

## **Building subsidies to identify signs of sexual abuse against children and adolescents**

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ORCID: <https://orcid.org/0000-0002-5269-4476>[rafaela.penrabel@educadores.net.br](mailto:rafaela.penrabel@educadores.net.br)**Abstract**

*Sexual abuse against children and adolescents is considered a serious public health problem. Any contact or interaction with a minor that includes touching, any type of sex or caressing is characterized as violence and most of these abuses take place at home and are carried out by family members. This violence is underreported, mainly because it occurs in homes and one of the difficulties encountered by health professionals who deal with situations of violence is the lack of language and concepts that combine medical knowledge with that of other areas, such as social and legal. In view of this perspective, the study sought to create subsidies that could help health and administrative professionals of a Family Health Unit to identify suspicious signs of this type of violence against this public, reporting tools, in addition to the reception of victims and the family. To achieve this objective, a booklet was developed with information about the sexual violence that children and adolescents are susceptible, warning signs and how to act in the face of violence, in addition, an easily accessible online page was created, via QR CODE, containing the educational booklet, social networks of public agencies for the protection of children and adolescents and the contacts necessary to make complaints. Training was also carried out with all the health and administrative professionals of the unit. There were 1337 accesses to the QR CODE and the page, indicating propagation of the material. Data on the increase in reports of sexual violence have not yet been obtained.*

**Keywords:** *intrafamily violence, sexual abuse, adolescent; QR CODE.*

**1. Introduction**

Sexual abuse practiced against children and adolescents is considered a serious public health problem, thanks to increasingly high rates of incidence and the consequences for the neurological, psychological and cognitive development, in addition to the affective and social development of the victim and his entire family. Any contact or interaction with a minor that includes touching, any type of sex, caressing or penetration is characterized as sexual violence and significantly interferes with the victim's psychosexual health (HABIGZANG *et al.*, 2015).

Sexual abuse can be defined, following the context of the occurrence, in several categories. According to Brasil (2012) the types of violence addressed can be physical violence, sexual violence, rape, sexual abuse in childhood or adolescence, incestuous abuse, sexual harassment and psychological violence. Outside the family environment, sexual abuse can occur in situations in which children and adolescents are involved in pornography and sexual exploitation (KOLLER; CERQUEIRA-SANTOS, 2005).

According to Habigzang *et al.* (2015) most abuse against children and adolescents occurs at home and is carried out by people from their own family ties. In these cases, these types of abuse are called

intrafamilial or incestuous, as extrafamilial abuses are carried out by people outside this relationship. The close relationship between the vulnerable child and the abuser involves strong affective bonds, contributing to the abuse having a greater cognitive-behavioral impact for the child and his family.

Studies in Brazil show that the vast majority of cases of sexual abuse occur with girls between 5 and 10 years old. Boys are also subjected, but to a lesser extent, highlighting intra-family abuse, with most of this violence occurring at home (PLATT *et al.*, 2018). According to Patriota de Souza *et al.* (2019), in the global context, sexual abuse is still a constant reality in the lives of many adolescents and adults and is highly prevalent in all societies and is independent of economic, cultural, social, ethnic or religious conditions. each year 12 million people are victims of this type of violence and of these, 36% are girls and 29% are boys.

In Brazil, research indicates that one of the most common causes of aggression in adolescents (between 10 and 19 years old) is sexual violence, with 23.9% of notifications. Sexual violence against adolescents is a serious problem, which can compromise the development of biopsychosocial, cultural and spiritual dimensions throughout their evolutionary trajectory (PATRIOTA DE SOUZA *et al.*, 2019). Santos *et al.* (2014) state that, among the immediate consequences after sexual abuse in children and adolescents, the impact of this violence on the victims' mental health stands out, as there are records of suicide attempts, development of mental disorders, behavioral disorders. and post-traumatic stress disorder.

According to Platt *et al.* (2018) it is necessary to report any suspected or proven episode of violence to the guardianship councils. Some studies report that, after complaints, children and adolescents were removed from their families with the help of the Guardianship Council, being welcomed in a shelter.

Sexual violence against children and adolescents is quite underreported, mainly because it occurs inside homes. Domestic abuse is very high and health professionals need to be aware of the problem in their daily practice. According to the Ministry of Health, one of the difficulties faced by health professionals (which include nursing technicians, community health agents, dentists and their technicians, nurses and doctors), who deal with situations of violence, is the lack of a language and concepts that combine medical knowledge with that of other areas, such as social and legal (BRASIL, 2012).

Given this perspective, the present study sought to create technological subsidies that could help health, administrative and community professionals to identify suspected signs of sexual violence against children and adolescents and mechanisms and tools for reporting, in addition to welcoming victims and their families.

## **2. Methodology**

The stages for the elaboration of the study included bibliographical research about the *QR CODE*, the selection of the main characteristics used to identify symptoms and signs of the types of sexual abuse, the elaboration of didactic material and the applicability of the material produced in the construction of knowledge on the subject. addressed.

Academics of the 3rd semester of the Medicine course at Universidade Anhanguera UNIDERP, with the support of the Interinstitutional Program for Teaching-Service-Community Integration (PINESC), held at the Family Health Unit “Dra Sumie Ikeda Rodrigues – USF SERRADINHO”, in Campo Grande, Mato

Grosso do Sul, Brazil, developed the study linked to the Health Education Action entitled “Breaking the Silence” with the health and administrative staff of the unit and with the community.

## 2.1 Development of the Booklet

A booklet was developed with the help of literature containing information on sexual violence against children and adolescents, being made available online under the title: “Breaking the Silence: How to Identify Sexual Violence Against Children and Adolescents”, with the themes:

1. *Why talk about sexual violence against children and adolescents?*
2. *Where does sexual violence occur and who are the abusers?*
3. *Warning signs presented by abused children and adolescents.*
4. *How to guide children and adolescents and How to act when you become aware of or suspect abuse?*

This booklet contained telephone contacts and electronic addresses of public bodies that assist in a possible complaint of sexual violence against this most vulnerable public, such as the military police, tutelary councils and public prosecutors. It is important to note that the booklet provides ways to identify psychological, physical and behavioral changes in a possible victim, which influences the complaint. Remembering that reports can be made with or without certainty of sexual violence, where the responsible professionals will investigate the possible abuse, seeking to identify the author(s), separate the child from the abuser or discard the report.

## 2.2 QR CODE creation

With the help of the websites “<https://www.canva.com/>” and “<https://pp.qr-code-generator.com/>” a QR CODE was developed (Figure 1) that contains the media used and produced. for the aforementioned Health Education Action, under the title “Breaking the Silence”. The program used – QR CODE Generation – indicates the number of accesses to the code created, which guaranteed to scale the scope of the action plan; This information was used to analyze the results of this project.

**Figure 1:** QR CODE for the content “Breaking Silence”.



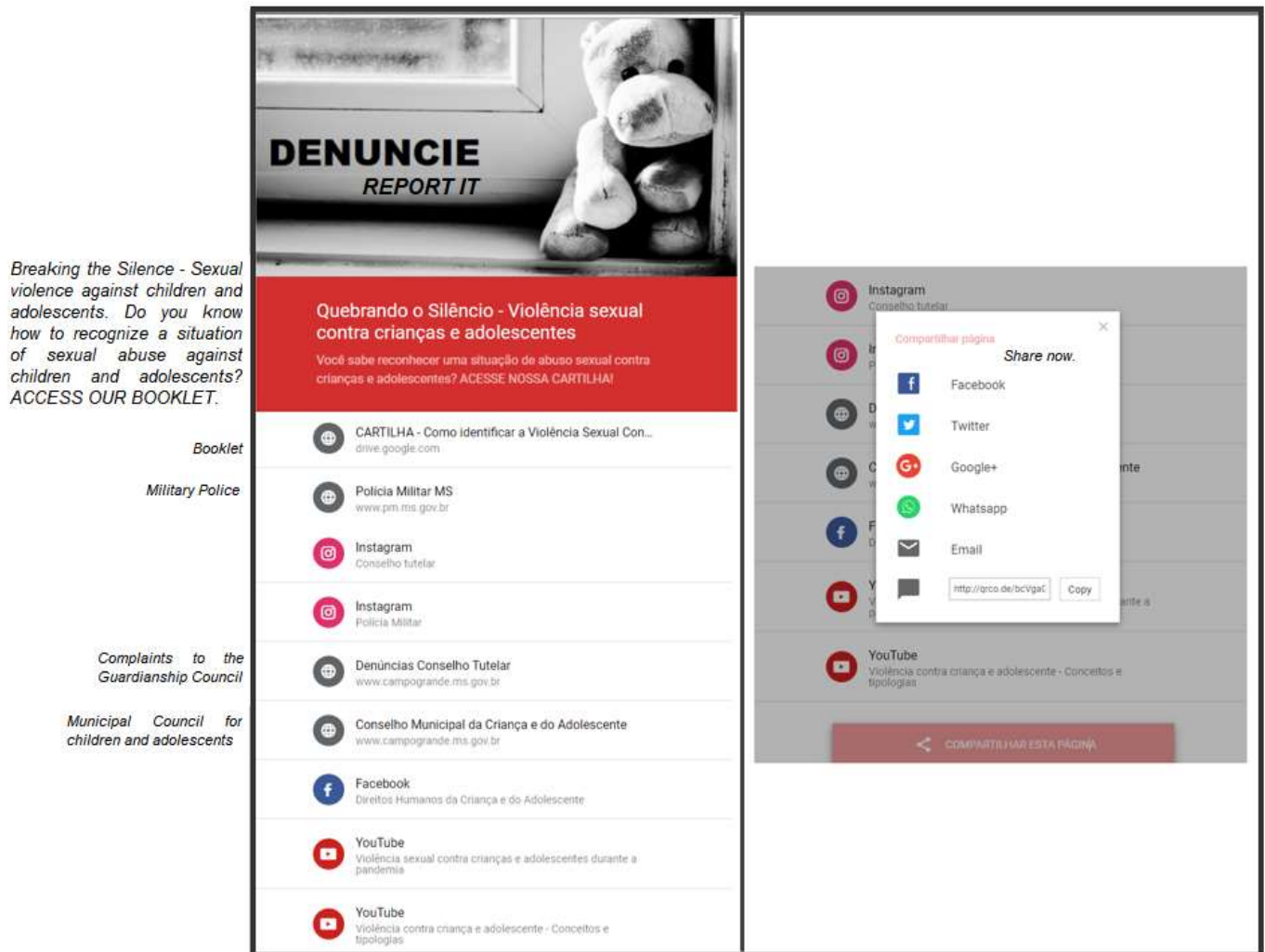
**Source:** Personal collection (2021). QR CODE Generation Program.

### 2.3 Social page development

When accessing the QR CODE, there is a link to a page titled “Breaking Silence” containing the booklet for knowledge of the subject, the websites of public bodies for making complaints, in addition to addresses of social pages of these same bodies and educational videos (Figure 2).

On this page, people can browse various electronic sites and have easy access to learn about the types of sexual violence that children and adolescents can suffer. social networks and people.

Figure 2: Page of the Health Education Action “Breaking the Silen”.



Source: Personal collection (2021). Website accessed: <http://qrco.de/bcVgaG?trackSharing=1>.

### 2.4 Creation of digital folder and sticker

For the dissemination of the QR CODE with the media content produced and selected, a banner and the digital folder “Breaking the Silence” (Figure 3) were developed, which was propagated among the contacts of academics, on their social networks a week before the action, with the unit’s employees and with USF users. The folder was printed on adhesive sheets and distributed and fixed at strategic points within the USF, such as in bathrooms, offices, screening and vaccine rooms, as well as at the reception and in the common patient reception environment (Figure 4).



Figure 3: Digital folder and printed banner “Break the Silence”.



Source: Personal collection (2021).

Figure 4: Distribution and fixing of the folder “Break the Silence” at USF Serradinho.



Source: Personal collection (2021).

### 2.5 Application of the Health Education Action and handling of the produced QR CODE.

The study and action in health were developed with health professionals, administrative staff of the unit and community, which included the following professionals:

- *Community Health Agent (CHA)*
- *Dental and Technical Surgeons*
- *Cleaning staff*
- *Nursing Technicians*
- *Social Workers*
- *Nurses*
- *Doctors*
- *Service/reception secretaries*

The academics presented the folder (Figure 5) and informed the listeners about the booklet and about its information for the fight against child sexual violence, in order to make them aware of the need to know signs and indications of abuse and understand the steps for effective reporting. Those responsible helped with doubts, handling and use of the QR CODE produced.

Figure 5: Execution of the action with the professionals and community of USF Serradinho.



Source: Personal collection (2021).

### 4. Results and discussion

The training with the employees of the USF Serradinho and its users showed good results in terms of interest in the subject addressed in the workshop, since a part of the listeners were not aware of the identification of signs of suspected sexual abuse and how they should proceed. At the opening of the action, a considerable part of those present, especially those employees who are not professionals directly linked to health, indicated that they would report to their superiors any type of sign of sexual violence that they were aware of or would abstain from responsibility, for fear of reprisals, stating who would not play the role of whistleblowers, highlighting the real need for educational health actions like the one that was carried out.

Intra-family sexual violence takes the form of physical and psychological abuse, causing health losses that are still poorly understood. Understanding and recording it has been a challenge for professionals from all areas. According to the Ministry of Health (BRASIL, 2002) a prevention policy, even at the local level, must be aimed at giving visibility to the problem, deconstructing the concept that violence is something that is part of nature, reinforcing the concept that any type of violence is cultural and therefore can be removed from social life.

Health services have difficulties in diagnosing and recording cases of intra-family and extra-family sexual violence, demonstrating that actions involving the entire community are important and bring satisfactory results. In a note, the Federal Government informs that it carries out a series of actions ranging from the complaint to the training of professionals in the areas of health, education and social assistance (BRASIL, 2021), but these actions are not always seen in the realities of the basic units. of family health.

Since the QR CODE was fired and the page created on social media a week before the action, the application of the action itself, plus the fixing of the stickers at USF Serradinho, generated, according to the website responsible for maintaining the QR CODE, a total of 1337 accesses, carried out in Brazil and in different cities in the country, as well as in 08 other countries (Figure 6).

**Figure 6:** Total hits on the platform by country, via QR CODE, after one week of disclosure.



Source: Website <https://app.qr-code-generator.com/>.

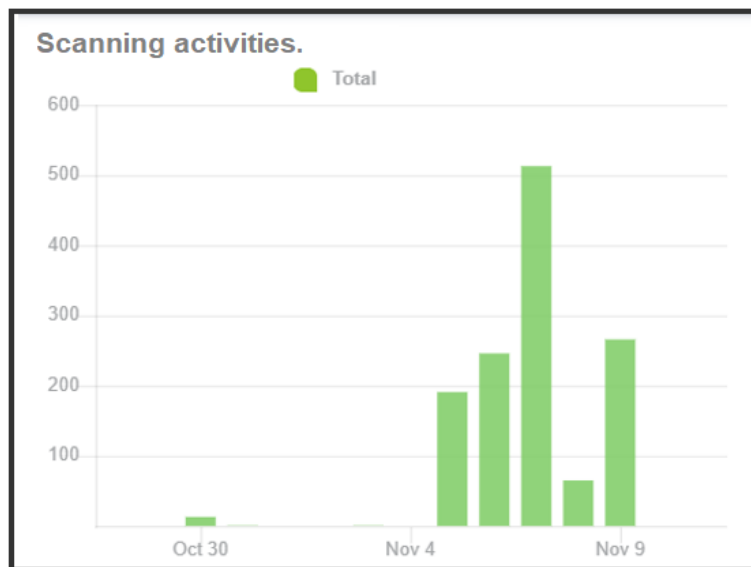


Health professionals and other employees of a health unit must previously know the knowledge and concepts presented in this project to correctly approach and identify the neglectful family, with empathy; however, it does not mean diminishing the responsibility of the family, but rather giving the necessary referrals in order to guarantee the victims' rights.

The prevention of Intra-family and Extra-family violence must be included in communication and cultural actions that are capable of generating collective awareness and a commitment to abuse and violence against the most vulnerable, seeking to constantly and with quality recycling individual and collective knowledge of information.

The QR Code is classified as a Mobile Reality Augmented where information present in a given location is viewed on a mobile device, “augmenting” the information. is used in this case a hyperlink called Mobile Augmented Reality Applications (MARA), which through a cell phone makes information accessible. Its operation is considered simple where the image of the code is captured with the camera of cell phone, the image is decoded using a code reader installed on the equipment, and the decoded message is read on the cell phone, or if it is directed to a URL link (CORRÊA; DE SOUZA; MARÇAL, 2012). In this way, the QR CODE of this study showed daily accesses since the initial firing (Graph 1), which indicates that the concept of prevention, the search for new knowledge, references and the concept of complaint is being propagated and gaining new interested.

Graph 1: Total daily access to the platform, via QR CODE.



Source: Website <https://app.qr-code-generator.com/>.

Telephone and e-mail contacts were made with child and adolescent defense agencies, such as the Guardianship Council, in addition to the military police and the public prosecutor, in order to obtain information about the possible increase in complaints within the week that proceeded to application of the health action performed in this work, but no answers were obtained on such indices. The same interest in diagnosing the increase in the number of complaints occurred with the USF Serradinho health unit, place of application of the action, however, until the completion of this study, no information was obtained on the increase in complaints.

According to Pfeiffer; Salvagni (2005), statistics, therefore, are not absolute data. We work with a phenomenon that is covered by secrecy, a “wall of silence”, which includes family members, neighbors and, sometimes, the professionals who care for children who are victims of violence. Psychological effects of sexual abuse can be devastating, and problems from abuse persist in the adult life of these children. It is a universal phenomenon that affects all ages, social classes, ethnicities, religions and cultures and can be considered to be any act or conduct based on gender, which causes physical, sexual or psychological damage to the victim and, in extremes, death. Survivors of sexual abuse often repeat the cycle of victimization, perpetrating sexual abuse intergenerational with their own children.

Reports of sexual abuse, physical aggression and mistreatment against children and adolescents increased 670% from January to 2021 compared to the same period in 2020. Also, according to the author, in addition to the numbers, there is another problem: what was previously denounced as suspicion, with the pandemic became "late denouncement". Before, schools noticed something different and called the Guardianship Council. When schools and daycare centers were closed during the pandemic period, the profile changed, and complaints began to be made by neighbors or family members, and abuse has often been committed systematically (LAUDARES, 2021).

For the material produced in this work to be used properly, awareness and routine training of professional categories that assist people in vulnerable situations, such as children and adolescents, are essential. At the same time, it is up to the different levels of government to strengthen or provide the necessary conditions for the implementation of measures aimed at containing and preventing this type of violence.

## **5. Conclusion**

With the implementation of the Health Education Action proposed in this study, it was possible to build and elaborate very important materials both for prevention and for the identification of sure and suspected signs of sexual abuse committed against children and adolescents and thus collaborate with their healthy development.

Physical (folders, stickers) and digital (QR CODE and social page) materials may continue to be used for a long time by other witnesses, victims or by people who will learn or recycle their knowledge.

In this way, subsidies were built that can help health professionals and other professionals to suspect and identify sexual abuse against children and adolescents and how they should proceed in the face of suspicion and confirmation of this type of violence. In addition, it appears that the continuity and implementation of projects such as this study and new research in the most different public spheres is necessary, in order to increasingly funnel cases of sexual violence against children and adolescents and encourage people to report it those situations of which you are sure or just distrust.

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