

Adolescent institutionalization in semi-liberty: the scenario of social and health vulnerabilities in an Amazon region

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Abstract

Violence and the practice of breaking the law are linked to the process of one's identity, facts that end up constituting the identity of the adolescent who commits infractions. In this sense, this article aims to describe the socio-epidemiological profile of the population of detained adolescents in semi-liberty in the municipality of Santarém, state of Pará. This was an epidemiological, descriptive, and retrospective cross-sectional study with a quantitative approach, based on the analysis of medical records of adolescents treated at the Semi-Liberty Center of the Foundation for Socio-Educational Assistance of Pará, between January 2013 and June 2017. Among the results found were: the age group with the highest incidence was between 16 and 17 years (n= 42; 60%), mostly mixed race (n= 54; 77%), low levels of education with prevalence of incomplete elementary education (n= 54; 77%), members of low-income families, drug users (n= 65; 93%), and robbery and homicide were the main crimes committed. In addition, mental illness (n= 10; 14%) and a history of Sexually Transmitted Infections - STIs (n= 9; 13%) were detected among the young people surveyed. Thus, it is observed that, according to the socio-epidemiological profile identified and given the vulnerability of this population, an intervention process is necessary based upon the actions of Primary Health Care, where health education acts as an instrument in the promotion of quality care for this population, and with their family they act on the factors that interfere in the process of this juvenile, in trouble with the law, becoming ill.

Keywords: Detained adolescent. Violence. Health vulnerability. Adolescent health. Social vulnerability.

INTRODUCTION

Adolescence is defined as a phase marked by great discoveries and emotional instability, a period in which personality is embodied. Therefore, because it is a period of important transformations for adult life, which involve biological, social and, mainly, psychological changes for life, it should not be reduced to a simple age group. At this point, institutionalization emerges as a current problem related to several socioeconomic factors and psychological maladjustments¹.

Institutionalization, seen as a social and

health problem that affects most territories, is triggered by the occurrence of an infraction and the construction of an individual and social subject within a scenario of vulnerability and violence. Personality disorders associated with the use of psychoactive substances are considered aggravating factors leading up to the infraction².

Evidence associated with drug use in adolescence reveals a tendency of excluding these adolescents from their context of family and community experience. In this context,

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it is known that the development of family bonds, affection, protection, and other bonds are necessary to strengthen the mental health of adolescents, since interactions with parents can directly interfere with the psychological development of children and adolescents³.

According to data from the annual survey of the National Socio-Educational Assistance System - SINASE⁴, at least 25,929 adolescents are in compliance with socio-educational orders in the country. This refers to the number of teenagers who are committing infractions and their involvement with crime. In addition, the numbers of violence involving adolescents, both as victims and as aggressors, are alarming⁵.

Violence and the practice of infractions are linked to the development of one's identity, facts that end up constituting the identity of the adolescents who committed these crimes, permeating their essence and contributing to the formation of their character and their conduct during a dynamic process of power relations and status created in the adolescent imagination. It is believed that an identity linked to crime stems from a social and institutional context coming from the city peripheries and from living in groups, and among peers linked to crime⁶.

When evaluating the institutionalization

practices of adolescents associated with crime, violent practices, and drug use, the Amazonian region does not present a large number of studies that allow for mapping the situation and establishing criteria and indicators necessary for the development of strategies and actions aimed at guaranteeing fundamental rights and protection for these adolescents.

The Amazon region, despite having large urban centers, still has a considerable portion of the population residing in rural, riverside, and plateau areas that have even more difficulties in accessing information and government policies. In this context, given the whole scenario involving adolescents, especially those who are in conflict with the law, the need arose to address and identify the profile of adolescents who comply with socio-educational orders (SEO) at the Foundation for Socio-Educational Assistance of Pará (FASEPA) in a central municipality in the state of Pará, as well as to identify the family context to which they are inserted in order to corroborate with other studies that sought to understand this phenomenon.

Therefore, this study aims to describe the socio-epidemiological profile of the population of institutionalized adolescents in semi-liberty in the municipality of Santarém, state of Pará.

METHODOLOGY

This is a cross-sectional, descriptive, retrospective study with a quantitative approach, carried out through the analysis of records of adolescents who were detained at FASEPA, in the municipality of Santarém, located in the western region of Pará. Santarém is the largest municipality located in the western region of Pará and is a regional center in the lower Amazon region of Pará.

This study comprised the documentary

data collection processes based on the medical records of adolescents treated at the FASEPA unit, from January 2013 to July 2018, at the Semi-liberty Center of Santarém (CSS). The CSS is responsible for serving the entire Lower Amazon region of Pará, comprised of 29 municipalities, with a capacity for the hospitalization of 20 male adolescents.

The sample consisted of 70 medical records. The files that had complete informa-

tion, such as socio-economic and demographic data, information about the crime and about the assistance received by the adolescents during their stay in the institution, which thus met the objectives of the study, were included. Medical records that had missing pages or that did not include all the data of the study variables, in addition to data that were lost or misplaced, were excluded.

To guide the data collection, a form was built for extracting information, exclusively used for this study, and was adapted during the collection phase according to the elements contained in the medical records, for full use of the information. The form in question did not undergo a full validation process, but it was tested on a sample of 05 medical records to assess the effectiveness of the information collected. In order to avoid possible biases, the medical records used in the adequacy and evaluation of the effectiveness of the form from the study were excluded.

Regarding the sociodemographic charac-

teristics, this study evaluated the age group, color/race, city of birth, education, and school attendance. Regarding the family context and the experience of violence, the study included the housing situation, number of residents with the adolescent, degree of kinship, family income, and the existence and type of violence. The health profile included drug use and crime committed, the presence of mental illness, STI, drug treatment, type of drugs used, amount of drugs used, age at onset, type of infraction, recidivism, and criminal history were evaluated.

Data analysis was performed using descriptive statistics and inferential statistics using the chi-squared test, establishing a significance level of 5%, for a value of $p < 0.05$, in order to maintain scientific rigor and accuracy.

The present study followed the guidelines of Resolution 466/2012 of the National Health Council, with approval by the Research Ethics Committee of the University of the State of Pará, Campus XII – Tapajós, through opinion No. 2.514.406.

RESULTS

The highest concentration of adolescents was in the age group of 16 – 17 years old ($n = 42$; 60%, $p < 0.0001$), with the majority being brown ($n = 54$; 77 %; $p < 0.0001$), mostly from the city of Santarém, PA ($n = 54$; 49%; $p < 0.0001$). Furthermore, 54 adolescents (77%; $p < 0.0001$) did not complete elementary school and 50% did not attend school, as shown the table 1.

As for the family context, 19 adolescents (27%; $p < 0.0065$) lived with their father and mother before starting to comply with the socio-educational treatment. Regarding the number of people who live with the teenager, 32 (46%; $p = 0.0001$) lived with 5 to 8 people

in the same household, and 49 adolescents (70%; $p < 0.0001$) lived in their own family home. Regarding family income, it was observed that 24% ($n = 17$) of the adolescents' families had an income of around 1 minimum wage, as detailed in table 2.

Table 3 shows the demonstration of traumatic situations experienced by adolescents, in which 45 adolescents (64%) had never experienced traumatic situations in the family. Among those who witnessed something, 23 adolescents (92%; $p < 0.0001$) reported having witnessed situations of domestic violence (physical, verbal, psychological violence, neglect, emotional abandonment).

As for drug use, 93% (n=64) of the investigated medical records indicated that the adolescents were users of some type of drug (lawful and/or illegal), and the most used drug was alcohol in 90% (n=63) of the cases, and 58% (n=41) of the adolescents used at least 3 different types of drugs. Of the adolescents who reported using drugs, 85% (n= 55) started using them in the age group between 12 and 17 years old.

Regarding health history, 86% (n=60) declared not having any mental illness, 87% (n=61) had no history of Sexually Transmitted Infection (STI) and, among adolescents who

had an STI, the most common was syphilis in 44% (n= 6) of the cases. Of the medical records analyzed, there was the presence of drug treatment in 56% (n=39) of the cases, as shown in table 4.

As for the crime, table 5 shows that the main crime committed was robbery under strong threat in 48% (n= 34; p<0.0001) of the cases, 81% (n=57; p<0.0001) were not repeat offenders, 54% (n=38) had no criminal record, 64% (n=45) had no difficulties in their relationship with the team, and 66% (n= 46) had no relationship difficulties with the other socio-educational students.

Table 1 – Sociodemographic characteristics of adolescents assisted at the Semi-Liberty Center in the city of Santarém, Pará, Brazil - 2013-2018. (N=70)

Age group	n (70)	%	p-value
14 – 15	13	19	
16 – 17	42	60	<0.0001
18 – 20	15	21	
Color/race			
Brown	54	77	
Black	7	10	<0.0001
White	6	9	
Indigenous	3	4	
Place of Birth			
Santarém	34	49	
Itaituba	11	16	<0.0001
Altamira	3	4	
Other municipalities	17	31	
Education			
Complete primary education	10	14	
Incomplete elementary school	54	77	<0.0001
Incomplete high school	5	7	
Illiterate	1	1	
School attendance			
Yes	35	50	
No	35	50	

Table 2 – Family context of adolescents assisted at the Semi-Liberty Center in Santarém, Pará, Brazil – 2013-2018. (N=70)

Family context	N	%	p-value
Who do you live with?			
Father and mother	19	27	
Mother and stepfather	11	16	
Mom	10	14	
Grandparents	8	11	0.0065
Father and stepmother	4	6	
Companion	3	4	
Mother and grandmother	7	10	
Others	8	11	
How many people live in the house			
1 – 4 people	31	44	
5 – 8 people	32	46	<0.0001
9 – 15 people	6	9	
Housing situation			
Own home	49	70	
Rented house	12	17	
Loaned/Given house	7	10	<0.0001
Municipal shelter	1	1	
Hut	1	1	
Family income			
Less than 1 minimum wage	15	21	
1 minimum wage	17	24	
Above 1 minimum wage	14	20	0.0177
2 minimum wages	14	20	
Above 2 minimum wages	6	9	
Above 3 minimum wages	3	4	

Table 3 – Demonstration of traumatic situations experienced and witnessed by adolescents in compliance with socio-educational measure at the Santarém Semiliberty Center, Pará, Brazil - 2013-2018. (N=70)

Demonstration of traumatic situations	N	%	p-value
Traumatic situation			
Yes	25	36	
No	45	64	0.0232
Total	70	100	
What situations?			
Domestic violence	23	92	
Urban violence	2	8	<0.0001
Total	25	100	
Have you witnessed cases of violence in the family?			
Domestic violence	18	26	
No	45	64	<0.0001
Uninformed	7	10	
Total	70	100	

Table 4 – Drug use profile and health history of institutionalized adolescents, Santarém, Pará, Brazil – 2013-2018. (N=70)

Drug use profile	N	%
Use of legal or illegal drugs		
Yes	65	93
No	5	7
Type of drugs used		
Alcohol	63	90
Industrialized cigarette	53	76
Marijuana	40	57
Crack	21	30
Cocaine	27	38
Oxy	4	6
Number of drugs used by teenager		
6 types	2	3
5 types	11	16
4 types	30	43
3 types	41	58
2 types	30	43
1 type	18	26
0 type	10	7
Age at which drug use started		
7 to 11 years	10	15
12 to 17 years	55	85
Health history		
Presence of mental illness		
Yes	10	14
No	60	86
STI history		
Yes	9	13
No	61	87
Type of STI		
Syphilis	6	44
HPV	4	33
Gonorrhea	3	22
Drug treatment		
Yes	39	56
No	31	41

Table 5 – Criminal situation and the context of the measure of adolescents in conflict with the law attended at the Semi-Liberty Center of Santarém, Pará, Brazil – 2013-2018. (N=70)

Infraction Status and the Context of the Socio-educational Measure	N	%	p-value
Major offenses			
Theft under strong threat	34	48	
Murder	26	37	
Gang formation	6	8	<0.0001
Drug trafficking	5	7	
Others	20	22	
Total	71	100	
Recidivism			
Yes	13	19	<0.0001
No	57	81	
Criminal record			
Yes	32	46	0.5501
No	38	54	
Difficulty with the team during compliance with the measure			
Yes	25	36	0.0232
No	45	64	
Difficulty with socio-educational while complying with the measure			
Yes	24	34	0.0121
No	46	66	

DISCUSSION

Based on the analysis of the results found, a profile was identified of adolescents in semi-liberty in transition to adulthood, born and residing in Santarém, PA, with a low education, drug use, who mainly committed robbery under strong threats, and no history of mental illnesses or STIs.

These data are consistent with other studies that traced the profile and performed the characterization of adolescents who committed crimes^{7,8}. The attempt to characterize and know adolescents who are committing crimes is precisely part of a historical and incessant search for understanding this phenomenon that has become a major social problem^{9,10}.

On the other hand, it was identified in studies carried out in the southern region that

most adolescents surveyed were white^{11,12}. And according to data from the IBGE¹³, on the prevalence of color/race by region, of adolescents with deprivation and restriction of liberty, the southern region concentrates the highest incidence (49.5%) of the white people, while the northern region is responsible for the highest percentage of brown/black adolescents (71.6%).

This difference leads to the hypothesis that this characteristic, specifically, will depend on the region in which the study is carried out. Brazil is formed by a great miscegenation of peoples since its colonization, the different regions of the country were/are formed by descendants of different peoples and ethnicities. The northern population is largely made up of

pardos, descendants of indigenous peoples, Europeans, and blacks¹⁴.

In addition, with regards to school attendance, half (50%) of the adolescents did not attend school before entering the institution to comply with the socio-educational order. In Brazil, among adolescents in conflict with the law, 86% did not complete elementary school and more than half (57%) did not attend school before starting the SEO compliance process⁴.

A study carried out in the countryside of São Paulo, whose main idea was "School as a protective factor for the criminal conduct of adolescents", through its analysis of 123 medical records of adolescents in compliance with SEO revealed that the lack of school attendance is associated with the increase in recidivism of socio-educational orders, as well as the use of narcotics and the use of weapons. Moreover, it is pointed out that school attendance reduces the severity of the crime committed. In view of this, the author discusses what can be done to ensure the permanence of these young people in school, since this is one of the main institutions that can address the antisocial traits of adolescents¹⁵.

Linked to education, the family context is of paramount importance in the development of children and adolescents, as the relationships established in this environment are decisive in anti- or pro-social behaviors^{2,16}. The family relationships analyzed here showed that 27% of the adolescents were part of core families composed of a father and mother, 21% belonged to reconstituted families (stepfather and stepmother); therefore, it shows that the majority lived with both parents or at least with one of their parents.

Therefore, the family can present itself, depending on the situation, as a risk factor or as a protective factor. Ambiguity confirmed when considering that this institution is the

basic social group of the individual and crucial in their development². Therefore, the relationships established in this institution are fundamental in defining future behaviors of its components¹⁷.

Thus, by understanding adolescence as a conflictive phase of life, the circumstances of this phase are aggravated when it comes to families whose conditions are of greater social vulnerability, since, depending on the specific situation, generational problems worsen in the face of challenges (inequalities, violence, lack of access to public policies) that these families face to guarantee protection, support, and stability in the construction of life's projects¹⁸.

Intrafamily violence and exposure to violence are considered risk factors for the reproduction of violent behavior, both in situations of abuse witnessed of violence between parents and in situations directly suffered by the child or adolescent^{1,19}.

Thus, the aspects that are involved with the vulnerabilities of families, in some way, can expose adolescents to a lack of protection, increase the risks of various types of violence among family members, in addition to contributing to drug use in adolescence and committing crimes²⁰.

Moreover, society currently faces an increasingly evident and difficult problem to deal with due to its great complexity: the abusive consumption of licit and illicit drugs. This activity can be understood as a network with several associated actors, as it goes far beyond the users themselves, as it involves the entire environment, the relationships that surround them, both intrafamily and socially, and public policies, among others³.

Studies reveal that the association between drug use and the criminal acts must be considered, as it was identified in other studies, also coinciding with the findings herein²¹.

Substance consumption is considered a worrying behavior among adolescents in Brazil and worldwide. Social and psychological aspects are also related to the initiation of substance abuse, such as financial difficulties, family relationships, family violence, low self-esteem, insecurity, and a lack of limits. It is observed that the earlier the onset of drug use, the greater the risk of dependence, the development of associated mental disorders, and changes in behavior²².

In Brazil, robbery had the highest percentage (47%), followed by drug trafficking (22%), and homicide (10%). At the State level, Pará presents theft as the main crime committed in the first place, followed by homicide and in third place drug trafficking⁴, the data poorly differs from those found herein. It is noticed that the majority of adolescents practiced crimes analogous to crimes against another person.

The measures applied to these adolescents and the type of treatment received by them during the first measure influence cases of recidivism⁹. Thus, it is important to take into account the complexity of this young person's adaptation after completing a first measure, as there are both internal and external obstacles to their accepting this social life (consider, family, school, community coexistence).

It is also important to emphasize the role that health professionals play with these young people. It was found that 14% have some form of mental illness (some confirmed and others with an inconclusive diagnosis), but among the definitive reports, personality disorder prevails. This emphasizes the importance of the quality of human resources working in these institutions, being duly trained to deal with all situations.

In this study, correlation analysis of the data was not performed to assess which factors may influence the development of mental illness. Exposure to violence is directly rela-

ted to the risk of developing mental disorders, and among them, personality disorder is one of the main ones^{23,24}.

A study carried out in a Socio-Educational Care Center in Pernambuco evaluated the vulnerability of adolescents in conflict with the law to STIs. Taking into account their knowledge and experiences, they revealed that the vast majority did not know the significance of STIs, in addition to pointing out other studies that indicate the lack of knowledge on the part of young people about the transmission routes and development of these infections. This also associates the precariousness of knowledge with low education, which ends up making it difficult to understand more specific issues related to this theme²⁴.

Thus, it is necessary to create strategies so that prevention is on the agenda in socio-educational institutions, contributing to the reduction of infections among socio-educational students. Greater investments are needed for health education, given that the lifestyle adopted in adolescence can have a significant impact on their health in adulthood and the importance of valuing this context for reflection on the health-disease process facing institutionalized adolescents²⁴.

When analyzing the care received by the adolescents, it was identified that several received anti-drug treatment while they were in the center. These treatments were carried out in partnership with the CAPS AD (Psychosocial Care Center) of the municipality, an organ in which nurses work directly with them and has an important role in care.

This study has as a limitation the amount of underreporting of information due to the loss of records of the adolescents, which corresponds to 48% of the sample universe, which may interfere with the percentages found in the present analysis.

We suggest the further studies be carried out that aim to understand and analyze the

impact of this profile and the scenario of social vulnerability in the process of reintegrating these adolescents, as well as in the recidivism

and permanence in crime, and how the health service may be inserting itself in this context in order to fill the gaps in care and assistance.

CONCLUSION

The profile of the adolescents assisted by FASEPA at the Semi-Liberty Center of Santarém during the study period was aged between 16 and 17 years old, brown, born in Santarém, PA, with an incomplete elementary education, family income of 1 minimum wage, residing with the father and mother before hospitalization, in their own family home, sharing the house with 5 to 8 people, and having already experienced traumatic situations of domestic violence. The main offense committed was robbery under strong threat, with a few cases of recidivism and criminal records, and had a good relationship

with the center's team and with the socio-educational students.

These adolescents mostly used licit or illicit drugs, alcohol was the main choice, and experimented with an average of 03 different types of drugs, and the beginning of use occurred mainly between 12 and 17 years old.

The results found reveal a space with the possibility of acting in health, through a multiprofessional team, offering varied activities and services focusing on different levels of prevention while working in a network with other government sectors in order to offer comprehensive care.

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