

## Sexual violence against adolescents in Campo Grande, Mato Grosso do Sul, Brazil

*Violência sexual contra adolescentes em Campo Grande, Mato Grosso do Sul*  
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### ABSTRACT

**Objective:** To analyze the situation of sexual violence against adolescents.

**Methods:** Cross-sectional study with spatial analysis, covering 172 reporting forms, from January 2009 to January 2013, in Campo Grande, Mato Grosso do Sul. Data were grouped by neighborhood for spatial analysis. The statistical analysis was descriptive.

**Results:** Adolescents in situations of violence were mostly girls (94.8%) and white (37.8%). Domestic violence prevailed (51.7%) and with one perpetrator (66.9%). Pregnancy (8.7%) was one of the consequences. The cases were evenly distributed in the city without a preferential spatial pattern and regardless of social background.

**Conclusions:** Despite the underreporting of sexual violence cases, the frequency and the individual and collective consequences of this are serious enough to make it a public health issue.

**Keywords:** Sexual violence. Pediatric nursing. Adolescent health. Public health nursing. Spatial analysis. Millennium Development Goals.

### RESUMO

**Objetivo:** Analisar a situação da violência sexual contra adolescentes.

**Métodos:** Estudo transversal com análise espacial, abrangendo 172 fichas de notificação, de janeiro de 2009 a janeiro de 2013, em Campo Grande, Mato Grosso do Sul. Para a análise espacial, os dados foram agrupados por bairro. A análise estatística dos dados foi descritiva.

**Resultados:** Os adolescentes em situação de violência foram majoritariamente meninas (94,8%) e de cor branca (37,8%). Predominou a violência intrafamiliar (51,7%) e com um perpetrador (66,9%). A gravidez (8,7%) foi uma das consequências. Os casos tiveram distribuição homogênea no município, sem padrão espacial preferencial e sem distinção de estrato social.

**Conclusões:** Apesar da subnotificação de casos de violência sexual, a frequência e as consequências individuais e coletivas desta são suficientemente graves para torná-la uma questão de saúde pública.

**Palavras-chave:** Violência sexual. Enfermagem pediátrica. Saúde do adolescente. Enfermagem em saúde pública. Análise espacial. Objetivos de Desenvolvimento do Milênio.

### RESUMEN

**Objetivo:** Analizar la situación de la violencia sexual contra adolescentes.

**Métodos:** Estudio transversal mediante análisis espacial abarcando 172 fichas de notificación de enero de 2009 a enero de 2013, en la ciudad de Campo Grande, Mato Grosso do Sul, Brasil. Para el análisis espacial se reunieron los datos por barrios, con un análisis estadístico descriptivo.

**Resultados:** Los adolescentes en situación de violencia eran en su mayor parte muchachas (un 94,8%) y blancas (un 37,8%). Predominó la violencia intrafamiliar (un 51,7%) y con un perpetrador (un 66,9%). El embarazo (un 8,7%) fue una de las consecuencias. Los casos tuvieron distribución homogénea en el municipio, sin un patrón espacial de preferencia o distinciones por estrato social.

**Conclusión:** Pese a la subnotificación de episodios de violencia sexual, la frecuencia y las consecuencias individuales y colectivas son lo suficientemente graves como para transformarla en una cuestión de salud pública.

**Palabras clave:** Violencia sexual. Enfermería pediátrica. Salud del adolescente. Enfermería en salud pública. Análisis espacial. Objetivos de Desarrollo del Milenio.

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## ■ INTRODUCTION

Adolescents represent a significant portion of the population, which requires attention from public policies to the specificities of this age, due to the peculiarities and vulnerability of this phase of life <sup>(1)</sup>.

The involvement of children or adolescents in sexual activities inappropriate to their age or their psychosexual development with the intention of stimulating and/or obtaining the author's sexual stimulation is understood as sexual violence against these age groups. This act, which is not understood or fully consented by these children or youngsters, can occur through physical violence, threats or inducement of their will <sup>(2)</sup>. A survey conducted in the database of the Notifiable Diseases Information System (SINAN) on the occurrence of violence notification in Belém, PA, found that sexual violence was more prevalent in this age group, with 41.8%<sup>(3)</sup>. In Campo Grande, MS, in the biennium 2007-2008, 361 cases of sexual violence against adolescents <sup>(4)</sup> were reported in community councils.

Although Brazilian law governing the mandatory reporting of suspected or confirmed cases of violence against children and adolescents <sup>(5)</sup>, there is a low notification rate for sexual abuse, which hinders the implementation of the law and favors the maintenance of the vulnerability of this age group. Dealing with such situations requires technical and emotional preparation from professionals, and requires institutional support through joint service networks <sup>(6)</sup>.

The occurrence of violence in adolescence is a way to deny universal values such as freedom, equality and life. Thus, structuring an information system with the use of notifications to be a political management support tool for this audience are key goals of the third millennium goal <sup>(7)</sup>.

Studies related to this phenomenon are justified because they contribute to revealing its occurrence among children and adolescents and subsidize the formulation of public policies for combating sexual violence against this age group <sup>(8)</sup>. The issue of sexual violence against adolescents is a priority of the health research national agenda, and the evaluation of epidemiological information systems, case reporting and accountability of the authors.

Faced with the scale of the problem, the general objective of this study became to analyze the situation of sexual violence against adolescents in a Brazilian midrange state capital: the city of Campo Grande, MS.

## ■ METHODS

This cross-sectional survey <sup>(9)</sup>, using GIS for spatial data analysis <sup>(10)</sup>, was held at the Prevention Center on Violence

and Traffic Accidents and Health Promotion, linked to the Municipal Health Department of Campo Grande, MS, based on SINAN reporting forms from January 2009 to January 2013. The sample comprised 172 forms that reported sexual violence against adolescents of both sexes, aged 12 to 18 incomplete, as the adolescence definition established by the Statute of Children and Adolescents <sup>(5)</sup>. The forms without quality filling were excluded.

For spatial analysis, data were imported into QGIS Valmiera, a free geographic information system, where they were grouped by neighborhood. The descriptive statistical analysis, performed with Minitab *software*, employed absolute and relative frequency measures.

In compliance with ethical principles, confidentiality and anonymity of the information and identity of adolescents, families and others involved was kept.

The research project was approved on March 26, 2013 (Protocol 230.157/2013, of the Ethics Committee on Human Research), Federal University of Mato Grosso do Sul, in accordance with Resolution 196/96 <sup>(11)</sup>, whose results led to the masters thesis presented to the Graduate Program in Nursing at the Federal University of Mato Grosso do Sul (UFMS) <sup>(10)</sup>.

## ■ RESULTS

In all statistical results expressed in this section, the absolute numbers and percentages always refer to the number of reports (adolescents in situations of violence), and not to the authors of the violence.

Of the 172 adolescents in situations of violence who were attended, 163 (94.8%) were women, 121 (70.4%) were between 12-14 years, 65 (37.8%) were white, 63 (36.6 %) were brown or black, and 75 (43.6%) had not completed elementary school.

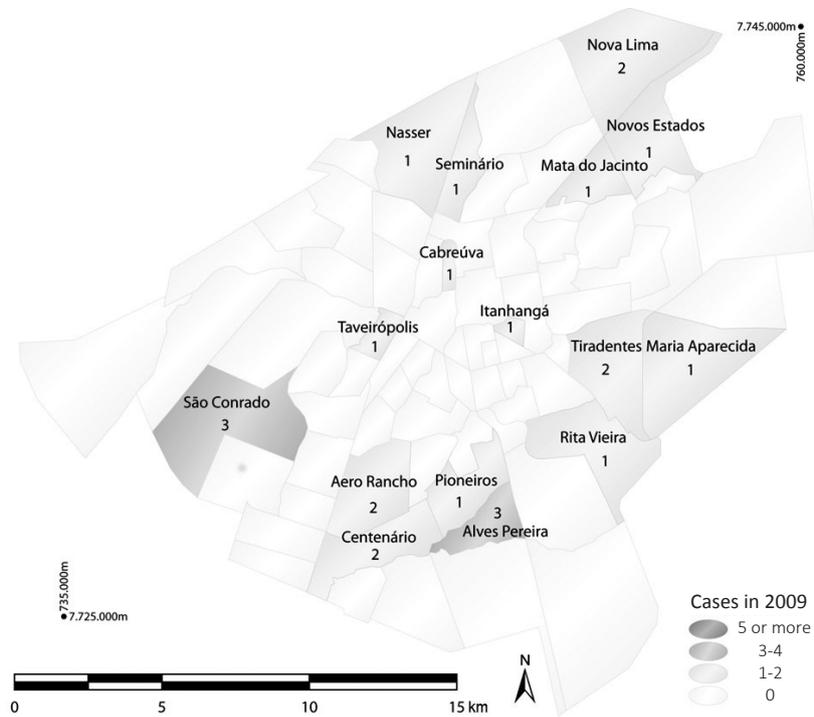
Of the total, 22 (12.8%) had some form of disability or disorder. Seven of these (31.8%) had mental disabilities. In 11 (50%), this information was not included in the records.

In most cases (115; 66.9%), violence was inflicted by a person. Male authors were predominant (152; 88.4%), most being a part of the victim's life (89; 51.7%) and some being strangers (53; 30.8%). In 48 of the reports (28%) there was suspected use of alcohol by the author.

The most frequent location of the event was the residence of adolescents (92; 53.5%), followed by public venues (28; 16.3%). There was recurrence in 71 cases (41.3%).

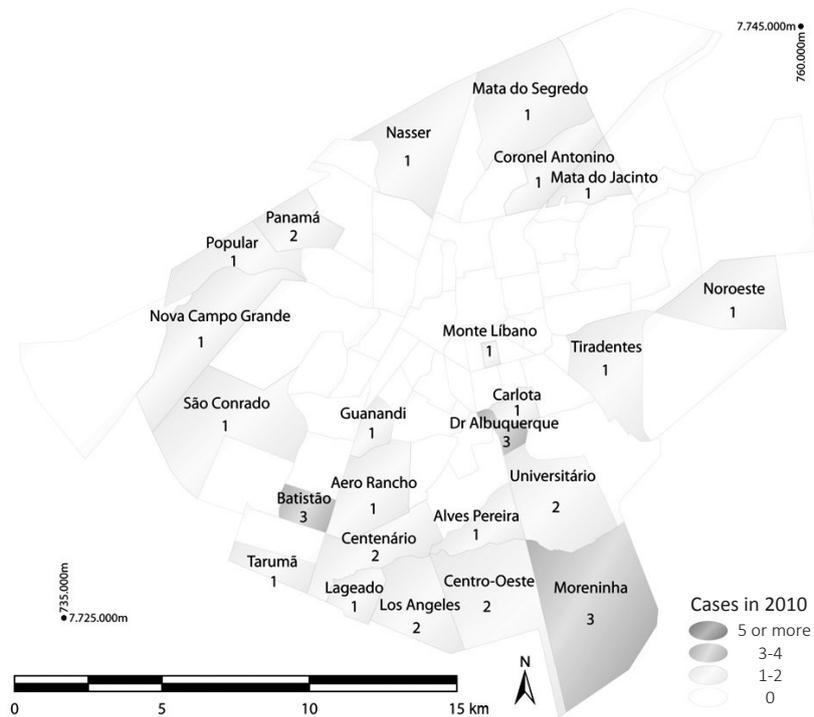
As for the consequences of these attacks, 70 adolescents (40.7%) had post-traumatic stress disorder, 19 (11.1%) had behavioral disorder and 15 (8.7%) got pregnant. However, in 31.4% of the records this information was not included.





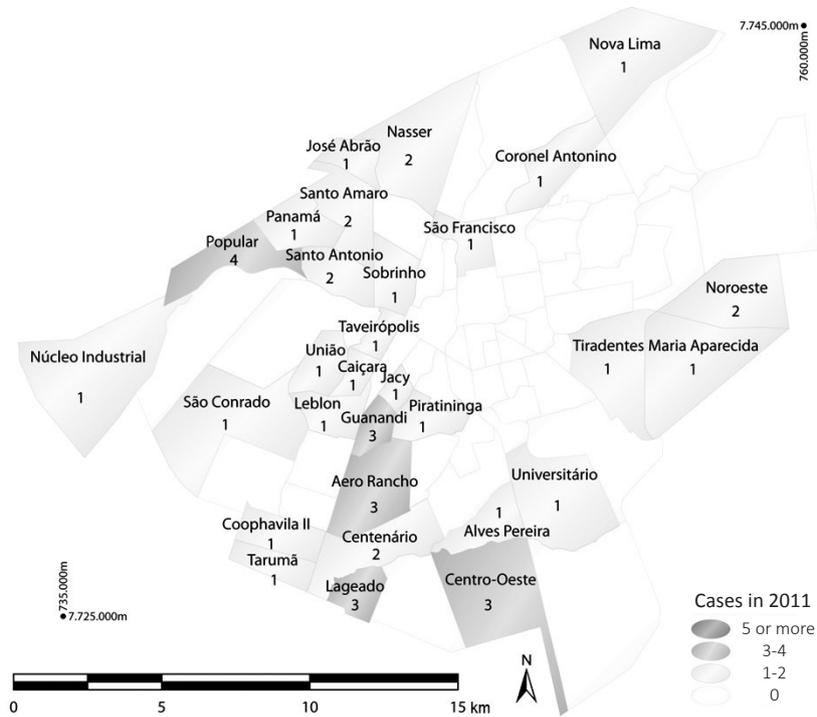
**Figure 2** – Reported cases of sexual violence against adolescents, by neighborhood of residence. Campo Grande, MS, in 2009 ( $n = 24$ ).

Source: Survey data, 2014.



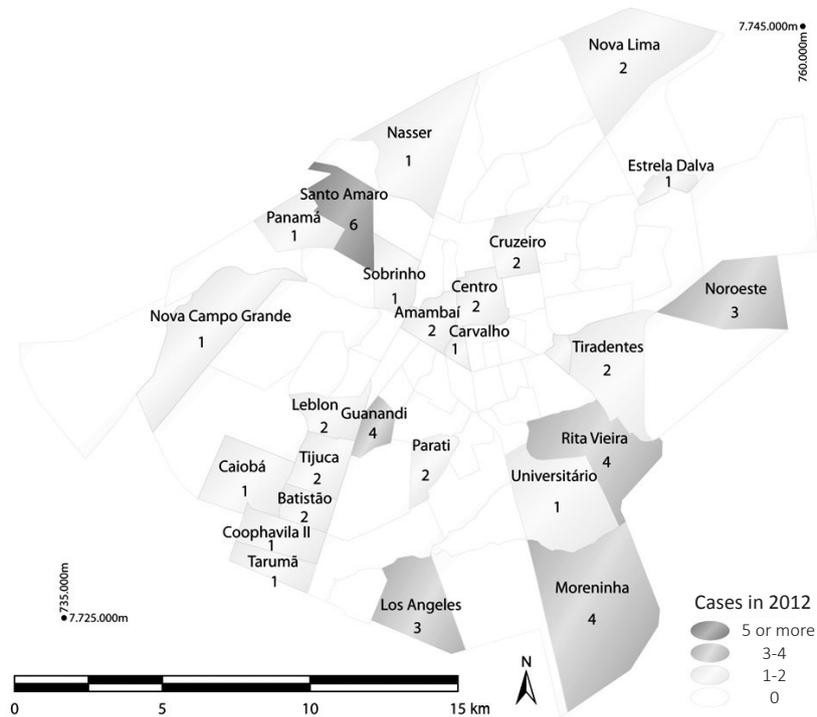
**Figure 3** – Reported cases of sexual violence against adolescents, by neighborhood of residence. Campo Grande, MS, in 2010 ( $n = 35$ ).

Source: Survey data, 2014.



**Figure 4** – Reported cases of sexual violence against adolescents, by neighborhood of residence. Campo Grande, MS, in 2011 ( $n = 46$ ).

Source: Survey data, 2014.



**Figure 5** – Reported cases of sexual violence against adolescents, by neighborhood of residence. Campo Grande, MS, in 2012 ( $n = 52$ ).

Source: Survey data, 2014.

schooling supports national and international studies that revealed females to be more susceptible to sexual violence<sup>(1,3,10, 12- 14)</sup>.

Although there have been few reports of violence against adolescent males (5.2%), research on the vulnerability in adolescence showed that 3% of boys reported having suffered sexual violence. Of these, only 33.3% sought health care. Impediments to the report, among those who did not, were fear, stereotypes and shame of parents and society<sup>(1)</sup>.

The predominance of female cases with victims between 12-14 years old shows the preference of offenders for girls at puberty, the phase in which they develop the secondary sex characteristics<sup>(6,11)</sup>.

Among adolescents who had a disability, mental disabilities prevailed. This result is possibly due to the difficulty in expressing themselves (cognitive and/or communication deficits) to report situations that would allow for the adoption of measures to avoid situations of violence or any recurrence<sup>(15)</sup>.

In a considerable number of cases (25.6%), there was more than one perpetrator, which aggravates the consequences on the teenager, as such, violence tends to be accompanied by physical force and practiced by strangers and in public spaces<sup>(12)</sup>.

The author of violence was predominantly male, and the person was someone close to the adolescents (friend, consanguineous family or stepfather), besides these episodes possible occurring repeatedly in a silent manner. Such findings corroborate those of other studies<sup>(10, 12)</sup>.

The author of the violence usually takes advantage of the trust and power as someone in charge of the minors in order to gradually approach them, causing the teen to initially interpret the approach as a token of love and affection. As these approaches become more frequent and abusive, they trigger feelings of insecurity and doubt in the teenager. When the teenager begins to understand the situation as abuse or an abnormal attitude, the perpetrator uses the adolescent's immaturity and insecurity to demand silence, through direct threats or threats aimed at people who the victim likes or on who they may depend<sup>(16)</sup>.

Domestic violence is a major challenge to professionals who work with this population, requiring approaches by multidisciplinary and interdisciplinary teams. In this context, we emphasize the importance of reporting these events as a tool for visibility of the phenomenon<sup>12</sup>, since fear, shame and the the feeling of defenselessness tend to prevent the teenager from revealing the violent fact<sup>(1)</sup>.

Alcohol consumption by the author can print more gravity to the event, as well as the consequences to the

victim, besides being associated with the reiteration of the act, as revealed by a study involving households in 108 municipalities<sup>(17)</sup>.

Most reported cases tend to be intra-family<sup>(4,6)</sup>. In these situations, there has been a contradiction in family dynamics: negative reactions such as fear and insecurity when promoted by a family member in charge of ensuring safety and security to the adolescents end up demanding this greater mental effort to build their identity<sup>(18)</sup>. However, conflicts perceived in each are related to the way the teenager is recognized in this context and depend on their relationship with the perpetrator of the violence.

This analysis revealed 41.3% of recurrence in sexual violence against adolescents, an index higher than the 7.1% found in another study<sup>(19)</sup>.

In this study, sexual violence had post-traumatic stress disorder (40.7%) and pregnancy (8.7%) among its consequences. In 54 reports, however, the field for this information was not filled, a failure that hinders the provision of assistance<sup>(4)</sup>.

Unwanted pregnancy from sexual violence revictimizes the teenager, adding to the physical and psychological trauma and the risk of sexually transmitted diseases<sup>(13)</sup>.

After emergency care and the reporting the event, the professionals in charge arranged referral to primary health care (69.8%) for follow-ups by a multidisciplinary team and community council (46.5%). However, it is known that some professionals resist notifying the events, which may be related to negative experiences of persecution by the perpetrator and lack of competent support in health care services<sup>(18)</sup>.

Although in the period covered (Figure 1) there have been more cases in the outskirts of the city, the analysis showed that their spatial distribution was very homogeneous over the years, showing the lack of social or cultural distinction in this type of violence.

The spatial pattern detected differs from that found in similar research undertaken in Belém, PA, where cases of sexual violence against children and adolescents occurred exclusively on the outskirts of the city<sup>(20)</sup>, while it is worth noting that the above findings could only be revealing uniformity in the pattern of notification distributions, and not necessarily in number of occurrences.

## ■ FINAL CONSIDERATIONS

Despite the underreporting of cases of sexual violence, the frequency and individual and collective consequences are serious enough to make it a major public health problem.

In the population hereby studied, among adolescents victimized by sexual violence females were predominant, aged between 12-14 years old, white and with incomplete elementary schooling. Among those with some kind of disability, an increased vulnerability of the mentally disabled was detected. The most frequent location of the event was the teen's residence. The high rate of recurrence, 41.3%, extends the consequences of the violent act.

Most of the cases were of domestic violence, predominantly with one author, male with suspected alcohol use (the latter aggravating the violent act).

The main consequences were posttraumatic stress disorder and pregnancy. Upon notification and primary care, adolescents were referred to primary health care and community council.

There was no spatial pattern of sexual violence against adolescents in the municipality studied. The phenomenon was evenly distributed throughout society, regardless of social background.

Detailed analysis of the data showed that sexual violence against adolescents is part of the daily life of the state capital's population. Notification is key to knowing the profile of violence, favoring professional intervention and prevention, as well as supporting the formulation of public policies and effective practices by the various sectors involved with the theme.

It emphasizes the need to improve academic education on the subject studied in all health programs and human and social sciences to better understand the phenomenon in its relational dynamics.

It is necessary to strengthen safety nets for the rights of adolescents, constituted in an interdisciplinary and intersectoral way, including community participation, policies to encourage occupational training for the identification, notification, appropriate treatment, follow-up of cases and referrals, providing the implementation of effective strategies for preventing new cases and minimizing the consequences of reported cases.

In this sense, reporting cases of violence, abuse and sexual exploitation perpetrated against teenagers has a leading role, in line with the third millennium development objective to promote gender equality and empower women, the main victims of these attacks.

Future studies on the phenomenon of sexual violence against adolescents, their approach and consequences, considering the quality of urban life index, are made relevant to the improvement of prevention, enabling the creation of measures to reduce grievances.

The limitation of this study lies in the fact that sexual violence is still underreported and when notified, the profes-

sional should attempt to report it fully and accurately. Unfortunately, the reported cases represent only a small portion of the occurrences, as there is still resistance from professionals to fill out yet another instrument with large numbers of variables, and the victims fear the perpetrator's retaliation.

Violence appears as a challenging issue for both professionals and managers of health services. Nurses and other health professionals should act in a committed and competent way, to deepen and broaden their discussions with all professionals involved in this issue, to detect early cases by observing signs and clinical symptoms, notifying suspected and confirmed cases, comforting, minimizing damage and preventing situations of violence against adolescents.

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