). The Federal Constitution (Brasil, 1988) states that "education, everyone's right and a duty of the State and family, must be promoted and encouraged in cooperation with society, aiming at one's full development, preparing them for citizenship and qualifying them for work". A study (Silva, Ometto, Furtuoso, Pipitone, & Sturion, 2000) similar to ours found out that only 28,22% of children over 5 years old were in nurseries. That confirms the results of this study, which identified greater prevalence of violation of the right to education, sports, culture and leisure related to children rather than adolescents.

When it comes to the right to freedom, respect and dignity, there are three types of violence, namely psychological, physical and sexual. Minayo and Assis (1994) point that children who are victims of structural violence are more likely to be deprived of their rights. Our study shows a gradual increase in the number of cases reported for the "physical violence" sub variable. That can be justified by a change in the legislation, which declared that reporting suspected cases is mandatory, especially when it comes to health and education professionals. Physical abuse is more likely to happen in families in which parents are too young, immature or alcoholics (Pascolat et. al., 2001).

Regarding those families in which children and adolescents are victims of physical violence, such practice plays a central role in their education (Guerra, 1985), since parents or guardians make use of corporal punishment as an educational measure (Deslandes 1994).

Psychological violence is far more subjective. However, it is often associated with physical violence, leaving deep marks on children's and adolescents' development, besides being commonly described in association with other types of violence (Cunha, Assis, & Pacheco, 2005). Abranches and Assis (2011) state that psychological violence causes real and potential long-term damage to children's and adolescents' mental and physical health. The authors also affirm that this type of violence conveys a message of rejection, thus, jeopardizing one's socialization ability and psychological development.

As for sexual abuse, it is a universal phenomenon that affects all social classes, ethnics, religions and cultures (Drezzet et al., 2001). Pfeiffer and Salvagni (2005) point that most abusers are people who are close to the child's or adolescent's family. So, aggressors take advantage of this trust relation and the power they have over the victim. In Paraná, there are more cases of sexual abuse involving females, the same results found by Ribeiro, Ferriani, and Reis (2004), in a study carried out in the city of Ribeirão Preto, State of São Paulo. The author states that, more than just sexual desire, it is also a matter of domination. Therefore, female children and adolescents are the ones who are usually dominated and subject to older men or women.

Page 6 of 7 Nemer et al.

Domith and Lourenço (2016) reported that children are potential victims of domestic violence, which can be direct (when children themselves are the target) or indirect (when they witness someone being assaulted). According to the World Health Organization, direct domestic violence includes emotional or physical maltreatment, sexual abuse, neglect or negligent treatment, commercial exploitation or exploitation of other natures, which can lead to health problems.

The data collected and analyzed in this research showed that violators are mainly mothers, followed by fathers. Mothers usually spend more time with their children than fathers. That is the reason why they are more likely to maltreat them. Nonetheless, in cases in which the mother and father spend the same amount of time with their children, the latter tends to commit assaults more often (Deslandes, 1994). Violence against children and adolescents may have immediate consequences, such as anxiety, guilt, fear towards the aggressor or people of the same gender, or even others, and long-term consequences such as suicidal ideation, depression, isolation and other disorders.

Situations of physical, psychological and/or sexual violence require an interdisciplinary work in order to ensure that victims have protection and assistance, and also to guarantee the violator to be held responsible (Arpini, Soares, Bertê, & Forno, 2008).

The Ministry of Health stresses that high prevalence of violence against children and adolescents makes it a serious public health issue. Health professionals are often the first ones to be in contact with episodes of violence, and the reason why victims seek assistance is usually covered by other problems or symptoms. Brazilian law has made mandatory the report of suspected or confirmed cases of rights violation, and it imposes penalties on health or education professionals who happen to omit any information. However, despite being obliged and recognizing the importance of reporting, those professionals still struggle to incorporate such procedure due to lack of basic information what allows an accurate diagnosis, and also for they are afraid of the legal inconveniences. Furthermore, the curriculum of most degrees in the field of health does not comprise any training on violence-related aspects (Jamillo & Uribe, 2001). Last, but not least, we can mention the need of institutional engagement, in order to offer professionals the necessary support, so that they feel less uncomfortable with reporting, thus, contributing to greater visibility of the problem and its eradication. Article 245 of the Child and Youth Statute (Lei no 8.069, 1990) states the following:

Art. 245. If a doctor, teacher or anyone responsible for a health premises at secondary, primary or nursery education levels fails to report to authorities any cases they have become aware of, regarding suspected or confirmed episodes of maltreatment against children or adolescents, they will be fined 3 to 20 reference wages, and twice as much as that amount in case of repeated infringement.

According to the Code of Practices on Dental Ethics, article 9, item VII (Conselho Federal de Odontologia [CFO], 2012), it is the duty of professionals to "[...] care for the health and dignity of their patients, and violating that represents and ethical infringement". Thus, omitting the mandatory report in violation cases not only violates the Child and Youth Statute, but also ethics. Reporting is of great importance, for it is an instrument to fight violence, as well as an epidemiological tool that provides benefits to similar cases (Gonçalves & Ferreira, 2002).

## Conclusion

Violation of children's and adolescents' rights has reached significant numbers over the years in Paraná, which calls for efficient public policies. In addition, all this emphasizes the relevance of the role played by health and education professionals in suspecting and reporting cases of that nature.

## References

Abranches, C. D., & Assis, S. G. (2011). A (in)visibilidade da violência psicológica na infância e adolescência no contexto familiar. *Cadernos de Saúde Pública*, *27*(5), 843-854. Doi: 10.1590/S0102-311X2011000500003

Arpini, D. M., Soares, A. C. O.-E., Bertê, L., & Forno, C. D. (2008). A revelação e a notificação das situações de violência contra a infância e a adolescência. *Psicologia em Revista*, *14*(2), 95-112.

Brasil. (1988, 5 outubro). *Constituição da República Federativa do Brasil*. Retrieved from https://www.senado.leg.br/atividade/const/con1988/CON1988\_05.10.1988/CON1988.asp

- Braun, S. (2002). A violência sexual infantil na família: do silêncio à revelação do segredo. Porto Alegre, RS: AGE.
- Conselho Federal de Odontologia [CFO]. (2012). *Resolução CFO 118 de 11.05.2012*. Retrieved from http://www.normaslegais.com.br/legislacao/resolucao-cfo-118-2012.htm
- Conselho Federal de Psicologia [CFP]. (2009). Serviço de proteção social a crianças e adolescentes vítimas de violencia, abuso e exploração sexual e suas famílias: referências para a atuação do psicólogo / Conselho Federal de Psicologia. Brasília, DF: CFP.
- Cunha, J. M., Assis, S. G., & Pacheco, S. T. d. A. (2005). A enfermagem e a atenção a criança vitima de violência familiar. *Revista Brasileira de Enfermagem*, *58*(4), 462-465. Doi: 10.1590/s0034-71672005000400016
- Deslandes, S. F. (1994). Atenção a crianças e adolescentes vítimas de violência doméstica: análise de um serviço. *Cadernos de Saúde Pública*, *10*(suppl 1), S177–S187. Doi: 10.1590/s0102-311x1994000500013
- Domith, X. A., & Lourenço, L. M. (2016). Violência Doméstica / Intrafamiliar Contra Crianças E Adolescentes: Na Linha Do Tempo. *Psicologia.PT O Portal dos Psicólogos*, 1–22.
- Drezett, J., Caballero, M., Juliano, Y., Prieto, E. T., Marques, J. A., & Fernandes, C. E. (2001). Estudo de mecanismos e fatores relacionados com o abuso sexual em crianças e adolescentes do sexo feminino. *Jornal de Pediatria*, 77(5), 413–419. Doi: 10.1590/s0021-75572001000500013
- Gonçalves, H. S., & Ferreira, A. L. (2002). A notificação da violência intrafamiliar contra crianças e adolescentes por profissionais de saúde. *Cadernos de Saúde Pública*, *18*(1), 315–319. Doi: 10.1590/s0102-311x2002000100032
- Guerra V. N. A. (1985). Violência de pais contra filhos: procuram-se vítimas. São Paulo, SP: itora Cortez.
- Jaramillo, D. E., & Uribe, T. M. (2001). Rol del personal de salud en la atención a las mujeres maltradas. *Investigación y Educación en Enfermaria*, *19*(1), 38–45.
- Lei nº 8.069, de 13 de julho de 1990. (1990). *Estatuto da Criança e do Adolescente*. Retrieved from https://presrepublica.jusbrasil.com.br/legislacao/91764/estatuto-da-crianca-e-do-adolescente-lei-8069-90#art-245
- Minayo, M. C. S., & Assis, S. G. (1994). Saúde e violência na infância e na adolescência Health and violence in infancy and adolescence. *Jornal de Pediatria*, 70(5), 263-266.
- Pascolat, G., Santos, C. d. F. L., Campos, E. C. R. d., Valdez, L. C. O., Busato, D., & Marinho, D. H. (2001). Abuso físico: o perfil do agressor e da criança vitimizada. *Jornal de Pediatria*, 77(1), 35–40. Doi: 10.1590/s0021-75572001000100010
- Pfeiffer, L., & Salvagni, E. P. (2005). Visão atual do abuso sexual na infância e adolescência. *Jornal de Pediatria*, *81*(5), 197–204. Doi: 10.1590/s0021-75572005000700010
- Ribeiro, M. A., Ferriani, M. G. C., & Reis, J. N. d. (2004). Violência sexual contra crianças e adolescentes: características relativas à vitimização nas relações familiares. *Cadernos de Saúde Pública*, *20*(2), 456–464. Doi: 10.1590/s0102-311x2004000200013
- Rosemberg, F., & Mariano, C. L. S. (2010). A convenção internacional Sobre os direitos da criança: Debates e tensões. *Cadernos de Pesquisa*, 40(141), 693–728. Doi: 10.1590/S0100-15742010000300003
- Silva, M. V., Ometto, A. M. H., Furtuoso, M. C. O., Pipitone, M. A. P., & Sturion, G. L. (2000). Acesso à creche e estado nutricional das crianças brasileiras: diferenças regionais, por faixa etária e classes de renda. *Revista de Nutrição*, *13*(3), 193–199. Doi: 10.1590/s1415-52732000000300006
- Sistema de Informação para Infância e Adolescência [SIPIA]. (1997). *Base de dados SIPIA*. Retrieved from https://sipiaconselhotutelar.mdh.gov.br/login