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Original Article

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Violence against children and adolescents residents in a rural area in the state of Minas Gerais

Violência contra crianças e adolescentes moradores de zona rural no estado de Minas Gerais

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Abstract

Introduction: Characterized as a more fragile social group, children and adolescents are exposed to various situations of violence, which come from numerous factors. Due to these aggressions, children and adolescents bear the consequences of the events they have suffered. Objective: In this context, this study aims to describe the pattern of violence suffered by children and adolescents living in rural areas, searching to update the literature in terms of public policies and community actions that can be based on a study similar to this. Materials and Methods: This is a descriptive observational epidemiological study, with data collected secondarily, from January 2007 to December 2017, considering children and adolescents aged 0 to 11 years. Results: 2282 cases of violence against children and adolescents were registered in these 10 years, and the most frequent victims were: 1309 females (57.36%), 398 victims under 1 year of age (17.44%) and 1314 blacks (57.58%) - constituted by blacks and browns -, being mainly affected on the face (19.39%) and later on in the intimate region (17.47%). The aggressor was, in 1304 cases, male (57.14%), and worked predominantly at the victim's home (71%). Conclusions: The findings revealed a need to implement new public policies to reduce the vulnerability of the public in question, as well as to extinguish all contributing factors to the execution of this violence.

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Keywords: Child abuse; rural health; violence; domestic violence; rural population

Resumo

Introdução: Como grupo social mais frágil, crianças e adolescentes ficam expostos a diversas situações de violência, as quais são oriundas de inúmeros fatores. Como consequência destas agressões, o público infanto-juvenil carrega sequelas dos acontecimentos sofridos. *Objetivo:* Portanto, este estudo tem por objetivo descrever o padrão de violência sofrida por crianças e adolescentes moradoras de zonas rural, buscando atualizar a literatura em função de políticas públicas e ações da comunidade que podem se basear em um estudo como este. *Materiais e Métodos:* Trata-se de um estudo epidemiológico observacional descritivo, com dados coletados secundariamente, do período de janeiro de 2007 a dezembro de 2017, em crianças e adolescentes de 0 a 11 anos. *Resultados:* Observou-se 2282 casos de violência infanto-juvenil nestes 10 anos, sendo o perfil das vítimas mais frequente: 1309 do sexo feminino (57,36%), 398 menores de 01 ano (17,44%) e 1314 de raça negra (57,58%) - constituída por pretos e pardos -, sendo acometidas principalmente na face (19,39%) e posteriormente na região íntima (17,47%). O agressor era, em 1304 casos, do sexo masculino (57,14%), e atuava predominantemente na casa da vítima (71%). *Conclusões:* Se faz necessário a implementação de novas políticas públicas que visam reduzir a vulnerabilidade do público em questão, bem como extinguir todos os fatores contribuintes para execução desta violência, como: distanciamento de serviços básicos relacionados a saúde, educação precária, falta de segurança e assistência social, preconceito racial contra negros, vulnerabilidade das crianças – sobretudo do sexo feminino, alcoolismo dos pais, dentre muitos outros que não foram citados neste estudo.

Palavras-chave: Maus-tratos infantis; saúde da população rural; violência; violência doméstica; população rural

Introduction

The history of civilizations shows that violence has always been present, being even considered as a "human and social fact"; indeed, there is no knowledge of any society totally exempt from this social problem. Violence presents itself within periods or times according to its contexts, and due to its frequency, it is called "phenomenon of violence"[1].

Violence against children and adolescents has a silent profile, hence resulting in approximately 227 deaths per day worldwide and several other hospitalizations as a consequence of injuries[2]. In a survey on child and youth violence in 190 countries, it was concluded that one in three young people suffer or have suffered physical, sexual or emotional violence[3]. Accordingly, child and adolescent violence does not have a specific profile and can affect this public regardless of their race, religion or social class[4].

Due to the significant dimension of this theme, in 2002, the World Health Organization (WHO) addressed the issue in relation to violence in a more categorical way. Thus, for the institution, violence is defined as the intentional use of physical force, real power or even threats, against oneself, against another person, or against a group or community, which results or has any possibility of resulting in injury, death, psychological damage, developmental disability or deprivation[5]. After this pronouncement, various institutions exposed their definitions about violence, however, a specific and precise conceptualization is still a challenge, since it is a complex and multi-causal phenomenon that affects all people in different dimensions, including emotional[1].

In this sense, structural violence is evidenced, associated with the socioeconomic and political properties of a society, in a given historical period, whose essence is based on social exclusion and its harmful effects. Besides this characteristic, it is noteworthy the historical and cultural

formation of Brazil regarding economic, social and cultural development. Marked by colonization and slavery, the formation of Brazil generated a slave and exclusionary society, dominant oligarchic elites whose social imagery is inscribed the idea that they can explore and dominate marginalized and/or inferiorized social categories according to race/ethnicity, gender and age[1].

Concerning childhood, structural violence particularly affects individuals in situations of personal and social risk, that is, the victims, in the differentiation stated by Guerra and Azevedo (1997)[6], who routinely suffer street violence, the absence of quality education and poor housing and health conditions.

Another determinant in the construction of violence against children and adolescents exercised in the privacy of the home is the culture that, when establishing norms, values, customs, also determines how individuals will relate according to the distribution of power. The concept of Small Power Syndrome explains how the destructive relationship between parents/guardians and their children is established. It is considered that through interpersonal relationships of a hierarchical, transgenerational nature, adults abuse their authority over children and adolescents with the support of society[7].

Violence against children and adolescents results in physical, psychological and social consequences. This public is vulnerable to exposure to violence and its outcomes can trigger sequels in the development phase[8].

Structural violence, coupled with cultural support, hinders the full development of numerous children and adolescents. Alarmingly, many of whom are deprived of access to health, education and decent housing - rights guaranteed by the Child and Adolescent Statute[9]. As an example of this undignified situation, a study conducted by Soler (2000)[10] mentioned the Northeast of Brazil: in this region, there was the highest concentration of families living below the poverty line, with monthly incomes of up to half the minimum wage, in addition to concentrating 53.4 % of children in the country who are in degrading situations of life. The research goes further by stating that the same occurs with families that, unassisted or poorly assisted, repeat the conditions of exploitation and abandonment of the victims. However, the major factor that impels a child to leave home is not this situation of poverty, but the mistreatment and abuse that is subjected[7].

When relating violence in the rural scenario, the cases are aggravated by singular characteristics such as: the distance from basic services related to health, education, security and social assistance added to the reproduction of these actions in an everyday situation, being practiced by generations[11]. Regarding sexual violence against children, data are considered even more difficult, since it becomes hidden by the child's fear of expressing her feelings and fears[12].

Thus, the present study aims to describe the pattern of violence suffered by children and adolescents living in rural areas in the state of Minas Gerais, Brazil, based on secondary data obtained by the Notifiable Diseases Information System (SINAN) of Brazil, in order to contribute to the literature for implementing public policies and community actions that can be based on a study like this.

Methodology

This research is a descriptive observational epidemiological study, with secondary data obtained by the Notifiable Diseases Information System (SINAN) collected in the Brazilian state of Minas Gerais (MG), from January 2007 to December 2017. According to the last Census of the Brazilian Institute of Geography and Statistics (IBGE), which

counted the Brazilian population in 2010, the total population in Minas Gerais, Brazil, was composed of 19,597,330 inhabitants[13], distributed in 853 municipalities, totaling 85.3% of urban population and 14.7% of rural population[13]. Of this total, 13.8% were children from 0 to 9 years old and 17.3% were adolescents from 10 to 19 years old. The age division was based on the guidelines of the World Health Organization[14].

SINAN is an official information system of the government of Brazil, being responsible for managing the epidemiological data used by the Health Surveillance Service. All cases of violence reported in health services in the country set up a National database that is fed locally in the municipality by the Notification Form and Epidemiological Investigation of Violence[15].

The System characterizes violence as any suspected or confirmed case of domestic/intra-family, sexual or self-inflicted violence, human trafficking, slave labor, child labor, torture, legal intervention and homophobic violence against women and men of all ages[15]. In the case of extra-family or community violence, only violence against children, adolescents, women, the elderly, people with disabilities, indigenous people and the LGBT population in Brazil[15] are subject to notification[15].

The inclusion criteria for this study were data of violence registered at SINAN, from January 2007 to December 2017, against children and adolescents from rural areas, with the age group between 0 to 11 years, who suffered physical, moral and psychological violence in Minas Gerais, Brazil.

The following variables were selected for assessing the cases of violence: (1) year of occurrence with cases between 2007 and 2017, (2) children and adolescents aged between 0 to 11 years; (3) female and male victim; (4) living in a rural area; (5) cases of violence in rural areas.

The present study sought to characterize children and adolescents victims of violence in rural areas through the following variables: (1) age, (2) schooling, being that the level of schooling was not taken into account due to the age analyzed, and (3) race. Then, the act of violence suffered by the victim was determined by the variables: (1) anatomical regions affected by the violence, (2) threat before violence, (3) type of aggression, (4) there was physical violence, (5) there was psychological violence, (6) the violence had already occurred, (7) use of body force or (8) beating by the aggressor. Subsequently, the aggressor was characterized by analyzing the variables: (1) gender of the perpetrator of the violence; (2) alcohol consumption. Posteriorly, the consequences associated with the aggression episode were specified by the following variables: (1) occurrence of post-traumatic stress after the aggression; (2) suicide attempts as a result of the aggression; (3) violence resulted in death.

For the analysis of SINAN data, the program TabWIN was used, a software made available by the Ministry of Health of Brazil for statistical analysis in health. Graphs and tables were constructed using the Microsoft Office Excel program. Data were presented as raw numbers, relative and absolute frequencies.

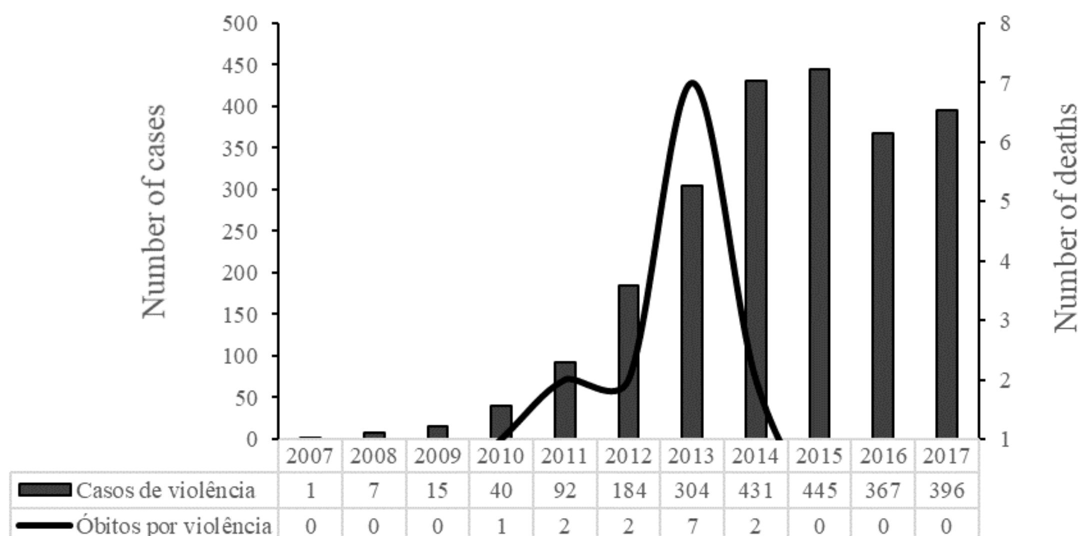
It is worthwhile noting that there was no need for the approval of the Ethics in Research Committee, since the data analyzed in the project are derived from a secondary data platform, from the Ministry of Health of Brazil. The statistics have a non-nominal character, therefore all Brazilian citizens have access through the principle of public transparency of consultation to epidemiological data on health in the country.

Results

A total of 2282 cases of violence against children and adolescents aged 0 to

11 years and living in rural areas were recorded during the study period. Of this number, more than 46% of children and adolescents were brown, and about 5% of the total had some type of disability. During this period, there were 14 deaths, resulting in an average lethality of 0.61%, being 2013 the year of predominance of the fact. Figure 1 illustrates the panorama of violence, which still highlights the year 2015 as the most violent for the studied population, with 445 registered cases.

Figure 1. Distribution of cases and incidence of violence against children and adolescents from 0 to 11 years old and living in rural areas, from 2007 to 2017.



Source: Cases notified to the Disease Information System, in the state of Minas Gerais, Brazil (2019).

Table 1. Distribution of violence against children and adolescents from 0 to 11 years old and living in rural areas, according to the analysis variables related to the victim, the aggressor, the forms of aggression and the consequences of the act, from 2007 to 2017.

Analysis variables	Absolute frequency	Relative frequency
Gender		
Male	973	42.64
Female	1309	57.36
Detailed age		
Under 01 year	398	17.44
01 year	140	6.13
02 years	137	6
03 years	115	5.04
04 years	158	6.92
05 years	151	6.62
06 years	162	7.1
07 years	184	8.06
08 years	189	8.28
09 years	202	8.85
10 years	195	8.55
11 years	251	11
Race		
White	746	32.69
Black	255	11.17
Yellow	20	0.88
Brown	1059	46.41
Indigenous	44	1.93
Ignored or blank	158	6.92
Presence of disability or disorder		
Yes	118	5.17

No	1973	86.46
Ignored or blank	191	8.37
Gender		
Male	973	42.64
Female	1309	57.36
Perpetrator of the violence		
Male	1304	57.14
Female	592	25.94
Both sexes	233	10.21
Ignored or blank	153	6.70
Drunken perpetrator		
Yes	528	23.14
No	1264	55.39
Ignored or blank	490	21.47
Repeated violence		
Yes	908	39.79
No	1009	44.22
Ignored or blank	365	15.99
Forms of violence - Poisoning		
Yes	63	2.76
No	1995	87.42
Ignored or blank	224	9.82
Forms of violence - Firearm		
Yes	30	1.31
No	2029	88.91
Ignored or blank	223	9.77
Forms of violence - Another aggression		
Yes	437	19.15
No	1559	68.32
Ignored or blank	286	12.53
Forms of violence - Sexual violence		
Anal Penetration		
Yes	48	2.1
No	183	8.02
Not applicable	842	36.9
Ignored or blank	1209	52.98
Vaginal Penetration		
Yes	86	3.77
No	96	4.21
Not applicable	939	41.15
Ignored or blank	1161	50.88
Consequence - STD prophylaxis		
Yes	68	2.98
No	471	20.64
Not applicable	1516	66.43
Ignored or blank	227	9.95
Consequence - Suicide attempt		
Yes	13	0.57
No	560	24.54
Not applicable	131	5.74
Ignored or blank	1578	69.15
Consequence - STD		
Yes	10	0.44
No	538	23.58
Not applicable	140	6.13
Ignored or blank	1594	69.85
Consequence - Mental disorder		
Yes	20	0.88
No	548	24.01
Not applicable	129	5.65

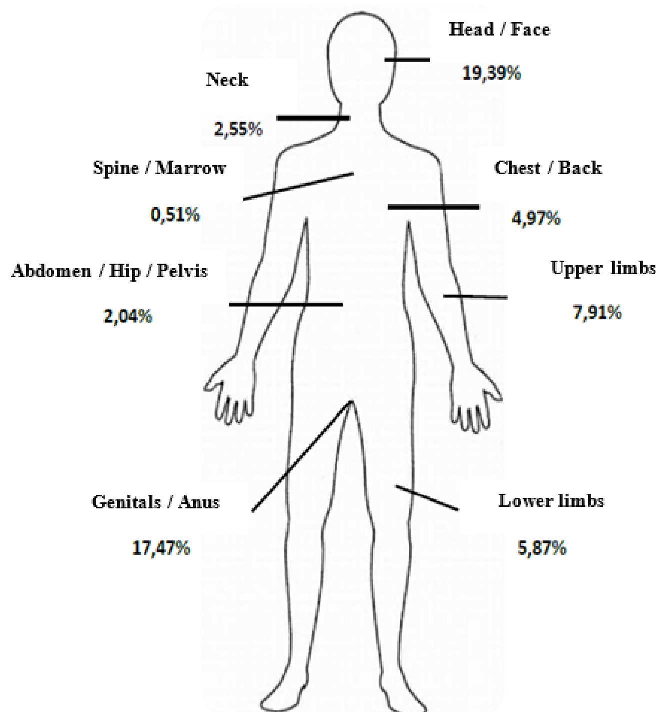
Ignored or blank	1585	69.46

Source: Cases notified to the Disease Information System, in the state of Minas Gerais, Brazil (2019).

In order to characterize children and adolescents who are victims of violence in this region of Brazil, considering the registered cases, 57.58% were of the black race, composed of black and brown individuals, and 57.36% were female. The study reported a prevalence in the percentage of victims aged less than 1 year, comprising 17.44% of cases. When analyzing the act of violence itself, Table 1 depicts the demographic characteristics of the aggressor and the body areas where these aggressions occurred. The findings revealed that, in 71% of cases, the violence occurred at the victim's home. It is also possible to verify from the records that, in 39.79% of the cases, the fact was unprecedented. Furthermore, male authors (57.14%) predominated and about 23% of the total aggressors were drunk. Regarding physical violence, it was observed that there were 63 occurrences of poisoning and 30 confirmed cases with the use of a firearm. When analyzing sexual violence, the data demonstrated that there was anal penetration in 2.1% of cases and vaginal penetration in 3.77%. Of these cases, 2.98% led to a search for prophylaxis against sexually transmitted infections, and 10 cases resulted in contamination.

Finally, Figure 2 exhibits the areas of the victim's body that were most affected by the violence. It is possible to observe that the face was the most affected, with a frequency of approximately 19%. The intimate region (genitalia and anus) was the second largest affected, with just over 17%.

Figure 2. Distribution of the body areas affected by violence against children and adolescents from 0 to 11 years old and living in rural areas, from 2007 to 2017.



Source: Cases notified to the Disease Information System, in the state of Minas Gerais, Brazil (2019).

The sum of the percentage of body parts that suffered violence is less than 100% due to the fact that, in the sample space, other forms of non-physical violence were considered.

Discussion

The occurrences of violence against children from 0 to 11 years old, living in the rural area of the State of Minas Gerais, were studied and selected in order to establish a profile of both the victims and the aggressors, considering the variables that can modify the completeness of this type of study. Thus, the notifications reported in the Notifiable Diseases Information System (SINAN) in the period from January 2007 to December 2017, as well as authors who have worked on this topic in a convergent way with the aims of this research were evaluated.

For the typology, the mistreatment of children consists of two parts: active and passive. The active form is characterized as a clear intention on the part of the aggressor, including verbal, physical, extreme corporal punishment and sexual abuse, and the passive is recognized as negligence, which can be exemplified by emotional neglect (deprivation of affection), lack of care and unintentional physical violence[16], such as child labor promoted by the family with a view to complementation or even to reach the total family income.

Furthermore, there is a cultural factor that corroborates the perpetuation of violence under the allegation that it is educational didactics (which means punishment), subverting the facts of contemporary psychology that point to effective maneuvers to promote discipline without using violence or break the affective bond, including the stimulus-reward association and others available to parents and guardians even if they have little education[17]. In the popular imagination, there is still a belief that disciplinary education must be related to the use of physical punishment, that is, in this line of thought the child should associate the punishment as a consequence of the indiscipline, thus reflecting and assimilating the educational discipline to the punishments (whether moral or physical). Notwithstanding that, the consolidation in the family and school environment of an education without the use of any forms of violence becomes difficult, given the context of the recent history of the legality of practices, such as the use of the spanking paddle and the formation of generations under this scope[18].

Therefore, it is verified in the contemporary panorama of Brazil that the “Menino Bernardo” Law (Law No. 13010 of June 26, 2014) ensures the right to education without the use of violence[19]. This Law won the "Law of spanking" alcove and was part of the discussions in various public scenarios of the country, owing to the questions about the State's intervention or not in the education that parents and guardians give to children in the domestic sphere. Additionally, popular opinion was formed in order to influence the processing of the Law and support its consolidation, considering the understanding that the State must ensure the rights of children and adolescents, which can be done without the child being under the exclusive tutelage of the State and family custody.

The analyzed data show that from a total of 2282 occurrences of violence against minors aged 0 to 11 years old and residents of the rural area of Minas Gerais, 46% were brown and 5% had some kind of disability, thereby indicating that these minorities are more prone to violence.

Moreover, the child's psychological distress externalized in the form of self-mutilation can further lead to attempt of suicide or even suicide[20-21]. Besides that, when violence is recurrent in the environment in which the child develops, including family, school or community, the psychological distress can intervene in her development, hence causing disturbances or delays that prevent the development of her potential; configuring psychopathological conditions that hinder adjustments in a healthy way to other environments that do not offer risks. Indeed, aggressive children, who mistreat

animals or do not show good feelings and have poor adaptive responses may have been victims of violence and may be showing this behavior as evidence[22].

The findings also reported that the majority of children were female, which converges with studies that reported sexual abuse of female children as one of the major causes of child violence[23-24]. Thus, it can be inferred that the sexual violence of children of female sex is a serious public health concern that can result in physical and mental damage to the victim, with the family context being the most recurrent scenario for this. Therefore, the family is not a guarantor of the child's safety in this scope, given that in 71% of the cases under analysis, the victim's residence proved to be prevalent in relation to the location of the violent act. In this context, social standards can indicate when a female child is more exposed or not to sexual violence, including the family structure (Intergenerational) and the way of life of parents and guardians (if they are illicit drug users and alcohol users)[23]. It can also be speculated from the records that in most cases (39.79%), the fact was unprecedented, hence showing the possible lack of knowledge of the whole family, which exempts the family from connivance. Importantly, it appears that the perpetrator of the violence was predominantly male and used alcohol at the time of the action. This data corroborates with previous studies that exhibited that alcoholic men are more likely to become the perpetrators of child sexual violence[23-25]. Despite this, poisoning was also a recurrent form of physical violence, and the use of firearms was significant. The fact happens almost always in the context of domestic (intra-domiciliary) violence, which in Brazil is in the form of structural violence that reveals atrocious forms of child violence[7].

Neglect is a veiled violence that can result in cases of accidental poisoning, for instance, shown to be very recurrent. Further, vaginal and anal sexual violence are common forms of violence and the need for prophylaxis against sexually transmitted infections represents 2.98% of the cases, with contamination in 10 cases.

Furthermore, the literature states that children's reports regarding the suffering of sexual abuse are not considered true, and are often attributed to fantasies of the child's imagination or even to the attempt to harm someone in order to obtain some advantage, thus resulting in damage to mental and physical health of several children[26]. In contemporary Brazil, multi-professional health teams rely on psychologists who can offer, besides therapy, the tracking of valuable information for medical and legal investigations. With this, the credibility of the report of minors is more valid. In turn, the health team needs better training to deal with these cases. Health teams can also perform biological tests to ascertain the nature of sexual abuse, thereby providing more accuracy in the reports and in the procedural process, which promotes justice[26].

It is also verified that the child's face is the body area most affected by violence, totaling 19% of the records, which is significant when compared to the total number of records and worrisome because it is a noble part of the body. In fact, the face bears the symbolism of identity, therefore representing how the child recognizes herself as a person.

There is a need to break the cycle of violence that occurs in generations of children in Brazil. In this sense, looking for the flaws in current child protection systems must be the object of competent bodies and the population. The family should be guided to ensure the child's well-being, safety and integrity, as recommended by the Child and Adolescent Statute[9], but other tools, such as the direct hotline, should be explored by the entire population and, if possible, by the victims. Still, children should receive guidance, as long as they can already assimilate the rights they have, being aware of the

apparatus at their disposal. The Tutelary Council is the Brazilian municipal body whose function is to supervise and demand compliance with the Child and Adolescent Statute. As it is composed of citizens belonging to the community, the Tutelary Council has a greater ability to mediate and evaluate situations of child violence, hence allowing the work of the legal and medical teams to be better directed and the conditions of the family environment to be investigated[27]. The child's home should also be provided with care in order to promote the guidelines of the National Policy for the Reduction of Morbidity and Mortality from Violence and Accidents[28]; given that the family must assess whether there is a situation conducive to violence against the child and even a scenario that facilitates accidents, and must therefore act preventively with a view to safeguarding the integrality of the child as indicated by the guidelines. Furthermore, it should be offered to the family knowledge of children's rights and the means to provide them. This can occur in the form of lectures in schools and conversation circles in the community promoted by the government through the official agents.

Health education should be part of public policies as a tool to help families in relation to the physical and mental health of children, so the effective training of health teams with a view to specialized care for victims of violence is of pivotal importance, as well as the continuous recycling of agents that compose the tutelary council of each locality and other public bodies that are responsible for this task.

In this context, it is essential to emphasize the relevance of collecting these data, since they allow to highlight the main vulnerabilities of children who are assaulted in the rural area, for example: the greater distance between the health units and the victims' residence, in addition to factors that increase the probability of aggression, such as the use of alcoholic beverages by aggressors. Thus, this information facilitates the elaboration of possible public policies aimed at reducing the vulnerabilities of the victims and at working to combat factors associated with increased practice of violence.

Finally, the limitations of this study include data collected in a health information system provided by the Brazilian federal government, whose source probably underreported cases of violence, mainly because the victims are children who live in the rural area. Similarly, it is noteworthy the records of ignored or blank fill of several analysis variables (low information completeness) that can be attributed to failures in filling out the violence notification forms, considering the assertiveness. Moreover, the work represents the reality of the state of Minas Gerais, and it is not possible to deduct such results for the rest of the country.

Conclusion

The present study aimed to characterize violence against children living in rural areas in the state of Minas Gerais and also to demonstrate the main physical and psychological consequences developed by the victims after the aggressions. The data obtained through the SINAN platform indicated various effects of violence, including attempted suicide in some cases in response to the mental disorder developed after the aggression. Remarkably, the majority of the victims were female, which is in accordance with other studies.

In this sense, this and other research can provide a comprehensive understanding of the aggressions suffered by children living in rural areas of Minas Gerais and the factors that lead the aggressors to commit these crimes. Thus, further studies on this topic are required to increase the information base on the characterization of this type of violence; thereby allowing a better targeting of public policies to combat this crime and to

ensure that children have their rights conferred by family, community and state.

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