

EPIDEMIOLOGICAL ANALYSIS OF CHILD SEXUAL VIOLENCE: A DESCRIPTIVE RESEARCH

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Abstract: Child sexual violence is a serious public health problem in Brazil, with devastating impacts on the physical, psychological, and social development of victims. The epidemiological analysis carried out, based on data from DATASUS between 2015 and 2021, revealed a high incidence of cases of child sexual violence in the country, with a predominance of female victims and male aggressors. São Paulo, Minas Gerais, and Rio de Janeiro had the highest numbers of confirmed cases, reflecting both greater exposure and effectiveness in reporting these incidents. On the other hand, states with less health infrastructure, such as Roraima and Amapá, showed significantly lower numbers, suggesting difficulties in detection and reporting. The research also identified the large number of unconfirmed cases and blank data, which indicates flaws in the process of collecting and recording information. The relationship between victims and aggressors is predominantly familial, highlighting the importance of prevention strategies aimed at strengthening the protection network and raising awareness among the population, especially in schools and in the family environment. Despite advances in public policies, such as the Health in Schools Program, the implementation of preventive and educational actions still faces challenges, including cultural resistance and lack of resources, which highlights the need for a more integrated and effective approach between health, education and social assistance. Thus, the research highlights the importance of strengthening existing public policies and improving detection, reporting and support for victims of child sexual violence in Brazil.

Keywords: Child Sexual Abuse; Child Abuse; Epidemiology

INTRODUCTION

Child sexual violence is a serious public health problem that affects children and adolescents around the world, including Brazil. It is characterized by any sexual act imposed on minors under 18 years of age without their consent, ranging from sexual abuse to commercial sexual exploitation. These acts have devastating consequences for the physical, psychological and social development of the victims, compromising their well-being and future.



In Brazil, sexual violence against children and adolescents is alarming. According to the epidemiological bulletin of the Ministry of Health, between 2015 and 2021, 202,948 cases of sexual violence were reported in this age group, 83,571 against children and 119,377 against adolescents. In 2021, the highest number of notifications was recorded, with 35,196 cases (Brasil, 2023).

Most aggressors are male, responsible for more than 81% of cases against children aged 0 to 9 years and 86% of cases against adolescents aged 10 to 19 years. The victims are predominantly female: 76.9% of the notifications of children and 92.7% of the notifications of adolescents in these age groups occurred among girls (BRASIL, 2023).

In addition, it is observed that the victims' homes are the place where 70.9% of cases of sexual violence against children aged 0 to 9 years and 63.4% of cases against adolescents aged 10 to 19 years occur. Family members and acquaintances are responsible for 68% of aggressions against children and 58.4% of aggressions against adolescents in these age groups (Brasil, 2023).

These data highlight the urgent need for effective strategies to prevent and combat child sexual violence in Brazil. It is essential that public policies are implemented to protect children and adolescents, in addition to promoting society's awareness of the seriousness of this problem.

The epidemiological analysis of child sexual violence allows the identification of patterns, risk factors and more vulnerable groups, providing subsidies for the development of targeted interventions. Understanding the magnitude and characteristics of this phenomenon is essential for the development of preventive actions and support for victims.

This article aims to perform an epidemiological analysis of child sexual violence in Brazil, using updated data from the Ministry of Health and other reliable sources. The main aspects related to this problem will be discussed, including definitions, statistics, risk factors and prevention strategies.

An in-depth understanding of child sexual violence is crucial for building a fairer and safer society for children and adolescents, guaranteeing them the right to full development and protection against all forms of violence.



GOAL

To carry out a descriptive epidemiological analysis of child sexual violence in Brazil, based on data extracted from the Notifiable Diseases Information System (SINAN) and the Mortality Information System (SIM), available at DATASUS.

METHODOLOGY

The methodology of this study was descriptive in nature, with the objective of identifying, classifying and analyzing data on child sexual violence in Brazil, using information from DATASUS, specifically from the SINAN (Notifiable Diseases Information System) and SIM (Mortality Information System) data systems. These systems provided detailed information on reported cases of sexual violence, allowing a comprehensive analysis of the occurrences registered throughout the national territory.

Data collection was carried out by consulting the public databases available in DATASUS, which provided information on the incidence of cases of child sexual violence, as well as data on the profile of victims and aggressors, such as age, gender, location and relationship between victim and aggressor. Data on notifications of sexual violence registered between 2015 and 2021 were considered in order to obtain an updated and representative overview of the occurrences of this type of violence in Brazil.

To ensure the quality and relevance of the data, a filtering process was carried out, selecting only cases of sexual violence involving victims under the age of 18. In addition, a critical analysis of the consistency of the data was carried out, identifying possible inconsistencies or failures in the records and seeking ways to mitigate these impacts in the interpretation of the results.

Data analysis was done quantitatively, using descriptive statistical techniques, such as means, percentages, graphs and tables. These tools allowed a clear and objective visualization of the



information, facilitating the identification of patterns and trends in the occurrences of child sexual violence. The variables analyzed included the age group of the victims, the gender of the victims and aggressors, the place of occurrence, the relationship between victim and aggressor, and notifications by geographic region.

The analysis was stratified by categories, such as age group (children aged 0 to 9 years and adolescents aged 10 to 19 years), sex of the victims (female and male), and the classification of the victims according to occurrence (sexual abuse, sexual exploitation and other forms of violence). In addition, special attention was paid to geographic variables, considering regional differences and the distribution of cases in Brazil, in order to identify areas with greater vulnerability and need for specific interventions.

The research also sought to identify the main characteristics of the aggressors, such as gender, age and relationship with the victims, in order to understand the profile of these individuals and their possible motivations. The analysis of this variable was fundamental for the development of prevention strategies, as it allowed for the targeting of awareness and guidance actions to the most prevalent risk groups.

Finally, the results obtained were analyzed in the light of the existing literature on the subject, comparing them with national and international studies on child sexual violence, in order to contextualize the data found and provide a more in-depth diagnosis of the situation of sexual violence against children and adolescents in Brazil. The conclusions of the study aimed to support the development of more effective public policies and the implementation of prevention measures, in addition to contributing to the advancement of knowledge about child sexual violence and its implications for public health.

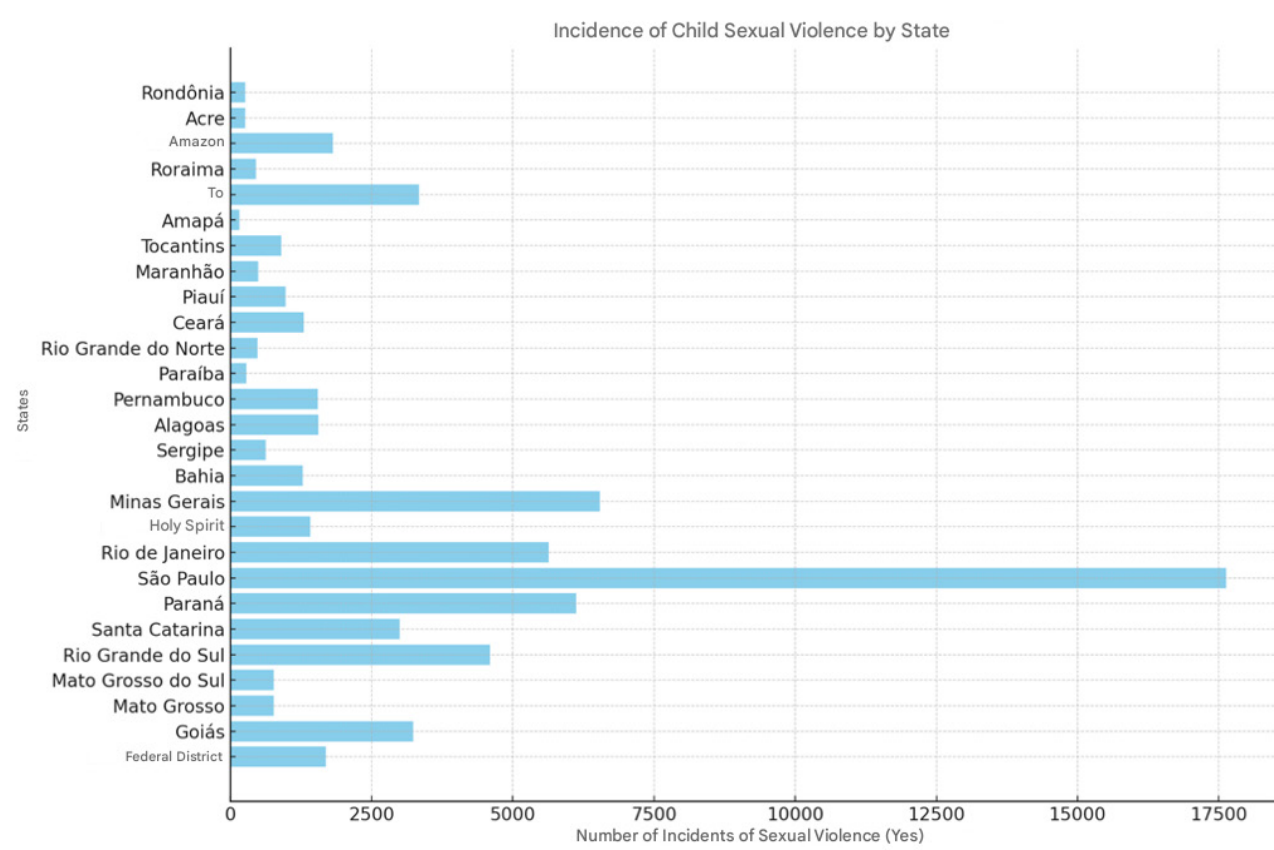
RESULTS AND DISCUSSION

Based on the data presented, information on the incidence of cases in several states was



analyzed. The grand total of records was 235,008, of which 67,214 are confirmed cases, 153,966 unconfirmed, 3,053 unknown and 10,775 blank. This set of data was crucial to identify the states with the highest incidence of cases and, consequently, the region that requires the most attention. The analysis is described in graph 01.

Graph 01: Frequency by state Notification



In first place, the state of São Paulo (35) stands out with the highest number of confirmed cases, with a total of 17,633. This result can be attributed to the large population number in the state, which naturally leads to a greater number of records, in addition to the more accessible health infrastructure and the possible greater detection capacity. However, this also implies that the high incidence of cases in São Paulo may reflect both greater exposure and better case notification.

Another state that has a high incidence rate is Minas Gerais (31), with 12,189 confirmed



cases. This number is also among the highest in Brazil, which may be related to the population density and the state epidemiological context, including the quality of health services and the population's awareness of symptoms and diagnoses. Minas Gerais has a wide network of health units and public health initiatives, which may have led to the detection and notification of a significant number of cases.

Next, the state of Rio de Janeiro (33) also draws attention, with 6,121 confirmed cases. Rio de Janeiro, being one of the most populous states with a robust health infrastructure, has high incidence numbers, reflecting both the effectiveness of the health network and the possibility of underreporting in other states with fewer resources. The variability in state data suggests that regional disparities directly influence detection rates.

At the other end of the table, states such as Roraima (14) and Amapá (16) have significantly lower numbers, with only 459 and 165 confirmed cases, respectively. These states have smaller populations and a health network that, although present, may not be as efficient in terms of detection compared to large capitals. In addition, the socioeconomic particularities of regions farther from the center of the country also influence these numbers.

Another relevant data is the large number of unconfirmed cases, especially in states such as Bahia (29), which has 8,407 unconfirmed cases, which may indicate a failure in data collection or analysis, or even a resistance of the population to seek care for diagnosis. This phenomenon of underreporting may be common in areas with less access to health care or in more vulnerable regions, reflecting inequalities in health care.

The analysis of blank and ignored data shows the importance of a continuous process of reviewing health records. The significant number of blank (10,775) and ignored (3,053) cases in several states indicates that there is a lack of consistency in the completion of data, which can hinder the accuracy of statistics and make it difficult to develop more effective public health strategies. Facing this challenge requires improvements in the processes of collecting and systematizing information.

This information reveals an alarming picture, with a significant concentration of cases in states such as São Paulo, Rio de Janeiro and Minas Gerais. This phenomenon can be interpreted from



the literature, which highlights the relationship between higher case notification and the availability of health services, as well as greater awareness of the importance of reporting. Anjos et al. (2022) reinforce that nursing in the school environment has been an effective strategy in the early identification of signs of child violence, especially when it involves sexual violence. However, underreporting in states with less infrastructure remains a challenge, as discussed by Cruz et al. (2023), who point out that the scarcity of prevention programs in health services contributes to the perpetuation of violence.

The literature also highlights that, in most cases of child sexual violence, the aggressors are family members or people close to the victim. This is corroborated by the study by Araújo Sá et al. (2024), which warns about the “silence” of academia and society in the face of these abuses, suggesting that violence occurs in environments in which the child should feel safe. For the authors, the strengthening of public policies aimed at educating and sensitizing the population, with an emphasis on the family, is one of the most effective ways to reduce sexual violence. The need for a more active approach in the training of health professionals to recognize signs of sexual abuse is also emphasized by Anunciação et al. (2023), who state that the school is a crucial space for the early detection of violence.

In addition, the data suggest that states with higher rates of sexual violence have more resources and health programs, but these data also reflect the greater detection and notification of these cases, which may be a positive indication that the child support network has been strengthened. The Health at School Program, analyzed by Cavalcanti et al. (2015), is an example of government action that aims to integrate health and education, allowing for joint action in the fight against violence. However, the implementation of this program has shown gaps, especially in municipalities with fewer resources. Muñoz (2019) observes that the effectiveness of the Health at School Program depends on the ability to articulate between schools and health units, in addition to continuing education of professionals who work in the field of child health.

Thus, when confronting the data with the theories of prevention and intervention in the literature, it is observed that, although there is an increase in complaints and visibility on child sexual



violence, there are still failures in the execution and monitoring of public policies, as pointed out by Justina (2021) and Kirsch (2022). The implementation of integrated health and education programs, such as the Health at School Program, is fundamental, but the challenges are many, including cultural resistance and lack of resources. The literature suggests that an interdisciplinary approach, involving health, education and social assistance, may be the key to building a more robust and effective protection system.

CONCLUSION

In view of the above, this research highlights the magnitude of the problem and the disparity in notification between the states, which can be attributed to factors such as health infrastructure and the population's awareness. The literature reviewed indicates that, although public policies, such as the Health at School Program, have advanced, there are still significant challenges in their implementation, especially in areas with fewer resources. Integrated action between health, education and social assistance, with a focus on raising awareness and continuous training of professionals, is essential to improve detection, prevention and support for victims. Therefore, it is essential to continue investing in effective prevention strategies and a multidisciplinary approach to combat child sexual violence more effectively.

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