CHAPTER

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# Incidence of "notified" cases of domestic violence against children and adolescents during the covid-19 pandemic in the demographic region of southwestern Paraná





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#### **ABSTRACT**

The objective of this study is to map the evidence found in the Database of the National Information System for Childhood and Adolescence (SIPIA) of the Tutelary Council of the mesoregion of Southwest Paraná in 42 cities that make up the geography of Domestic Violence against Children and Adolescents (VDCA). This breakdown is by region and pre-pandemic, pandemic, and postpandemic period and demonstrates the impacts of the COVID-19 pandemic on VDCA. About the methodology adopted, this is documentary research of the quantitative-qualitative type. The results brought a "surprise" and proved to be quite frightening with the number of municipalities that do not feed in SIPIA the notifications of cases of VDCA, zeroing out all the years surveyed. There are 15 municipalities: Clevelândia, Honório Serpa, Coronel Domingos Soares, Renascença, Salgado Filho, São João, Salto do Lontra, Saudade do Iguaçu, Santo Antônio do Sudoeste, Realeza, Santa Izabel do Oeste, Cruzeiro do Iguaçu, Barração, Verê

and Francisco Beltrão. Still in this analysis about the "disregard" with the information, we have Pato Branco, Vitorino, Ampére, Pranchita Marmeleiro with only one notification. Mariópolis and Manfrinópolis with two notifications and Coronel Vivida, Itapejara d'Oeste, Sulina, Enéas Marques and São Jorge d'Oeste with only three notifications in 6 years of research. The data explored by the SIPIA system referred to 6 years of notifications (2018-2023). In the case of the pandemic period, 2020 and 2021, only 40 cases were reported in the mesoregion of Southwest Paraná compared to the previous year (2019) in which 162 cases of VDCA were reported. Among the typologies of cases, we have in 1st place Physical Violence, with 21 notified cases. In 2nd, Sexual Violence with 17 cases. In 3rd, Psychological Violence with 9 cases. In the Sexual Exploitation typology, there are no notifications to be commented on. The data reported from the pandemic period (2020-2021) made it possible to outline. There is a "perverse ranking", in which the hidden figure of the researched data and the fact of the underreporting of cases of VDCA prevent the construction of knowledge about the theme studied. The construction of knowledge takes place in a historical process that cannot do without criticism, debate, and the confrontation of data. The absence of this debate due to the lack of information on the incidence of cases weakens criticism and scientific thinking and limits intervention in the fight against VDCA. Taking into account factors such as fear of contamination, imposed social isolation, limitations on distancing from home, and financial difficulties arising from the pandemic - factors that could aggravate VDCA – these underreporting generate perplexity. At the same time, these factors may have caused obstacles to the reporting of VDCA and to the search for assistance and the consequent decrease in notifications. Therefore, the limitations of this study are the high number of underreporting in the data provided by the municipalities of the Mesoregion of Southwest Paraná regarding the VDCA through SIPIA.

Keywords: VDCA, COVID-19, impacts.

#### 1 INTRODUCTION

1.1 IMPACTS OF COVID-19 ON INTRA-FAMILY RELATIONSHIPS WITH CHILDREN AND ADOLESCENTS: FOR STARTERS

The article entitled here is linked to the Laboratory of Information and Communication Technologies in Health (LATICS-CNPq) in partnership with the Federal University of Campina Grande (UFCG-Cajazeiras-PB) and the Federal University of the Southern Border (UFFS-Laranjeiras do Sul-Realeza-PR), research line Caregiving-Educational Technologies: interlocutions in health, training and education. Thematic axis: Education and Child and Adolescent Psychic Health.

In the COVID-19 pandemic we face several transformations in our lives. Social isolation, especially about children and adolescents, has forced family life to "narrow". When it comes to the theme of Domestic Violence against Children and Adolescents (VDCA) it seems to us as something relevant to think about. Imagine the children and adolescents who suffer VDCA living in isolation all day with their abuser.

Worldwide there are propensities and predictions that Violence InTrafamiliar against children and teens grew during the pandemic state. The prolonged family life required by the world health authorities favored, by the fact that it has decreased the support network to take care of children and adolescents, such as daycare centers, schools, clubs, also the coexistence with other relatives, etc., on the other hand, increased the responsibility of parents (BRASIL, 2020 and SILVA; OLIVEIRA, 2020).

The school provides or should provide a role of advocate for children and adolescents, denying their rights. However, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO), about 1.5 billion children and adolescents worldwide have been out of school due to the closure of educational institutions as an initiative to contain COVID-19 cases. Thus, children and adolescents no longer have considerable space for the manifestation and revelation of the violence suffered.

Many risk factors for VDCA were present in the daily lives of families during quarantine: unemployment, economic difficulties, living with children and adolescents for long periods, emotional ability and uncertainties of the moment lived. Focusing the discussion on the mental health status of family members during this time can lead to attempts to escape from problems, through violence, as a mechanism to compensate for the stress generated by these feelings and emotions, in more vulnerable family members, such as children and adolescents (MENEZES & AMORIM, 2020).

Thus, we are left with the key question: What is the incidence of "notified" cases of Domestic Violence against Children and Adolescents (VDCA) during the COVID-19 pandemic in the demographic mesoregion of Southwest Paraná?

The objective is to make a mapping of the incidence in the database of the National Information System for Childhood and Adolescence SIPIA<sup>1</sup> of the Tutelary Council of the mesoregion of Southwest Paraná. 42 cities make up the geography of the VDCA in this cut, by region and prepandemic, pandemic and post-pandemic period.

SIPIA has the function of: standardizing information at the Brazilian level; facilitate the recording of information; streamlining/automating the decision-making process; record the history of a child or adolescent; and, to enable the exchange of information.

In addition, SIPIA declares that it is the sole responsibility of the Guardianship Councils to record the information in the system and that it cannot be delegated to other employees.

Incidence refers to the number of cases reported in a given period. (LÓPEZ, 1995). The prevalence refers to the number of cases that the adult population recognizes as having suffered in childhood and adolescence (LÓPEZ, op cit).

The data researched here refer to the INCIDENCE of the VDCA phenomenon in its various modalities by the SIPIA system of the Tutelary Council of the mesoregion of the Southwest of Paraná of 42 cities.

The VDCA, who are the ones denounced, is just the tip of the iceberg. Most of the complaints committed are not notified. We have to warn that this is a hidden figure, termed as the "plot of silence" that mystifies statistics.

# 2 KEY CONCEPTS ABOUT VDCA AND INCIDENCE AND PREVALENCE

We adopted as a theoretical framework for conceptualizing the concepts about the VDCA and also about the incidence and prevalence of the term from the works of Azevedo & Guerra (1998) of the Laboratory of Child Studies of the University of São Paulo, Institute of Psychology, Department of Psychology of Developmental and Personality Learning, considering the relevance of years of studies and struggle for the rights of children and adolescents. Being classic and nuclear works in the studies on VDCA.

According to the authors, VDCA is an intra-class violence, which permeates all social classes, as violence of an interpersonal nature. It consists of a transgression of the disciplinary power of the adult, converting the difference of adult in comparison to child/adolescent, into an intergenerational inequality of power; It consists in a denial of the value of freedom: demanding that the child/adolescent be accomplices of the adult, in a pact of silence and in a process that imprisons the will and desire of the child or adolescent, subjecting them to the power of the adult, coercing them to satisfy their interests, expectations and passions.

<sup>&</sup>lt;sup>1</sup> https://sipiact.treina.mdh.gov.br

As for the typologies of VDCA We have physical, sexual, psychological, negligent and fatal violence.

So, physical violence corresponds to the use of physical force in the disciplinary process of a child or adolescent by the parents, or those who play such a role in the family environment. The literature is controversial, but we consider physical violence as any disciplinary act that affects the body of a child or adolescent. (AZEVEDO & GUERRA, 2001).

When it comes to of sexual violence, is configured as any sexual act or game, straight or homosexual relationship, between one or more adults to a child or adolescent, to sexually stimulate this child or adolescent or use them to obtain sexual stimulation on the child or another person. It is noteworthy that in an occurrence of this type, the child or adolescent is always a victim and cannot be transformed into a defendant.

The intention of the process of sexual violence is always the pleasure (direct or indirect) of the adult, and the mechanism that enables the participation of the child and adolescent is the coercion exercised by the adult, a coercion that has roots in the adult-centric pattern of adult-child-adolescent relationships in force in our society.

Psychological violence, also designated as "psychological torture", occurs when the adult constantly depreciates the child, blocks his efforts at self-acceptance, causing him great mental suffering. Threats of abandonment can also make a child fearful and anxious, representing forms of psychological distress.

As for neglect, it is an omission in terms of providing for the physical and emotional needs of a child or adolescent. It is configured when parents or guardians fail in terms of feeding, dressing their children properly, provide adequate education and supervision and when such failure is not the result of living conditions beyond their control.

And finally, the fatal violence practiced in the family against children and adolescents, whose consequence ends up being their death.

We also talk about the incidence and prevalence of VDCA cases. An incidence deals with the number of cases reported in a given period. (LÓPEZ, 1995). The prevalence refers to the number of cases that the adult population recognizes having suffered in childhood and adolescence (LÓPEZ, op cit).

The data here researched, refer to the INCIDENCE of the VDCA phenomenon in its various modalities by the SIPIA system of the Tutelary Council of the mesoregion of the Southwest of Paraná of 42 cities.

The VDCA, which are the ones denounced is only at the point of the iceberg, most of the complaints committed are not notified. We have to warn that this is a hidden cipher, termed as the "plot of silence" that mystifies statistics.

## 3 METHODOLOGIES

It is documentary research that uses primary sources, that is, data and information that have not yet been treated scientifically or analytically. (GIL, 2007).

A mapping of the incidence was performed in the database of the National Information System for Children and Adolescents SIPIA<sup>2</sup> of the Tutelary Council of the mesoregion of Southwest Paraná in 42 cities that make up the geography of the VDCA in this breakdown by region in the period of the COVID-19 pandemic.

The analysis of the information was transformed into tables with the number of incidences of the registered cases, therefore a quantitative-qualitative analysis, in the period pre-pandemic, pandemic and post-pandemic, making a total of 6 years, focusing on the pandemic period.

## **4 RESULTS AND DISCUSSIONS**

From the collected data mapped by the database of the National Information System for Childhood and Adolescence SIPIA of <sup>3</sup> the Tutelary Council of the mesoregion of Southwest Paraná, the information was verified through inferences for further analysis.

Despite laws and advances in child and adolescent care, the numbers on VDCA in the prepandemic period were already worrying. DATASUS (2017) - Data from the Department of Informatics of the Unified Health System show in 2017 a total of 126,230 cases of violence against children and adolescents up to 19 years old.

In 2019, the Human Rights Dial (Dial 100), a telephone tool made available by the Brazilian government that receives, analyzes and forwards complaints of human rights violations, revealed that 86,837 (55%) of intra-family violence against children and adolescents, with 38% linked to negligence, 23% to psychological violence, 21% to physical violence, 11% to sexual violence, 3% to child exploitation/labor and 3% associated with other violent injuries.

Returning to the theme of the study - Incidence of "notified" cases of Domestic Violence against Children and Adolescents during the COVID-19 pandemic in the demographic messoregion of Southwest Paraná, we have in the following table the incidence of notifications of the 42 municipalities that geographically compose this region.

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<sup>&</sup>lt;sup>2</sup> https://sipiact.treina.mdh.gov.br

<sup>&</sup>lt;sup>3</sup> https://sipiact.treina.mdh.gov.br

Table 1: SIPIA notifications of VDCA cases in the Pre-pandemic, Pandemic and Post-pandemic periods in the demographic

mesoregion of Southwest Paraná (42 municipalities)<sup>4</sup>.

|                                       |       |       |         |         |        | ( ANTES - DURANTE - APÓS / PANDEMIA COVD-19) |                      |  |  |
|---------------------------------------|-------|-------|---------|---------|--------|--|----------------------|--|--|
| ANO                                   | 2018  | 2019  | 2020    | 2021    | 2022   | 2023   |                      |  |  |
|                                       | antes | antes | durante | durante | após   | após   |                      |  |  |
| CIDADES                               |       |       |         |         |        |  | TOTAL                |  |  |
| CIDADES                               |       |       |         |         | 4      |  | CASOS                |  |  |
|                                       |       |       |         |         |        |  | REGISTRADO           |  |  |
| 1- Palmas                             | 0     | 70    | 0       | 0       | 0      | 0  | REGISTRADO           |  |  |
| 2- Clevêlandia                        | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 3- Honório Serpa                      | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 4- Coronel D.S                        | 0     | 0     | 0       | (       |        | 0  |                      |  |  |
| 5- Mangueirinha                       | 0     | 14    | 1       | (       |        | 0  |                      |  |  |
| 6- Pato Branco                        | 0     | 0     | 1       | 0       |        | 0  |                      |  |  |
|                                       | 0     | 0     | 0       | 0       | - 2010 | 0  |                      |  |  |
| 7- Chopinzinho<br>8- Coronel Vivida   | 0     | 0     | 3       | (       |        | 0  |                      |  |  |
|                                       | 0     | 0     | 3       | 0       |        | 0  |                      |  |  |
| 9- Itapejara d'Oest<br>10- Mariópolis | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 10- Manopolis<br>11- Bom sucesso d.s  | 0     | 3     | 3       | 1       | 12.77  | 0  |                      |  |  |
| 12- São João                          | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 13- Saudade do Ig.                    | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
|                                       | 0     | 0     | 1       | (       |        | 0  |                      |  |  |
| 14- Sulina                            | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 15- Vitorino                          |       |       |         |         |        |  |                      |  |  |
| 16-Capanema                           | 0     | 10    | 2       | 0       |        | 0  |                      |  |  |
| 17-Bela Vista da C.                   | 0     | 1 0   | 4       | 5       |        | 0  |                      |  |  |
| 18- Ampére                            | 0     |       |         | 0       |        | 0  |                      |  |  |
| 19- Pérola d'Oeste                    | 0     | 4     | 2       | (       |        | 0  |                      |  |  |
| 20- Planalto                          | 0     | 12    | 0       | (       |        | 0  |                      |  |  |
| 21- Pranchita                         | 0     | 1     | 0       | 0       |        | 0  |                      |  |  |
| 22- Realeza                           | 0     | 0     | 0       | (       |        | 0  |                      |  |  |
| 23- Santa Izabel do Oeste             | 0     | 0     | 0       | (       |        | 0  |                      |  |  |
| 24- Francisco B.                      | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 25- Dois Vizinhos                     | 0     | 6     | 3       | 0       |        | 0  |                      |  |  |
| 26- Bom Jesus do Sul                  | 0     | 3     | 3       | C       |        | 0  |                      |  |  |
| 27-Cruzeiro do I.                     | 0     | 19    | 0       | 0       |        | 0  |                      |  |  |
| 28-Boa Esperança do Iguaçu            | 0     | 0     | 0       | C       |        | 0  |                      |  |  |
| 29- Enéas Marques                     | 0     | 0     | 0       | 3       |        | 0  |                      |  |  |
| 30- Flor da Serra do S.               | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 31- Barração                          | 0     | 0     | 0       | C       |        | 0  |                      |  |  |
| 32- Manfrinópolis                     | 0     | 1     | 1       | 0       |        | 0  |                      |  |  |
| 33- Marmeleiro                        | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 34- Nova Esperança do Sudoeste        | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 35- Nova Prata do Iguaçu              | 0     | 14    | 0       | 0       |        | 0  |                      |  |  |
| 36- Pinhal de São Bento               | 0     | 0     | 1       | 0       |        | 0  |                      |  |  |
| 37- Renascença                        | 0     | 3     | 0       | 0       |        | 0  |                      |  |  |
| 38- Salgado filho                     | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 39- Salto da Lontra                   | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 40- Santo Antônio do Sudoeste         | 0     | 0     | 0       | 0       |        | 0  |                      |  |  |
| 41- São Jorge d'Oeste                 | 0     | 0     | 1       | 1       |        | 0  |                      |  |  |
| 42-Verê                               | 0     | 1     | 0       | 0       | 0      | 0  |                      |  |  |
|                                       | 0     | 162   | 30      | 10      | 14     | 0  | 216 casos registrado |  |  |

Source: Database of the National Information System for Childhood and Adolescence (SIPIA) – Accessed: May 20, 2023<sup>5</sup>.

Table 1 is quite frightening about the number of municipalities that do not feed the SIPIA with notifications of VDCA cases, zeroing out all the years surveyed.

<sup>&</sup>lt;sup>4</sup> The municipalities are not in alphabetical order, but rather by microregion, thus divided into colors. The 5 municipalities of the geographical microregion of Palmas - sub-governance Planalto: 01. Palms, 2. Clevelândia, 03. Honório Serpa, 04. Colonel Domingos Soares and 05. Mangrove. The 10 municipalities of the geographical microregion of Pato Branco: 01. White Duck, 02. Chopin, 03. Colonel Vivida, 04. Itapejara d'Oeste, 05. Mariopolis, 06. Good Success of the South, 07. St. John, 08. Saudade do Iguaçu, 09. Sulina and 10. Victorine. The 8 municipalities of the geographical microregion of Capanema: 01. Capanema, 02. Beautiful View of Caroba, 03. Ampere, 04. Pearl of the West, 05. Plateau, 06. Pranchita,

<sup>07.</sup> Royalty and 08. Saint Izabel of the West. The 19 municipalities of the geographic microregion of Francisco Beltrão: 01. Francisco Beltrão, 02. Two Neighbors, 03. Bom Jesus do Sul, 04. Iguazu Cruise, 05. Good Hope of Iguazu, 06. Aeneas Marques, 07. Flower of Serra do Sul, 08. Shed, 09. Manfrinopolis, 10. Quince, 11. New Hope of the Southwest, 12. New Silver of Iguaçu, 13. St. Benedict's Pine Forest, 14. Renaissance, 15. Salgado Filho, 16. Otter Jump, 17. St. Anthony of the Southwest, 18. São Jorge d'Oeste and 19. See.

<sup>&</sup>lt;sup>5</sup> It can be inferred that in 2023 unreported cases may still be being processed, as we are in May 2023. The data can then be examined in late 2023.

At the beginning of the writing of the study, we talked about<sup>6</sup> INCIDENCE and PREVALENCE<sup>7</sup> of VDCA cases, it is noted that we adopted only the INCIDENCE as an indicator of the phenomenon regarding the functioning of the SIPIA. When considering INCIDENCE, only reported cases are considered, which is at the "tip of the iceberg", as most are not reported. We ask: Why all this neglect of vulnerable childcare services when we deal with VDCA?

O SIPIA, as we have already said, has the function of standardizing information at the Brazilian level; facilitating the recording of information; streamlining/automating the decision-making process; recording the history of a child or adolescent; and, enabling the exchange of information.

It is the SIPIA that declares the number of notifications and it is the sole responsibility of the Guardianship Councils to make this record of the information in the system and that cannot be delegated to other employees.

Why are there no cases of VDCA flagged in the system? It is no longer easy to "lie" with the data with PREVALENCE and when we have INCIDENCE as the first form of data collection, the information is inaccurate. Could we speak of neglect of these services, with the function of making these notifications public? The problem of notifications should be widely discussed by society in general so that we can create support networks for children in situations of VDCA. "Secrecy" cannot be invoked as an obstacle to notifications of VDCA cases.

In the SIPIA data we have of the 42 municipalities, 15 municipalities did not publish the information in 6 years surveyed. They are: Clevelândia, Honório Serpa, Coronel Domingos Soares, Renascença, Salgado Filho, São João, Salto do Lontra, Saudade do Iguaçu, Santo Antônio do Sudoeste, Realeza, Santa Izabel do Oeste, Cruzeiro do Iguaçu, Barracão, Verê and Francisco Beltrão. Still in this analysis about the "disregard" with the information, we have Pato Branco, Vitorino, Ampére, Pranchita and Marmeleiro with only one notification. Mariópolis and Manfrinópolis with two notifications and Coronel Vivida, Itapejara d'Oeste, Sulina, Enéas Marques and São Jorge d'Oeste with only three notifications. Remembering that we are not yet dealing specifically with the COVID-19 pandemic period.

Thus, even before we analyze the numbers of VDCA cases and their typologies during COVID-19, we will cover some points as predisposing factors to try to explain such a neglect of municipalities in not releasing the data. These factors are linked to the very issue of childhood, the issue of the family and the issue of violence. (AZEVEDO & GUERRA, 1995).

We start with **childhood issues.** Brazilian childhood is a smaller segment of the population, valued in discourse but devalued in practice. It is one of the factors that discreetly authorizes adults to

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<sup>&</sup>lt;sup>6</sup> Incidence refers to the number of cases reported in a given period.

<sup>&</sup>lt;sup>7</sup> It refers to the number of cases that the adult population recognizes as having suffered in childhood and adolescence.

violate their rights. Therefore, the deconstruction of this factor brings us back to Vygotsky's Socio-Historical Psychology.

The overcoming of reductionist positions in the adult-centric relationship in the view of such a theory must consider that the VDCA phenomenon are not natural, they are historical constructions produced by individuals in concrete situations of existence. Vygotsky (apud COLE & SCRIBNER, 1984) was the first author to attempt to correlate concrete psychological questions with Marx's idea of the historical-social and material changes that produce transformations in human nature. Thus, phenomena must be studied as processes in motion. It is necessary to understand childhood as a social construction that cannot be dissociated from other social variables.

When if we return to the history of children, it is perceived that the conceptions of child/childhood bring important components for the understanding of the labeling of devaluation. Since Classical Antiquity, children have been associated with the weak of society: slaves, blacks, servants, people and women. "Not only are children or were regarded as children: slaves in antiquity, colonized blacks, servants, people and women have been called children and have often been treated as children." (SNYDERS, 1984, p. 25)

From a religious point of view, children were seen as innocent, pure, angelic, sweet and fragile beings, but also depraved, annoying, "pestinhas", immature, "pets" and willful. (Ariès, 1978).

From the epistemological point of view, children were designated as: without reason, without judgment that they needed adults not to fall into error and, finally, from the scientific point of view they were considered imperfect, incomplete, came to be and whose perfection and intellectual and moral completeness would only be achieved in maturity, that is, moldable with a controlled will.

In this sense, we need to compensate these ideas with a culture that values childhood and adolescence while **be psychological** with specific needs arising from the inherent condition of development of the human being, knowing the process of child development and respecting their needs and limitations and also valuing them as **be political**, as a subject of rights and duties.

A culture where children and adolescents feel loved and accepted and not merely tolerated or abused, with the general complacency, indifference and connivance of adult society.

When it comes to the **Family issue**, it is known that the bourgeois model with the emergence of private space, it gave families the free will and power of "care" for childhood and adolescence, including the "right" of life and death in the "education" of this segment of society, being a favoring model of the VDCA.

The intra-family relationship pattern is abusive, either by the personal conditions of family members or by stressful factors and/or precipitating the socioeconomic and cultural conditions of an adult-centric society.

Concerning **the Violence Issue**, needless to insist on structural factors as a historically constructed constitution.

Returning to Table 1, we continue the analysis of the information by SIPIA. Remembering that our research problem is: What is the incidence of "notified" cases of Domestic Violence against Children and Adolescents (VDCA) during the COVID-19 pandemic in the demographic mesoregion of Southwest Paraná?

About the more general aspects with the period studied, 2018 and 2019 (pre-pandemic), 2020 and 2021 (pandemic) and 2022 and 2023 (post-pandemic) we have a total in the 42 cities, no notifications in 2018, 162 in 2019, 30 in 2020, 10 in 2021, 14 in 2022 and none in 2023. So in the pre-pandemic period we have 162 notifications, in the pandemic 40 notifications and 14 in the post-pandemic.

The city that recorded the most cases in the pandemic was Bela Vista da Caroba, with 9 notifications, followed by Bom Sucesso do Sul, with 4 cases, Coronel Vivida, Itapejara d'Oeste, Dois Vizinhos, Bom Jesus do Sul and Enéas Marques with 3 notifications. With 2 notifications, we have Capanema, Pérola d'Oeste and São Jorge d'Oeste. With only 1 notification appears Mangueirinha, Pato Branco, Sulina, Ampére, Manfrinópolis and Pinhal de São Bento.

And, finally, we see that Palmas, Clevelândia, Honório Serpa, Coronel Domingos Soares, Chopinzinho, Mariópolis, São João, Saudade do Iguaçu, Vitorino, Planalto, Pranchita, Realeza, Santa Izabel do Oeste, Francisco Beltrão, Cruzeiro do Iguaçu, Boa Esperança do Iguaçu, Flor da Serra do Sul, Barracão, Marmeleiro, Nova Esperança do Sudoeste, Nova Prata do Iguaçu, Renascença, Salgado Filho, Salto do Lontra, Santo Antônio do Sudoeste and Verê there is no notification. There are 26 cities out of a total of 42 studied that do not show any case.

Regarding notifications in their general aspects, however, we have 162 cases in 2019 (prepandemic), 30 in 2021 and 10 in 2022 (pandemic) and only 14 in 2023 (post-pandemic).

Still referring to chart 1 it is "interesting" to realize, now in the 6 years analyzed, that the largest number of notifications are in the city of Palmas. There are 70 cases recorded in 2019, before the pandemic, although there are no reports in 2018, 2019, 2020 (pandemic period), 2022 and 2023. Remembering that the study period is 6 years (2018, 2019, 2020, 2021, 2022 and 2023).

The same is true with the city of Cruzeiro do Iguaçu, although with a lower number of cases concerning the municipality of Palmas, with 19 notifications, but also these data are in the year 2019 and no notifications in 2018, 2021, 2022 and 2023.

Mangueirinha, appears in 3rd place with the record of 15 cases, of which 14 is from 2019 and only 1 in 2020 (pandemic). In 4th place we have the city of Nova Prata do Iguaçu, with 14 cases, but in the same proportion of Palmas and Cruzeiro do Iguaçu, all 14 notifications are from 2019. Already

in Planalto we have 13 cases, 12 in 2019 and 1 in 2023, demonstrating that in 2020 and 2021 (pandemic) no complaint is registered.

In the municipality of Capanema, we have 12 cases in the periods studied, and 10 cases in 2019 and 2 cases in 2021 (pandemic). In Bela Vista da Caroba, we found a different scenario, there were 10 cases reported, 1 in 2019 (pre-pandemic) and 4 in 2020 and 5 in 2021 (pandemic). So did Two Neighbors that in a total of 9 cases, 6 in 2019 and 3 during the pandemic. Bom Sucesso do Sul also verified that of the 7 reported cases, 3 are from 2019 (pre-pandemic) and 3 from 2020 and 1 from 2021 (pandemic).

With 6 reported cases appearsm Chopinzinho, Pérola d'Oeste and Bom Jesus do Sul, with the difference that in Chopinzinho the 6 cases were in the post-pandemic period, Pérola d'Oeste sees 4 cases in 2019 and 2 in 2021 (pandemic) and Bom Jesus do Sul, 3 in 2019 and 3 in 2021 (pandemic).

The other notifications with 3, 2 and 1 cases have already been mentioned in the above text.

Thus, our analyses focus on the pandemic period, 2020 and 2021, totaling 40 cases reported in the mesoregion of the southwest of Paraná.

The following will be presented the NOTIFIED cases of VDCA by SIPIA in the pre-pandemic, pandemic and post-pandemic period regarding their TYPOLOGY.

Table 2: NOTIFIED cases of VDCA by SIPIA in the Pre-pandemic, Pandemic and Post-pandemic period regarding their TYPOLOGY.

|                          | ANTES |      | DURAN | ITE  | APÓS |      |
|--------------------------|-------|------|-------|------|------|------|
|                          | 2018  | 2019 | 2020  | 2021 | 2022 | 2023 |
| MODALIDADES DE VDCA      |       |      |       |      |      |      |
| VIOLÊNCIA FÍSICA         | 0     | 32   | 13    | 9    | 7    | 0    |
| VIOLÊNCIA PSICOLÓGICA    | 0     | 42   | 8     | 1    | 1    | 0    |
| VIOLÊNCIA SEXUAL - ABUSO | 0     | 86   | 17    | 0    | 6    | 0    |
| VIOLÊNCIA SEXUAL         |       |      |       |      |      |      |
| EXPLORAÇÃO COMERCIAL     | 0     | 2    | 0     | 0    | 0    | 0    |
| TOTAL POR ANO            | 0     | 162  | 30    | 10   | 14   | 0    |

Source: Database of the National Information System for Childhood and Adolescence (SIPIA) - Accessed: May 20, 2023.

How much to the VDCA typologies we have in table 2 in 2019, 32 notifications of Physical Violence (pre-pandemic), 21 cases between 2020 and 2021 (pandemic) and 7 in 2022 (post-pandemic).

When it comes to Psychological Violence, there are 42 cases in 2019, 8 in 2020, 1 in 2021 and 1 in 2022.

As for Sexual Violence, there are 86 cases in 2019, 17 in 2020 and 6 in 2022.

As for commercial exploitation, there are 2 cases in 2019.

Table 2 does not show the typologies of Negligence and Fatal Violence.

It is observed, in general, that even having low INCIDENCE notifications per year, it is evident that in the pre-pandemic period, 2019, the number of cases is almost 6 times higher (162) than in the pandemic (40) and post-pandemic period (14).

The data reported from the cut of the pandemic period (2020-2021) it is possible to draw an outline, which can corroborate in this study. Physical Violence against Children and Adolescents appears in 1st place with 21 reported cases. At the level of analysis of this form of corporal discipline and / or domestic punishment as an aspect to repress the child and / or adolescent are characterized by obedience at any price and the "good" of the child, which in fact, are methods that aim to manipulate, frighten, take away affection, distrust, humiliate, applying violence that can reach torture. It is necessary to listen to what a child wants to tell us to be able to understand him, accompany him and love him. There must be a dialectical process between the adult and child (GUERRA, 2001).

Thus, it is clear that the prevention of Domestic Physical Violence has to assume the commitment to combat corporal punishment as a form of discipline.

About the 2nd type of VDCA, table 2 shows 17 cases, ranking 2nd in notifications in the pandemic. Unfortunately, the association between sexuality and violence is based on power, or rather, on the inequality of power and domination of the adult over the child and/or adolescent. Because it is a terrible concrete reality, that there is an intra-family manipulation that silence is the aggravating factor of the idea of the perfect family, many children and adolescents want to tell the adults they trust and when they do the blame falls on the child and the adolescent himself.

There is still the question of seeing this form of violence as naturalizing, but it is a reality produced over time. No one is born an aggressor; the person becomes an aggressor and is socially reproduced. Another factor to consider is sexist culture. Machismo and its socialization in the family environment are unequal, especially as one of the factors responsible for the greater vulnerability of girls and adolescents in incestuous episodes of sexual violence, while aggressiveness in small males, the conquering stallions, is stimulated from an early age.

The third typology of VDCA is Psychological Violence, with 9 cases in the pandemic period. Threats, excessive control, offenses, malicious and excessive criticism, comparisons and humiliations are forms of Psychological Violence. Behaviors that make the victim feel incapable, neglected and diminished. Situations that can last for years, since often the child or adolescent does not know what is happening.

These forms of Psychological Violence against Children and Adolescents carry psychological damage. As consequences we have: stress, anxiety, depression and lack.

And finally, in the analysis of Table 3, we have sexual exploitation. In this typology there are no notifications to be commented on.

## **5 FINAL CONSIDERATIONS**

"We all grew up convinced that the big is worth more than the small." (JANUSZ KORCZAK, the right of the child to respect).

In these final considerations, we were surprised not to be notified, through SIPIA, in 26 cities out of a total of 42 studied, no case of VDCA from 2018 to 2022. It can be said that there is a "preserved ranking" in this statistic on a scale from "worst" (no case) to "least bad" (cases of low notification).

When we mention "preserved ranking", we bring the idea of the dimension of the hidden cipher of the researched data, and also by the fact that by not being notified the cases of VDCA there impedes the construction of knowledge about the theme studied. The construction of knowledge takes place in a historical process that cannot do without criticism, debate, and the confrontation of data. The absence of this debate due to the lack of information on the incidence of cases carries the weakening of criticism and scientific thought and limits us to intervene in the fight against VDCA.

On the other hand, the fear of contamination, imposed social isolation, limitations in distancing from home, added to the financial difficulties resulting from the pandemic, may have been obstacles to reporting violence and seeking assistance and the consequent decrease in notifications. (FEDERAL DISTRICT HEALTH DEPARTMENT, 2020).

We can then analyze as limitations of this study the low number of municipalities in the Mesoregion of Southwest Paraná that provided data on VDCA notifications by SIPIA. It is possible to conclude that the reduction in the number of VDCA notifications does not reduce the feeling of perplexity in the face of such facts.

It is necessary to oppose the VDCA, to defend and practice a peaceful solution of intra-family conflicts to socialize the new generations in the area of non-violence.

How long will children and teenagers have to pay by intra-family abuses due to the disarticulation of institutions in not notifying cases of VDCA?

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