






SELF-INFLICTED VIOLENCE IN ADOLESCENTS IN BRAZIL, ACCORDING TO THE MEANS USED

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ABSTRACT

Objective: to analyze the epidemiological distribution of self-inflicted violence in adolescents in Brazil, according to the means used. Method: a descriptive study of the notifications contained in the Notifiable Diseases Information System, according to the means used for self-aggression and to the geographic regions of residence, in the period from 2009 to 2016. The data were analyzed using descriptive and inferential statistics, chi-square test and the Odds Ratio measure of association. Results: self-inflicted violence by poisoning was associated with female gender, age group from 15 to 19 years old, white race/skin color and occurrence at the home. Self-inflicted violence by physical force/beatings, sharps and other self-aggression means were associated with the male gender and occurrence in streets and public areas. Conclusion: knowing the profile of self-inflicted violence among the adolescents can direct preventive actions by the health professionals, especially in the scope of Primary Health Care.

DESCRIPTORS: Violence; Adolescent; Self-destructive Behavior; Nursing; Epidemiology.

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INTRODUCTION

Self-inflicted violence is a serious public health problem worldwide⁽¹⁾. It can manifest itself in different ways and affect any individual, regardless of race/skin color, social status, gender and age group⁽²⁾.

Self-inflicted injuries are characterized by acts of self-mutilation, ranging from mild forms such as scratches, bites and small cuts on the skin, to more severe forms such as loss of limbs and even suicide⁽³⁾. The International Classification of Diseases and Health-Related Problems, published by the World Health Organization, also considers intentional self-poisoning as self-inflicted violence⁽⁴⁾.

Global estimates indicate that self-aggression and suicide represent the third leading cause of death among adolescents, causing 62,000 deaths in 2016⁽¹⁾. In Europe and in Southeast Asia, self-inflicted violence and suicide are considered the leading cause of death in adolescents⁽⁵⁾. In Brazil, notifications and hospitalizations due to self-inflicted injuries in adolescents have been growing exponentially, with 15,702 notifications between 2011 and 2014, mainly in the South and Southeast regions of the country⁽⁶⁾.

The following can be mentioned among the risk factors for self-inflicted violence: depression, mental disorders, anxiety, violence, and alcohol and drug abuse. Bullying, lack of affection and lack of emotion management are equally cited. Some social factors are also described, such as family, childhood and relationship problems, as well as low socioeconomic status⁽⁷⁻⁸⁾.

Although violence is constantly in evidence in scientific research, an evaluative research study carried out in Brazil indicates that few studies address the epidemiological distribution of self-inflicted injuries in adolescents in the national territory⁽⁹⁾.

Given the thematic relevance and the need to address the most prevalent regions and the means by which the adolescents are harming themselves, this study aims at analyzing the epidemiological distribution of self-inflicted violence in adolescents, according to the means used in Brazil, which can contribute to the qualification of public health policies, such as the National Policy for the Prevention of Self-Mutilation and Suicide, in force in the country since July 2019.

METHOD

This is an epidemiological study, in which the notifications related to self-inflicted violence in adolescents in Brazil were analyzed, referring to the period from 2009 to 2016 and contained in the Notifiable Diseases Information System (Sistema de Informação de Agravos de Notificação, SINAN) database, as well as estimated data from the Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística, IBGE), both available in the website of the IT Department of the Unified Health System (DATASUS). The choice of the study period was due to the availability of data at the time of collection, carried out in March 2019.

Brazil comprises 27 states, grouped in five geographical regions (North, Northeast, Midwest, Southeast and South). The study population consisted in the notifications of self-inflicted violence in adolescents belonging to the age group from 10 to 19 years old and living in the five geographical regions.

The variables analyzed were as follows: gender (female, male), age (10 to 14 years old,

15 to 19 years old), race/skin color (white, black/brown, Asian, indigenous); self-aggression means (poisoning, physical force/beating, sharps, other means) and place of occurrence (home or streets, public areas). The data were compiled in spreadsheets and organized in tables with absolute and relative frequencies. The Odds Ratio (OR) was adopted as association measure, with a respective 95% confidence interval, considering a significance level of 5%.

With the number of notifications of self-inflicted violence in adolescents and the population for each period, 2x2 contingency tables were generated, in which self-inflicted violence in adolescents for each means used, exposure and non-exposure was considered (total of adolescents minus the number of notifications by each means used for self-aggression). The chi-square test was used to analyze the association between independent variables and self-inflicted violence in adolescents, determining the differences between the rates as significant when $p < 0.05$.

The violence rates were calculated as the ratio between the number of cases of self-inflicted violence in adolescents and the total population of adolescents, in the same region and period, multiplied by 100,000. The quantification of the percentage variation of the means used was given by the ratio of the subtraction between the percentages for 2013-2016 and 2009-2012, by the percentages for 2009-2012, multiplied by 100.

Waiver of the Free and Informed Consent Form was requested to the Permanent Committee of Ethics in Research involving Human Beings of the State University of Maringá, with approval according to Edict No. 07/2019.

RESULTS

In the period from 2009 to 2016, 33,541 cases of self-inflicted violence were notified in Brazil. The national rate presented a significant increase, rising from 2.1/100,000 adolescents in 2009 to 25.7/100,000 in 2016.

In the analysis of the percentage variation, a reduction was observed in the number of notifications of self-inflicted violence among adolescents in the North, Northeast and Midwest regions. On the other hand, the South and Southeast regions presented a significant increase in the number of notifications for both genders. The South region gains national prominence for presenting the highest rates in the two periods analyzed (Table 1).

Table 1 – Rate of self-inflicted violence in adolescents, by gender and according to the self-aggression means, in Brazil and in its regions. Maringá, PR, Brazil, 2019 (continues)

Region	Male							Female						
	2009/2012			2013/2016				2009/2012			2013/2016			
	n	%	Tx	n	%	Tx	Var %	n	%	Tx	n	%	Tx	Var %
Brazil	2460	100	3,5	7195	100	10,4		5742	100	8,5	18144	100	27,1	
Poisoning	1023	41,6	1,5	3355	46,6	4,8	12,1	3708	64,6	5,5	11759	64,8	17,6	0,4
Physical force/ Beating	521	21,2	0,7	1110	15,4	1,6	-27,2	1012	17,6	1,5	2279	12,6	3,4	-28,7

Sharps	403	16,4	0,6	1153	16	1,7	-2,2	555	9,7	0,8	2703	14,9	4	54,1
Other means*	513	20,9	0,7	1577	21,9	2,3	5,1	467	8,1	0,7	1403	7,7	2,1	-4,9
North	188	7,6	2,7	484	6,7	6,7	-12	368	6,4	5,5	975	5,4	14,1	-16,2
Poisoning	49	26,1	0,7	139	28,7	1,9	10,2	149	40,5	2,2	507	52	7,3	28,4
Physical force/ Beating	49	26,1	0,7	79	16,3	1,1	-37,4	126	34,2	1,9	197	20,2	2,9	-41
Sharps	48	25,5	0,7	75	15,5	1	-39,3	38	10,3	0,6	113	11,6	1,6	12,2
Other means*	42	22,3	0,6	191	39,5	2,7	76,6	55	14,9	0,8	158	16,2	2,3	8,4
Northeast	462	18,8	2,2	1146	15,9	5,5	-15,2	1224	21,3	6	2831	15,6	14	-26,8
Poisoning	251	54,3	1,2	594	51,8	2,9	-4,6	978	79,9	4,8	2015	71,2	10	-10,9
Physical force/ Beating	58	12,6	0,3	134	11,7	0,6	-6,9	124	10,1	0,6	347	12,3	1,7	21
Sharps	47	10,2	0,2	134	11,7	0,6	14,9	57	4,7	0,3	256	9	1,3	94,2
Other means*	106	22,9	0,5	284	24,8	1,4	8	65	5,3	0,3	213	7,5	1,1	41,7
Southeast	1060	43,1	3,9	3209	44,6	11,9	3,5	2602	45,3	9,9	8748	48,2	33,7	6,4
Poisoning	477	45	1,7	1599	49,8	5,9	10,7	1710	65,7	6,5	5731	65,5	22,1	-0,3
Physical force/ Beating	267	25,2	0,5	627	19,5	2,3	-22,4	495	19	1,9	1241	14,2	4,8	-25,4
Sharps	149	14,1	0,5	455	14,2	1,7	0,9	216	8,3	0,8	1235	14,1	4,8	70,1
Other means*	167	15,8	0,6	528	16,5	2	4,4	181	7	0,7	541	6,2	2,1	-11,1
South	491	20	5,1	1745	24,3	18,9	21,5	1068	18,6	11,6	4262	23,5	48,1	26,3
Poisoning	190	38,7	2	819	46,9	8,9	21,3	651	61	7,1	2786	65,4	31,4	7,2
Physical force/ Beating	87	17,7	0,9	178	10,2	1,9	-42,4	153	14,3	1,7	297	7	3,4	-51,4
Sharps	82	16,7	0,9	344	19,7	3,7	18	164	15,4	1,8	843	19,8	9,5	28,8
Other means*	132	26,9	1,4	404	23,2	4,4	-13,9	100	9,4	1,1	336	7,9	3,8	-15,8
Midwest	259	10,5	5	611	8,5	11,6	-19,3	480	8,4	9,5	1328	7,3	26,2	-12,4
Poisoning	56	21,6	1,1	204	33,4	15,5	54,4	220	45,8	4,4	720	54,2	14,2	18,3
Physical force/ Beating	60	23,2	1,2	92	15,1	7	-35	114	23,8	2,3	197	14,8	3,9	-37,5
Sharps	77	29,7	1,5	145	23,7	11	-20,2	80	16,7	1,6	256	19,3	5	15,7
Other means*	66	25,5	1,3	170	27,8	12,9	9,2	66	13,8	1,3	155	11,7	3,1	-15,1

Source: The authors (2019)

Regarding the means used for self-aggression, the percentage variation showed an increase in the notifications of self-inflicted violence due to poisoning in most of the regions, especially males in the Midwest region (54.4%). In turn, the records of self-inflicted violence by means of physical force/beatings decreased in all regions of the country, especially for females in the South region (51.4%). As for the percentage variation of self-aggressions by sharps, there was a significant increase of the cases in female adolescents, mainly in the Northeast (91.2%), Southeast (70.1%) and South (28.8%) regions (Table 1).

In the two periods analyzed, gender and age group were associated with self-inflicted violence by poisoning in adolescents, so that female gender and age group from 15 to 19 years old represented greater chances than male gender and age between 10 and 14 years old. The notifications of self-aggression due to poisoning whose place of occurrence were streets and public areas presented lower probability (Table 2).

Table 2 - Self-inflicted violence in adolescents, resulting from poisoning, according to sociodemographic characteristics and place of occurrence. Maringá, PR, Brazil, 2019

Characteristics	2009/2012					2013/2016				
	n	%	p	OR	IC	n	%	p	OR	IC
Gender	4731	100				15114	100			
Female	3708	78,4	-	1	-	11759	77,8	-	1	-
Male	1023	21,6	<0,001	0,4	0,41-0,34	3355	22,2	<0,001	0,5	0,47-0,43
Age	4731	100				15114	100			
10-14 years old	1086	23	-	1	-	3504	23,2	-	1	-
15-19 years old	3645	77	<0,001	1,3	1,18-1,44	11610	76,8	<0,001	1,4	1,32-1,48
Race/Skin color	3619	100				12381	100			
White	1912	52,8	-	1	-	6686	54	-	1	-
Black/Brown	1642	45,4	0,032	0,9	0,99-0,82	5550	44,8	<0,001	0,9	0,96-0,86
Asian	44	1,2	0,25	0,8	1,19-0,51	82	0,7	0,306	0,8	1,17-0,61
Indigenous	21	0,6	0,075	0,6	1,05-0,34	63	0,5	<0,001	0,1	0,19-0,12
Place of occurrence	3239	100				10676	100			
Home	3137	96,9	<0,001	14	11,80-16,69	10315	96,6	<0,001	9,8	8,92-10,86
Streets and public areas	102	3,1	-	1	-	361	3,4	-	1	-

Source: The authors (2019)

Regarding self-inflicted violence by physical force/beatings, in the period from 2009 to 2012, there were greater chances of occurrence among male adolescents and black/brown race/skin color. Age group from 15 to 19 years old and home as place of occurrence reduced the risks for this type of self-aggression. In the second period (2013-2016), there was an association of male gender and age group from 15 to 19 years old with this self-aggression means (Table 3).

Table 3 - Self-inflicted violence in adolescents, resulting from physical force/beating, according to sociodemographic characteristics and place of occurrence. Maringá, PR, Brazil, 2019

Characteristics	2009/2012					2013/2016				
	n	%	p	OR	IC	n	%	p	OR	IC
Gender	1533	100				3389	100			
Female	1012	66	-	1	-	2279	67,2	-	1	-
Male	521	34	0,011	1,2	1,03-1,31	1110	32,8	<0,001	1,2	1,10-1,29
Age	1533	100				3390	100			
10-14 years old	517	33,7	-	1	-	1040	30,7	-	1	-
15-19 years old	1016	66,3	<0,001	0,6	0,66-0,52	2350	69,3	<0,001	1,2	1,10-1,29
Race/Skin color	1347	100				3075	100			
White	630	46,8	-	1	-	1419	46,1	-	1	-
Black/Brown	681	50,6	<0,001	1,3	1,11-1,42	1576	51,3	0,976	1	0,93-1,08
Asian	24	1,8	0,037	1,6	1,03-2,64	27	0,9	0,506	1,2	0,76-1,75
Indigenous	12	0,9	0,267	1,4	0,75-2,78	53	1,7	0,524	0,9	1,22-0,68
Place of occurrence	1397	100				3107	100			
Home	792	56,7	<0,001	0,1	0,16-0,12	1790	57,6	<0,001	0,1	0,13-0,11
Streets and public areas	605	43,3	-	1	-	1317	42,4	-	1	-

Source: The authors (2019)

In relation to self-inflicted violence with sharps, in the first period analyzed, an association was verified with male gender and age group from 15 to 19 years old. Black/Brown race/skin color and home as place of occurrence reduced the chances. In the second period, gender showed no association, while age between 15 and 19 years old, black/brown and indigenous race/skin color and home presented significantly lower chances of occurrence (Table 4).

Table 4 - Self-inflicted violence in adolescents, resulting from sharps, according to sociodemographic characteristics and place of occurrence. Maringá, PR, Brazil, 2019 (continues)

Characteristics	2009/2012					2013/2016				
	n	%	p	OR	IC	n	%	p	OR	IC
Gender	958	100				3856	100			
Female	555	57,9	-	1	-	2703	70,1	0,545	1	1,05-0,91
Male	403	42,1	<0,001	1,7	1,48-1,94	1153	29,9	0,545	1	0,95-1,10
Age	958	100				3856	100			
10-14 years old	213	22,2	-	1	-	1238	32,1	-	1	-
15-19 years old	745	77,8	0,03	1,2	1,02-1,40	2618	67,9	<0,001	0,7	0,75-0,64

Race/Skin color	845	100				3438	100			
White	486	57,5	-	1	-	1945	56,6	-	1	-
Black/Brown	343	40,6	<0,001	0,8	0,88-0,65	1430	41,6	<0,001	0,8	0,89-0,76
Asian	13	1,5	0,897	1	0,57-1,89	27	0,8	0,771	1,1	0,70-1,62
Indigenous	3	0,4	0,109	0,4	1,23-0,13	36	1	<0,001	0,5	0,76-0,38
Place of occurrence	849	100				3511	100			
Home	672	79,2	<0,001	0,7	0,88-0,62	2976	84,8	0,002	0,9	0,95-0,77
Streets and public areas	177	20,8	-	1	-	535	15,2	-	1	-

Source: The authors (2019)

Regarding the other means of self-inflicted violence, which involve self-aggression by firearm, hanging, blunt object and hot substance/object, in the two periods studied, the chances of occurrence were higher for the male gender and for adolescents of black/brown and indigenous race/skin color (Table 5).

Table 5 - Self-inflicted violence in adolescents, resulting from other means, according to sociodemographic characteristics and place of occurrence. Maringá, PR, Brazil, 2019

Characteristics	2009/2012					2013/2016				
	n	%	p	OR	IC	n	%	p	OR	IC
Gender	1630	100				4619	100			
Female	809	49,6	-	1	-	2281	49,4	-	1	-
Male	821	50,4	<0,001	2,7	2,47-3,06	2338	50,6	<0,001	3,1	2,87-3,25
Age	988	100				2996	100			
10-14 years old	243	24,6	0,708	1	1,13-0,83	759	25,3	0,537	1	1,06-0,89
15-19 years old	745	75,4	0,708	1	0,88-1,20	2237	74,7	0,537	1	0,94-1,12
Race/Skin color	870	100				2687	100			
White	413	47,5	-	1	-	1248	46,4	-	1	-
Black/Brown	436	50,1	0,013	1,2	1,04-1,38	1221	45,4	<0,001	1,1	1,06-1,25
Asian	8	0,9	0,386	0,7	1,50-0,35	13	0,5	0,368	0,8	1,36-0,44
Indigenous	13	1,5	0,002	2,6	1,43-4,91	205	7,6	<0,001	10,9	9,08-12,99
Place of occurrence	840	100				2576	100			
Home	655	78	<0,001	0,7	0,81-0,57	2073	80,5	<0,001	0,6	0,67-0,54
Streets and public areas	185	22	-	1	-	503	19,5	-	1	-

Source: The authors (2019)

DISCUSSION

The epidemiological analysis of the notifications of self-inflicted violence in adolescents in Brazil showed variations in the means used for self-aggression. All the Brazilian regions presented an increase in the notification rates when comparing the first and second study periods. The results herein presented are in consonance with other studies, which identified high self-aggression rates in adolescents both at the national and global scales⁽¹⁰⁻¹¹⁾.

The female gender represents the majority of the cases of self-aggression in adolescents, a fact that can be related to situations of sexual abuse, mistreatment, physical violence and abandonment⁽¹¹⁻¹²⁾. Discrimination and violence are a reality shared by girls and women worldwide, and age between 16 and 24 years old is the period of greatest risk for suffering the different types of violence⁽¹³⁾. The socially expected exemplary behavior of women contributes to their weakening and, in many cases, the only solution they perceive is self-destruction, contributing to the high number of suicides among young women⁽¹⁴⁾.

Regarding the means used for self-inflicted violence, poisoning was the most frequently recorded in Brazil, especially in the female gender. These data are in line with the literature, which indicates poisoning as a frequent self-aggression means in girls from different countries⁽¹⁵⁻¹⁶⁾.

In Northern Tunisia, a research study carried out with data on suicide by poisoning identified that 59% of the cases were young women, 52.5% took medications and another 42.6% used pesticides⁽¹⁶⁾. Ease of access to medications and pesticides can be related to the high poisoning and suicide rates in adolescents and young women.

Self-inflicted violence due to physical force/beatings was associated with the male gender, place of occurrence in the streets and public areas, and black/brown race/skin color. A study carried out in the United States with a sample of 9,409 participants showed that belonging to racial and ethnic minorities, and suffering discrimination for this reason, increases the chances of lifelong suicidal thoughts and suicide attempts⁽¹⁷⁾. In addition, the socioeconomic conditions in which these adolescents live, which often hinder their access and insertion into society, contribute to emotional distress and can lead to self-destructive behavior⁽¹⁾.

The percentage variation showed a significant increase in the use of sharps by female adolescents in all the Brazilian regions, corroborating previous research studies that attributed this increase to excessive emotional distress, in which they believe that they live in a hostile world, lacking affection and consideration from their peers, in addition to low self-esteem and to the feeling of failure to have a perfect body^(6,18).

The achievement of the ideal body is something constantly motivated by the social media and networks, and constitutes a distressing factor for people, especially for girls in this peculiar phase that constitutes adolescence. Not having the same beauty standard proposed by society can lead to self-aggression, as well as to eating and psychological disorders⁽¹⁹⁾. The socially accepted standard of beauty and female behavior can reflect patriarchy, a system of male domination and oppression over women, which presupposes the female body as an object, both for sexual and reproductive functions⁽²⁰⁾.

It is also worth mentioning the significant increase in the rates of self-inflicted violence by other means, which involve firearms, hanging, blunt objects and hot substance/objects. These means were associated with the male gender and with black/brown and indigenous race/skin color. A study carried out in the urgency and emergency services of the Brazilian capitals indicated that 62.4% of the cases of self-inflicted violence occur in individuals of black/brown race/skin color⁽³⁾.

Another study that analyzed suicide in adolescence by means of self-poisoning and

self-aggression, according to race/skin color in Brazil, revealed an increase in the mortality rates in indigenous black- and brown-skinned adolescents, characterizing the vulnerability of this population, often associated with low schooling, lack of opportunities, poverty and discrimination⁽²¹⁾. Among the indigenous people, the precarious social conditions, the loss of territory and culture, the historical discrimination to which they are subjected, alcoholism and history of suicide in their communities are factors that contribute to the problem⁽²¹⁾.

Thus, studies on the theme have consolidated the finding about ethnic-racial inequalities that still persist in our society, directly impacting on the health condition of these population groups and demanding a reflection on the scope of the public health and social policies aimed at this segment, especially in the area of mental health.

Factors that can help to reduce the cases of self-inflicted violence concern the training of health professionals, aiming at early identification and adequate management of the cases. A research study conducted in the United Kingdom showed that the professionals did not possess the necessary skills and knowledge to attend to this demand, rendering assistance ineffective and possibly recurrent⁽²²⁾.

In the same sense, data from the Brazilian urgency and emergency services indicate that most of the health professionals are not adequately prepared to handle such situations. Therefore, they are limited to punctual care, with prescriptions of medications, with or without psychosocial assessments, making care scarcely resolute and with risks of recurrence and suicide⁽³⁾.

The literature highlights the importance of addressing self-inflicted violence in childhood and adolescence even during the health professionals' undergraduation, as well as offering permanent education in the services that provide assistance to this clientele⁽²²⁾. As well as the commitment of the multidisciplinary team in assisting these young people, with regard to the care flow, performing referrals and counter-referrals in the health care network, seeking comprehensive care and qualified and resolute assistance⁽³⁾.

Finally, this study has limitations with regard to the use of secondary data obtained from the SINAN, subjected to incomplete information and under-reporting of cases. However, the SINAN is fundamental for the conduction of nationwide epidemiological studies on self-inflicted violence in the population.

CONCLUSION

The results herein presented show the increase in the number of notifications of self-inflicted violence in adolescents in Brazil, as well as the Brazilian regions with the highest rates of self-aggression.

This research contributed in the sense of identifying the most used self-aggression means for this growing practice in society, which is a complex and multifactorial phenomenon depending on the determinants that lead adolescents to self-aggression.

The study data were collected prior to the National Policy for the Prevention of Self-Mutilation and Suicide, sanctioned by the current government, which provides for a series of measures to promote mental health and prevent self-inflicted violence and suicide. It can be stated that, before this policy, there was a gap in relation to the actions for coping with self-injuries in Brazilian young individuals.

New studies are needed in order to assess the impact of this public health policy in the Brazilian scenario, as it is known that controlling the risk factors associated with self-destructive behaviors and offering access to psychosocial care are actions that contribute

to reducing this problem.

In addition, it is expected that the study will contribute towards directing preventive actions by the health professionals, especially those who work in Primary Health Care, the main gateway to the Unified Health System, in order to carry out the necessary referrals within the Health Care Networks.

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