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## VIOLENCE AGAINST CHILDREN: AN ANALYSIS OF COMPULSORY NOTIFICATION FROM THE PERSPECTIVE OF BIOETHICS OF PROTECTION

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### ABSTRACT

The objective was to analyze the compulsory notifications of violence against children from the perspective of Bioethics of Protection. It was adopted a qualitative, descriptive, exploratory, documentary approach, in the light of Bioethics theorists. Data were collected from the forms of notifications of violence against children aged 0 to 10 years, registered in the Municipality of Macapá, Amapá, in 2018. Variables considered: age, sex, type of violence, means of aggression, place of occurrence and complementary information. The content analysis technique guided the analysis and categorization of the narratives, enabling the identification of the categories: "Profile of violence against children: knowing the study subjects" and "Sexual and physical violence practiced by family members: bioethical implications". The results showed that physical and sexual violence were the most incident against children, and the residence the place of greatest occurrence. Additionally family members were more common aggressors. It was concluded, after analyzing the notifications of violence from the perspective of Bioethics of Protection, that it is imperative to implement public policies to the prevention and control of violent acts, so that, thus, the state can fulfill its protective role.

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## INTRODUCTION

Practiced since the beginning of humanity, violence is present in various contexts and scenarios. The term violence comes from the Latin, *violentia*, and "[...] expresses the act of violating others or violating oneself" (PAVIANI, 2016, p. 8). This term can also be linked strength and generates various physical and mental injuries, among others, such as "[...] injury, torture, death or psychological damage that produces humiliation, threats, offenses" (PAVIANI, 2016, p. 8). Violence can occur at different stages of a human being's life cycle. When it happens in childhood, it is recognized by the World Health Organization (WHO) as a public health problem,

because it affects millions of children worldwide. With regard to this issue, Brazil is the fifth country with the highest incidence of the problem (EGRY *et al.*, 2018). In 1959, the United Nations (UN) approved the Declaration of the Rights of the Child, which consists of ten principles adapted from the Universal Declaration of Human Rights. Among these principles, two fulfill the theme of the study in question, as a theoretical and political base focused on the protection of the child: "[...] the child will figure in any circumstances, among the first to receive protection and help [...] the child will enjoy protection from any form of negligence, cruelty and exploitation" (UNITED NATIONS ORGANIZATION, 1959, p. 1). In Brazil, over the years, at the height of social movements, Institutional Charter of 1988 emerged, which ratifies the irregular situation of children and

adolescents, considering them as subjects of rights. As a political instrument for this understanding, in 1990, the Statute of Children and Adolescents (ECA) was implemented through Law No. 8,069. This prescription, considering this population as a priority group, obliges all states and municipalities of the federation to use legal instruments of protection in cases of violence, such as the Notification of Mistreatment of Children and Adolescents, even in suspicious situations (MARTINS, 2012; NUNES; SALES, 2016). With regard to violence against children, this theme raises reflection on the damage caused by this act for the victims, their families and society. Thus, it is understood that bioethics, more specifically the bioethics of protection, which is the focus of this study, can be an important theoretical reference of the discussions that this topic raises. In 1971, Van Rensselaer Potter described that bioethics, as a discipline, might be able to follow scientific development with an ethical vigilance that he supposed was free of moral interests. This biochemist proposed the continuous democratization of scientific knowledge as the only way to spread this zealous view of ethics (PRUDÊNCIO, 2017). Specifically on bioethics of protection, in the beginning, it is understood as ethics applied to conflicts and moral dilemmas in Public Health. Later, it comes to be understood as a critical reflection and defined as a normative proposal referring to conflicts resulting from practical-critical human activity (SCHRAMM, 2015). As this is a public health problem, which can cause sequelae to individual and collective health, studies focused on violence against children are of great relevance for the improvement of health discussions that permeate this theme. From this perspective, this article aims to analyze compulsory notifications of violence against children from the perspective of Bioethics of Protection.

## MATERIAL AND METHOD

This is an exploratory, descriptive and documentary study with a qualitative approach, in the light of the bioethical reference, more specifically the Bioethics of Protection. The research was carried out in the city of Macapá, capital of Amapá, Brazil. The state is made up of 16 municipalities and borders French Guiana. The city of Oiapoque marks the boundary between the two countries. Data were collected at the Health Surveillance Coordination, Violence and Accident Surveillance System (VIVA) – component of the Notifiable Disease Information System (SINAN), at the Macapá Municipal Health Secretariat (SEMSA). The notification forms registered in the Notifiable Diseases Information System (SINAN NET), in 2018, by SEMSA, constituted documentary sources. Data collection took place through documentary research, following items applicable to the study and proposed by the COREQ – Consolidated Criteria for Qualitative Research Reports. The information were extracted from the notification forms and followed the script containing the variables that would be explored in the research, namely: age, gender, type of violence, means of aggression and place of occurrence. Complementary Information contained in the forms were also part of the data collection. In these there was a space for the health professional to record the report of the violent act described by the victim or his guardian in the moment of notification. The selection of notification forms was carried out by intentional sampling, also known as sampling by judgment, that is, the selection takes place according to certain criteria that will compose the sample (OLIVEIRA, 2011). Forty forms were analyzed, using the following criteria as a reference: forms that were completely filled out and typed SINAN NET, according to the stipulated age group (0 to 10 years old) and the year 2018 as the occurrence of notifications. Thus, notification forms in which the registered age group was above 10 years of age were excluded, as well as forms not fully filled out and forms not registered in SINAN NET. The *Windows* Spreadsheet Excel 2013 *software* was used for data organization and management. For analysis and support of the study, the content analysis technique was used. Thus, the narratives were examined through analytical reading and categorized according to thematic and textual similarity, following the phases of the content analysis technique guided by Laurence Bardin (2011): pre-analysis, material exploration and treatment of results, inference and interpretation. In order to preserve

the anonymity of the participants, only data/reports without name exposure were used, without mentioning initials and other specific information that could reveal the identity of the studied subjects. It is noteworthy that, to ensure methodological rigor, the principles of credibility, reliability, confirmability and transferability were used, which, according to Moreira (2018), are a set of criteria applicable to qualitative studies. Godoy (2005) refers to these principles as honest, upright, deserving of attention and that must be taken into account. There was no conflict of interest in the research, which was approved by the Research Ethics Committee of the Federal University of Amapá, Opinion nº 3.512.895, in accordance with Resolution nº 466/2012, of the National Health Council, which deals with the research involving human beings.

## RESULTS AND DISCUSSION

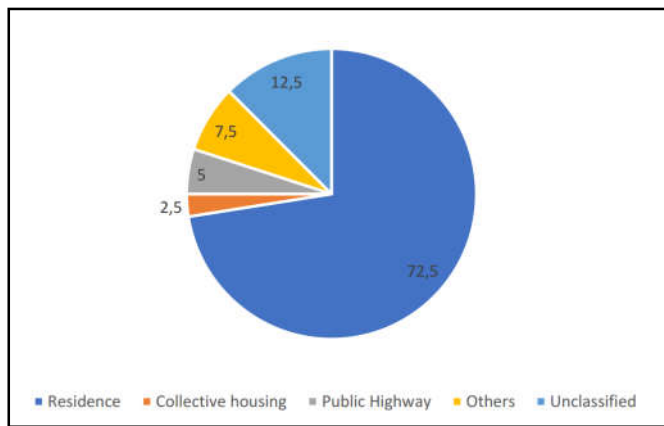
**Profile of violence against children: getting to know the study subjects:** In 2018, a total of 40 cases of violence against children aged up to 10 years were registered in the municipality of Macapá (AP). The age groups with the highest number of notifications were: under 1, 4, 7 and 9 years. Additionally, it is more evident among female children, with 57.5% of the records, while, among males, this percentage corresponded to 42.5%, as shown in Table 1.

**Table 1. Distribution of the number of cases of violence against children, according to sex and age group. Macapá, Amapá, Brazil – 2018**

Detailed age	Male	Female	Number of reported cases	%
Under 1 year	5	2	7	17,5
1 year	1	1	2	5
2 years	–	2	2	5
3 years	2	1	3	7,5
4 years	3	4	7	17,5
5 years	1	1	2	5
6 years	1	3	4	10
7 years	1	4	5	12,5
8 years	–	1	1	2,5
9 years	2	3	5	12,5
10 years	1	1	2	5
TOTAL	17	23	40	100

Source: MACAPÁ (2018). Note: Conventional signal used: – Numeric data equal to zero not resulting from rounding.

As for the types of violence against children with the highest number of notifications, physical and sexual stood out, which were equal (29.33%), followed by psychological/moral violence (16%). It is noteworthy that a notification can be classified into more than one type of violence, as well as there are reports that do not qualify for a specific type of violence, being classified as “other types”. In this way, it is justified the total of 75 occurrences recorded in 2018 in Macapá (AP). Regarding the means of aggression to which the child was exposed at the time of violence (Table 3), the findings of this study showed that corporal strength/beatings stood out, followed by the use of threats. It is worth mentioning that 32.5% mentioned other means used at the moment of the aggression, but they were not classified in the notification form. As for the place of occurrence of violence against children, the residence was the place with the highest rate of notification presented in this study (Graph 1). As for the age group, Nunes and Sales (2016) report that the younger the age, the greater the risk of violence and vulnerability, because child does not have their own survival skills and is totally dependent on the caregiver. Vulnerability indicates the potential shared by the universe of all living beings. “Vulnered” are those who “[...] are not able to protect themselves or who do not have any support that comes from the family, the group to which they belong, the State or Society itself [...]” (SCHRAMM, 2017, p. 1534). The study by Moreira *et al.*, (2017) corroborates these results, identifying that 62.9% of children suffered sexual violence, followed by physical violence, with 34.0%, and psychological/moral violence, with 22.4%. Nunes and Sales (2016) conclude, in the study carried out, that the high rate of physical violence against children is related to the lack of emotional control on the part of parents or guardians, in addition to being seen as a way to educate minors.



Source: SINAN/NET - Macapá, Amapá, Brasil (2018)

**Graph 1. Distribution of violence by place of occurrence. Macapá, Amapá, Brazil, 2018**

They also claim that sexual violence is closely related to the abusive power of the aggressor adult over the victimized child. The study by Souto *et al.*, (2018) also evidenced the residence as the place where the majority of the notified cases occurred, contradicting the understanding that the home is a safe and protective space. The data presented in Graph 1 allow us to reflect on the essence of a home for a child, which should be a space for shelter, safety and protection. However, in this study, it was revealed as the main place for the scenario of violence to an individual who has not yet built skills to defend himself.

**Table 2. Distribution of violence against children, by type. Macapá, Amapá, Brazil – 2018**

Type of violence	Number of reported cases	%
Physics	22	29,33
Psychological/Moral	12	16
Torture	4	5,33
Sexual	22	29,33
Financial/Economic	2	2,66
Negligence/Abandonment	6	8
Other types	7	9,33
TOTAL	75	100

Source: SINAN MACAPÁ (2018).

**Table 3. Distribution of the means of aggression used during violence against children. Macapá, Amapá, Brazil – 2018**

Means of Aggression	Number of reported cases	%
Body strength / spanking	14	35
Hanging	2	5
Blunt objects	2	5
Sharp objects	2	5
Threat	6	15
Fire weapons	1	2,5
Others	13	32,5
TOTAL	40	100

Source: MACAPÁ (2018).

**Sexual violence and physical violence by family members: bioethical implications:** This category aimed to group reports on sexual and physical violence done by family members.

The mother reports a change in the child's behavior for about a week and a foul smelling discharge. The mother fears that something has gone wrong in her paternal grandfather's house, because she reports that he has schizophrenia. (Report 1). The child reports that the uncle had been dating her, a fact that had occurred since she was 4 years old. (Report 2). Father informs that the minor reported to him, that the 15-year-old brother inserted his penis in her mouth and also tried to insert it in her butt, but that did not enter. Father informs that this situation has been happening since January of this year. (Report 3).

The child was admitted to the Infant Care Emergency Room, accompanied by mother, presenting a history of syncope, also with scratches on the abdomen, very scared, suffering frequent intimidation from the mother, who, very nervous, confessed to having been the stepfather (Report 4). Sheltered minor, victim of mistreatment by his father. Parents broke up. Injury performed with belt. Minor has multiple bruises [anterior part of arms and posterior thoracic region] (Report 5).

According to information, a minor, victim of domestic violence, done by his own father, with physical aggression and attempt drowning, offering alcohol to a minor (Report 6).

The Bioethics of Protection, in its first formulations, represented an attempt to recover the old meaning of the word *ethos*, which means “refuge”, “residence”, “dwelling” and, finally, it assumed the meaning of “practice”, “habit” and “character”. According to Schramm (2017), these terms have “an air of family” and understood synthetically as “protection”. Rossato, Lépre and Cunha (2012, p. 80-81) enunciate the concept of protection as follows: “[...] the principle of full protection emanates from constitutional and infra-constitutional norms that grant the child the status of subject of law, whose interests must be protected by the family, society and the State”.

Lobato (2019) states that sexual violence against children is increasingly common in society, being more difficult to be identified and fought, especially when done within the family. The act is usually camouflaged and imperceptible, due to the place (residence) where it takes place, and the aggressors are people known of the victim, such as their relatives, close or trusted individuals of the child or their own parents. A study carried out by Platt *et al.*, (2018), in Florianópolis (SC), showed that 17 (5%) cases of sexual abuse against children were done by the father. Adicionalmente, Additionally, Baptista *et al.* (2008) pointed out that the relationship between the abuser and the victim occurs in the following sequence: father, stepfather, uncle, grandfather and cousin. In Brazil, since the Federal Constitution of 1988, children, adolescents and young people have been recognized as subjects of universal rights and deserving of protection, due to their stages of physical, psychological and social development:

Art. 227. It is the duty of the family, society and the State to ensure children, adolescents and young people, with absolute priority, the right to life, health, food, education, leisure, professionalization, culture, to dignity, respect, freedom and family and community coexistence, in addition to keeping them safe from all forms of negligence, discrimination, exploitation, violence, cruelty and oppression. (BRASIL, 1988, p. 132).

Just as the family plays the role of guardian of a child, the State has a political mission to protect the members of society, as prognosticate the Bioethics of Protection (SCHRAMM, 2017). Taking this statement into account, it is understood that it is the responsibility of the State to promote preventive actions and to combat violence against children, strengthening the existing health programs that fight this crime and creating measures based on the precepts of Bioethics (BARRETO *et al.*, 2016). Mello (2017) infers that physical violence is the easiest type to be identified, as, in most cases, the child presents marks, abrasions and even a broken limb. In more extreme cases, the violence to which it is subjected can lead to death. Despite the advances made possible by the enactment of child protection laws, the high rates of violence against children still remain a challenge to be faced. When the aggressor is a family member, the situation becomes even more delicate. Amidst all this, the Bioethics of Protection stands out, a strong ally for reflection in pursuit of the realization of children's rights. Schramm (2008) also explains that Bioethics of Protection applies to subjects and populations lacking the minimum conditions to take care of their own lives, which allows a reflection on the potential of a child to become a recurrent target of violence. Thus, Bioethics of Protection rescues the human sense of voluntarily offering care to the other, becoming engaged, committed. It is a morally irrevocable commitment, as the agent and the consequences of the acts are, in principle, defined and identified (BERLINGUER, 1993). Thus, it is understood that Bioethics of Protection has the

capacity to universalize public health policies, such as, for example, the SUS. Schramm (2017) emphasizes, in his manuscripts, the need for such health systems not to exempt themselves from the co-participation of reasonable and sensible individuals, that is, people who understand the objectives that make up Bioethics, who, in turn, can prioritize subjects and susceptible and vulnerable populations.

**Final considerations:** The multi-causal nature of violence against children is a reflection of the cultural dynamics present in different core family and society. In Brazil, the protective measures established by the Child and Adolescent Statute are presented as important instruments in the fight against child violence, allowing children to be protected and have access to the rights guaranteed by law, essential subsidies for their healthy growth and development. In addition, reporting suspected or confirmed acts of violence was a big step taken, but it still needs to be encouraged and strengthened, optimizing the practice of law. It is worth emphasizing the importance of the role of health professionals, when identifying signs of violence, in a medical appointment or physical examination. Thus, notification is essential, and this professional cannot exempt himself from their ethical commitment, because child violence can cause sequelae to individual and collective health. Bioethics of Protection, in turn, emerges as a fundamental science, which can be a reference for discussions that permeate the theme of violence against children, being essential for the development of new practices that combat this inconceivable act, as well as promoting fragmentation vicious cycles of violence through generations.

**Conflict of interests:** The authors declare that the research was carried out in the absence of any commercial or financial relationships that could be interpreted as a potential conflict of interest.

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