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RESEARCH ARTICLE

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CHILD AND YOUTH VIOLENCE: SOCIO-DEMOGRAPHIC PROFILE OF VICTIMS ATTENDED AT CHILDREN'S AND ADOLESCENTS'HOSPITAL IN MACAPÁ-AMAPÁ (2015 - 2019)

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ABSTRACT

OBJECTIVE: This study aims to assess the epidemiological profile of violence against children and adolescents treated in a public hospital at Macapá from 2015 to 2019. **METHOD:** This is a research with a quantitative, descriptive, retrospective and documentary approach, from the collection of data from medical records. **RESULTS:** 122 medical records of victims of child and youth violence were evaluated, the age range was from zero to 12 years, with a higher prevalence of children aged 8 to 11, brown color (71.21%), female (81.15%) and residents of the urban area (73.77%). As for the type of violence, sexual violence predominated (89.34%) followed by physical and psychological/moral violence (21.31% and 18.03%, respectively). **CONCLUSION:** The data presented in this study suggest that violence against children and adolescents treated in the public hospital of Amapá's state capital has determinant characteristics to understand the etiology of child violence.

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INTRODUCTION

Violence is defined by the World Health Organization (WHO), as the intentional use of physical force or power, actual or in threat, against oneself, another, group, or community, which results in risks to people. The harm is not only physical or death, it also includes psychological harm, communicable and non-communicable diseases, risky behaviors, impaired educational or occupational performance, and involvement in crimes (Organização Mundial da Saúde, 2016). One of the sides of this problem is child and youth violence, which brings several consequences to the abused, often irreversible,

depriving them of living a healthy childhood and adolescence and preventing them from developing all their skills and abilities. Childhood and youth are defined between the ages of zero to 12 years and 12 to 18 years, respectively. According to the Statute of the Child and Adolescent (ECA) (Estatuto Da Criança E Do Adolescente, 1990). Although violence may be hidden, over time its consequences will eventually emerge, creating a pervasive, long-lasting and costly burden for children and adults, communities and nations. However, much of this violence is predictable and can be prevented through programs that address its causes and risk factors (Organização Mundial da Saúde, 2016). This situation has required health

professionals, who deal with the phenomenon, to contribute to tackling the problem, since it has been one of the most alarming demands in the routine of services that focus on children and adolescents. Thus, health care services have played a key role in the implementation of the necessary strategies to address this issue, as they are suitable places for the disclosure and notification of cases (SILVA et al., 2017) (Monteiro, 2010). The protection of childhood and adolescence is understood as fundamental to the development of the individual's autonomy and personality³. Since adolescence is one of the developmental stages with the highest vulnerability to direct or indirect exposure to violence, and this exposure in the community has been related to symptoms of stress, anxiety and depression, which deteriorate the emotional health of children and adolescents and, therefore, their healthy development (Patias, 2017). Every child and adolescent has the right to a safe environment, whether at home, at school, or in the community, but not everyone has this right guaranteed. In different parts of the world, children and adolescents are exposed to various forms of violence that keep them away from school and put their lives at risk. The United Nations Children's Fund estimates that if current trends continue, almost two million children and adolescents will be killed by acts of violence by 2030 (ONU). Therefore, this study aims to establish the sociodemographic profile of children and adolescent victims of violence assisted in a public hospital in the city of Macapá-AP. In order to promote a broad reflection on childhood and adolescence and their relationship to violence.

service of care to victims of sexual and other types of violence of the Hospital for Children and Adolescents (HCA), which functions as a gateway to urgency and emergency, and is considered a state reference in the care of child victims of violence. In total, there were 324 medical records collected submitted to the inclusion and exclusion criteria, which were: complete completion of all information in the medical record and within the established period, from 2015 to 2019. After this process, 122 medical records remained, which made up the study sample. All medical records were manually analyzed with the help of a previously prepared form containing open and closed questions about the sociodemographic aspects of the participants. The data were coded and processed through a spreadsheet created in Excel (2019) for data tabulation, while the statistical analyses were performed by descriptive statistics and percentage. This study followed the ethical guidelines in research with human beings, as per resolution no. 466/2012 of the National Health Council (BRASIL, 2012b), having been approved by the Research Ethics Committee (CEP) of the Federal University of Amapá, under CAEE 38051720.4.0000.0003. The study was authorized by the direction of the HCA.

RESULTS

By evaluating the sociodemographic profile of children and adolescents who were victims of violence in terms of age, race, gender, area of residence, type of violence and family aspects, it was

Table 1. Total distribution of cases of violence against children and adolescents, according to age, race, gender, at the Hospital da Criança e Adolescent HCA, Amapá-Macapá Brazil (2015-2019)

Variables	N	%	Variables	N	%	Variables	N	%
Age			Race			Gender		
0-3	14	11,48	White	16	13,11	Female	99	81,15
4-7	43	35,25	Brown	87	71,31	Male	23	18,85
7-11	44	36,07	Black	10	8,20			
12	21	17,21	Yellow	1	0,82			
			N/A	8	6,56			

SOURCE: Survey data from the SAVVI of HCA

Table 2. Total distribution of cases of violence against children and adolescents, according to zone, family income and type of violence at the Children and Adolescent Hospital HCA, Amapá-Macapá Brazil (2015-2019)

Variables	N	%	Variables	N	%	Variables	N	%
Zone			Family Income			Type of violence		
Periurban	4	3,28	01-03 minimum wages	59	48,36	Sexual	109	89,34
Rural	11	9,02	04 a 06 minimum wages	2	1,64	Physical	26	21,31
Urban	90	73,77	N/A	61	50,0	Neglect and abandonment	11	9,02
Not available	17	13,97				Psychological and Moral	22	18,03

SOURCE: Data survey from SAVVI of HCA

Table 3. Distribution of cases of violence against children and adolescents per year of occurrence according to the family aspect, at the Children's and adolescents' Hospital HCA, Amapá-MacapáBrasil (2015-2019)

Aspect of the family	PERIODO 2015 - 2019										TOTAL	
	2015		2016		2017		2018		2019			
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Married parents	3	25.0	1	4.3	1	2.4	2	8.0	5	23.8	12	9.84
Separated parents	3	25.0	10	43.5	18	43.9	10	40.0	9	42.9	50	40.98
Stable union	-	00	2	8.7			1	4.0			3	2.46
Ina relationship	-	00			1	2.4	1	4.0	-		2	1.64
Deceased father			1	4.3	2	4.9			-		3	2.46
Deceased mother							1	4.0	-		1	0.82
Adoptive					1	2.4	-	-	-		1	0.82
Single mother					1	2.4	-	-	-		1	0.82
Not available	6	50.0	9	39.1	17	41.5	10	40.0	7	33.3	49	40.16
TOTAL	12	100.0	23	100.0	41	100.0	25	100.0	21	100.0	122	100.0

SOURCE: HCA SAVVI Search Data

MATERIAL AND METHODS

This is a survey with a quantitative, descriptive, cross-sectional, retrospective, and documentary approach, which included data from service records and care for victims of violence (SAVVI) from 2014 to 2019. Access provided through the medical records available in the

possible to deepen the discussion of these results. According to Table 1, the period from 2015 to 2019 there was a higher number of cases of violence in children aged 8 to 11 years, totaling 44 (36.07%). Considering race, children and adolescents who were victims of violence were divided by race into both sexes, there was a predominance of violence over brown race. Of the total victims, 71.31% self-declared brown, 13.11% white, 8.20% black, just over

0.82% yellow, and 6.56% did not declare their race. As for the occurrence of violence according to gender, there was a predominance of females, corresponding to 81.15% against 18.85% of males (Table 1). Of the 122 cases of violence, 73.77% were children and adolescents living in the urban area of Macapá. The county refer to the division of the municipal urban area, while in the rural perimeter there is the presence of the districts, with a total of four in Macapá (besides the headquarters) being Bailique, Carapanatuba, Fazendinha and São Joaquim do Pacuí. The children and adolescents were victims of various types of violence, whether sexual, physical, neglect and abandonment, psychological and moral. Most were victims of sexual violence, they had those who were victims of more than one type of violence at the same time, as shown in table 2. Physical violence was diagnosed in 26 cases of the total or 21.31%, neglect and abandonment was observed in 11 cases which represents 9.02% of the total and psychological violence was present in 22 (18.03%) of the cases. Most children and adolescents who were victims of violence lived in a family that had an income of 01 to 03 minimum wages (Table 2). Of the 122 cases, 48.36% had a family income of 01 to 03 minimum wages and 1.64% had a family income of 04 to 06 minimum wages. As for the family aspect of the children and adolescents who were victims of violence, 9.84% of the parents were married, and 40.98% were separated (Table 3).

DISCUSSION

In Brazil, 70% of reports of rape victims refer to children and adolescents, and the type of violence most attended in health services in the age range of 0 to 13 years 6. Together, everyone must work to ensure that children and adolescents aged 0 to 19 have the right to life, health, dignity and respect. Efforts should also be made to save them from all forms of neglect, discrimination, exploitation, violence, cruelty and oppression 7. Race is defined as the categorization of different populations of the same biological species, such as their physical characteristics like skin color, physical stature, among others. It is a term that has been used historically to identify socially defined human categories (Santos, 2010). We have noticed the significant number of female child victims of violence. This disproportion is probably a result of the high number of cases of sexual violence among this group, and a type of violence that seems to be much higher than physical violence and preponderant among children and adolescents. According to Disque 100, in the period from 2011 to 2015, by analyzing the indicators by the profile of victims according to sex, the records of reports of violations show that the female sex maintains a higher rate in relation to the male sex throughout the period from 2011 to 2015 (Cerqueira, 2019). It is estimated that physical abuse is responsible for approximately 25% of all forms of abuse against children and, proportionally, most deaths from physical abuse (80%) occur in children under 4 years of age (Waksman, 2018). In Brazil, 18 million children and adolescents live in households with insufficient income, the numbers are worrisome, but the problem may be even bigger because income is an important factor, but it is not enough to explain the multiple aspects that involve the well-being and guaranteeing the rights of girls and boys (Fundo das Nações Unidas para a Infância). The rupture of family ties means that the safety and physical and emotional well-being of children is not the objective of parents or guardians. In this situation, children and adolescents start to represent a burden, a burden to carry and this can be demonstrated in the most varied forms of violence (CODEPPS, 2017).

CONCLUSION

In the present study, it was observed that the profile of children and adolescents who were victims of violence were predominantly female, brown, living in urban areas, aged between zero and 12 years. As for the type of violence, sexual violence predominated.

Finally, with the data found, we intend to contribute to the epidemiological knowledge of this problem in the city of Macapá, providing subsidies for public and social policies to identify and prevent violence.

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