



## Factors associated with the type of violence perpetrated against adolescents in the state of Pernambuco, Brazil

Taciana Mirella Batista dos Santos<sup>a,\*</sup>, Ana Carolina Rodarti Pitangui<sup>b</sup>,  
Cristiane Baccin Bendo<sup>c</sup>, Saul Martins Paiva<sup>c</sup>, Mirian Domingos Cardoso<sup>d</sup>,  
João Paulo Ramos de Melo<sup>e</sup>, Lygia Maria Pereira da Silva<sup>d</sup>

<sup>a</sup> Helena Moura Pediatric Hospital, Recife, PE, Brazil

<sup>b</sup> Department of Physical Therapy University of Pernambuco, Campus Petrolina, PE, Brazil

<sup>c</sup> Federal University of Minas Gerais, Dentistry School, Belo Horizonte, MG, Brazil

<sup>d</sup> University of Pernambuco, Nossa Senhora das Graças Nursing School, Recife, PE, Brazil

<sup>e</sup> Rural Federal University of Pernambuco, Recife, PE, Brazil

### ARTICLE INFO

#### Article history:

Received 3 August 2016

Received in revised form

20 December 2016

Accepted 3 February 2017

#### Keywords:

Adolescent

Violence

Surveillance

Information system

### ABSTRACT

To analyze the factors associated with the types of violence against adolescents reported in Pernambuco, Brazil, from 2009 to 2012. Prevalence study conducted through an electronic database from the Violence Surveillance Official System in a population of 5259 adolescents (aged 10–19 years). Poisson regression was used, with significance level at 5%. There was a significant increase of 204% in the number of violence reports, and the number of reporting units increased by 92.6%. When separately evaluated, physical violence was the most prevalent type, accounting for 44.7% of the reports. Taking as independent variables the age range of 15–19 years, female, having no disability, and public roads as place of occurrence, the positively and independently associated factors were: male gender (OR 1.5, 95% CI 1.4–1.6) with physical violence; having deficiency (OR 1.7, 95% CI 1.5–2.0) with psychological violence; age range of 10–14 years (PR 2.4, 95% CI 2.2–2.6) with sexual assault; and male (OR 3.9, 95% CI 2.0–7.5), having disabilities (PR 4.6, 95% CI 2.7–9.7), and occurrence in residence (PR 2.8, 95% CI 1.3–6.1) with neglect. Age between 10 to 14 years was associated with the occurrence of sexual assault; male with the occurrence of physical violence and neglect; having disabilities with psychological violence and neglect; and occurrence in the residence was associated with neglect.

© 2017 Elsevier Ltd. All rights reserved.

## 1. Introduction

In several parts of the world, violence against adolescents is understood as a serious public health problem, for it constitutes one of the main causes of death and is largely responsible for illness among young people. Moreover, this is an issue that mobilizes and burdens many public sectors, especially the safety, health, welfare and social sectors (Trygged, Hedlund, & Kareholt, 2014; World Health Organisation, 2010).

\* Corresponding author.

E-mail address: [tacianamirella@hotmail.com](mailto:tacianamirella@hotmail.com) (T.M.B. dos Santos).

The measures for promotion and protection of adolescent health in Brazil had a historic milestone established in 1990, when Law 8069 was enacted, creating the Child and Adolescent Statute (CAS), which ensured to children and adolescents the right to citizenship and made mandatory the violence reporting. Thus, the health professional who fails to communicate to the competent authorities suspected or confirmed cases of ill-treatment remains in disagreement with the law, and may be penalized with a fine (Brasil, 1990).

The objectives of the epidemiological surveillance of violence are, among others, to identify and monitor the cases of reported violence; identify areas of vulnerability to the occurrence of violence; formulate public policies for prevention, comprehensive care to people in situations of violence, health promotion, and promotion of a culture of peace (Brasil, 2014a). The effectiveness of denouncement and reporting mechanisms ensures the possibility of assistance to victims, as well as the offender accountability, so that the report is not merely an epidemiological data provider, but substantially, a tool meant to allow situations of violence to be denounced and ceased (Conselho Nacional dos Direitos da Criança e do Adolescente—CONANDA, 2013).

The Ministry of Health preconized that reporting should be carried out in a universal, continuous, and compulsory manner in any public health care establishment throughout the national territory, in any suspected or confirmed violence situation involving children and adolescents. With a view to reinforcing the responsibility of the health sector in the face of violence, and in compliance with the CAS, the Ministry of Health has standardized throughout the national territory the Notification/Investigation Form on domestic, sexual violence and/or other types of violence (named in Brazil after the Portuguese acronym FNI), and prepared and broadly publicized a manual with guidance on its completion. It determined that the notification should be recorded in three copies and established the following flow: one copy should be kept in the health unit that reported the violence, while the second one should be sent to the epidemiological surveillance service of the Municipal Health Secretariat (SMS), and the third copy of the notification form should be sent to the Guardianship Council or to the competent judicial authorities (Art. 13 of Law 8,069/1990). Notifications started being recorded with use of the FNI, which is subsequently digitized in a database of the Violence and Accident Surveillance System, also called VIVA (Brasil, 2011).

Informing the type of violence is mandatory. Such fields refer to Physical, Psychological or Sexual Violence, Neglect or Abandonment, which constitute the objects of study in this research. The FNI also addresses Child Labor, Torture, Trafficking in Human Beings, Legal Intervention, and Others (open). It is worth pointing out that knowing the concepts of types of violence is imperative, in order to fill out the Notification Form properly. With this purpose, the concept adopted by the World Health Organisation (2002) is used.

In Brazil, the main cause of death among adolescents over the last 10 years has been associated with violence. More than 33,000 teenagers were killed in homicides between 2006 and 2012 and it is estimated that between 2013 and 2018, about 40,000 adolescents aged 12–18, may be victims of homicide in Brazilian municipalities with more than 100,000 inhabitants (Melo & Cano, 2014). Of the total violence reports registered in 2009–2010 in the Brazilian Notifiable Diseases Information System (SINAN), nearly 26% had as victims 10- to 19-year-old adolescents. In 2013, 48,599 cases were reported in this age group (Brasil, 2014a,b).

Violence is an alarming issue in the state of Pernambuco. Official data from the Violence Surveillance System, showed that 2721 cases of violence against adolescents aged 10–19 years were reported in the state in the year 2013. Of these, 634 suffered repeated violence and 595 required hospitalization, and 53 adolescents died in consequence of violence (Brasil, 2014b). Pernambuco ranked first among the Brazilian states in relation to homicide deaths in year 2000 and, in 2012, fell to the fourth position among the states with the highest number of homicide deaths (Waiselfisz, 2013).

Brazil is among the countries with the highest prevalence of physical abuse of adolescents in Latin America, followed by Argentina and Ecuador (Román & Murillo, 2011). The form of physical aggression may be different for each age group, since younger adolescents are more vulnerable to physical punishment (Franzin et al., 2014; Gebara, Lourenço, & Ronzani, 2013; Souza et al., 2014), while violence in the age group of older adolescents may be associated with the use or trafficking of psychoactive substances, which occurs mainly on public roads (Melo & Cano, 2014) and at night (Malta, Mascarenhas, Porto, Barreto, & Morais Neto, 2014), including the use of firearms (Cyr et al., 2013; Pereda, Guilera, & Abad, 2014). The victims appear to be mainly boys, however this finding is not unanimous in the literature (Franzin et al., 2014).

Psychological violence is more prevalent among girls (Feng, Chang, Chang, Fetzner, & Wang 2015; Souza et al., 2014; Veloso, Magalhães, Dell’Aglia, Cabral, & Gomes, 2013), although other studies have not found associations between sex and this type of violence (Abranches, Assis, & Pires, 2013; Barreira, Lima, & Avanci, 2013; Olsen, Kann, Vivolo-Kantor, Kinchen, & McManus, 2014). The psychological violence perpetrated against girls can be explained by family life and cultural issues (Feng et al., 2015).

Regarding sexual violence, a higher prevalence is found among adolescents at puberty (Franzin et al., 2014; Oliveira et al., 2014), with a majority of female victims (Mohler-Kuo et al. 2014; Pereda et al., 2014; Timmerman & Schreuder, 2014; Trindade et al., 2014), despite the high proportion of abuse in male children (Feng et al., 2015; Rates, de Melo, Medeiros Mascarenhas, & Carvalho Malta, 2015).

Neglect is any case of omission of basic care, whose consequences harm the physical, emotional and social development of the victim, being its most severe form called abandonment (World Health Organisation, 2002). This form of violence has been perpetrated more seriously during the first years of life (Franzin et al., 2014; Rates et al., 2015; Waiselfisz, 2013). There is evidence that the major determinants of neglect in childhood and adolescence are family characteristics, such as poverty, parent involvement with drugs and domestic violence, or even being community-related (Daley et al., 2016;

Download English Version:

<https://daneshyari.com/en/article/4936048>

Download Persian Version:

<https://daneshyari.com/article/4936048>

[Daneshyari.com](https://daneshyari.com)