

BEHAVIORAL AND INFRACTIONAL ASPECTS OF FEMALE TEENAGERS DEPRIVED OF LIBERTY

Maria Alix Leite Araújo¹
Elk de Assis Araújo Fernandes¹
Valéria Lima de Barros² 
Rosendo Freitas Amorim¹

¹Universidade de Fortaleza, Programa de Pós-Graduação em Saúde Pública. Fortaleza, Ceará, Brasil.

²Universidade Federal do Piauí, Departamento de Enfermagem. Picos, Piauí, Brasil.

ABSTRACT

Objective: to analyze the behavior and infrafractional acts of 26 female adolescents.

Method: a descriptive, sequential explanatory, mixed study, conducted in an educational center in Northeastern Brazil. A questionnaire was applied including sociodemographic; gynecological/obstetric; behavioral variables as well as variables referring to infractions and institutional incarceration. The Statistical Package for Social Sciences version 23.0 was used for data analysis, descriptive analysis, frequency distribution for categorical variables and calculation of measures of central tendency for numerical variables. In the qualitative stage, data were collected through in-depth interviews, which aimed to interpret quantitative analysis variables. The interviews were recorded and transcribed in full, the data were coded and grouped into themes. Pre-analysis, exploration of the collected material, treatment of the results and interpretation were performed. Thematic analysis was used to identify the core meaning that makes up the communication, whose presence or frequency have some meaning for the object studied.

Results: the age ranged from 12 to 18 years and 26.9% attended school. The most frequent offenses were theft (61.5%) and homicide (19.2%). The use of alcohol and illicit drugs, was reported as 53.8% and 46.2%, respectively. All reported being sexually active and 96.2% had had more than one sexual partner in their lives. Seven had already become pregnant, and four of these decided to have abortions. Six (23.1%) declared themselves as bisexual and five (19.2%) as homosexuals. The adolescents mentioned the need for homosexual relations at the place of detention, due to the prohibition of conjugal visits.

Conclusion: adolescents who are deprivation of liberty have high social vulnerability.

DESCRIPTORS: Adolescence. Adolescent. Social vulnerability. Prisons. Juvenile delinquency.

HOW CITED: Araújo MAL, Fernandes EAA, Barros VL, Amorim RF. Behavioral and infrafractional aspects of female teenagers deprived of liberty. *Texto Contexto Enferm* [Internet]. 2019 [cited YEAR MONTH DAY]; 28:e20180308. Available from: <http://dx.doi.org/10.1590/1980-265X-TCE-2018-0308>

ASPECTOS COMPORTAMENTAIS E INFRACIONAIS DE ADOLESCENTES FEMININAS EM PRIVAÇÃO DE LIBERDADE

RESUMO

Objetivo: analisar aspectos comportamentais e infracionais de 26 adolescentes femininas em privação de liberdade.

Método: estudo misto, descritivo, do tipo sequencial explanatório, realizado em um centro educacional no Nordeste do Brasil. Aplicou-se questionário contemplando variáveis sociodemográficas; ginecológico/obstétricas; comportamentais e referentes a infração e internação institucional. Para a análise dos dados utilizou-se o *Statistical Package for the Social Sciences* versão 23.0, realizando-se análise descritiva, distribuição de frequência para as variáveis categóricas e cálculo de medidas de tendência central para as variáveis numéricas. Na etapa qualitativa, coletou-se os dados por meio de entrevista em profundidade, visando interpretar variáveis da análise quantitativa. As entrevistas foram gravadas e transcritas na íntegra, os dados codificados e agrupados em temas. Procedeu-se a pré-análise, exploração do material coletado, tratamento dos resultados e interpretação. Recorreu-se à análise temática, visando identificar os núcleos de sentido que compõem a comunicação, cuja presença ou frequência tenham algum significado para o objeto estudado.

Resultados: A idade variou de 12 a 18 anos e frequentavam a escola 26,9%. Os atos infracionais mais frequentes foram roubo (61,5%) e homicídio (19,2%). Relataram uso de álcool e drogas ilícitas, 53,8% e 46,2%, respectivamente. Todas referiram vida sexual ativa e 96,2% mais de um parceiro sexual na vida. Sete já haviam engravidado e, destas, quatro provocaram aborto. Seis (23,1%) se declararam bissexuais e cinco (19,2%) homossexuais. As adolescentes referiram necessidade de relações homossexuais no local de detenção, em virtude da proibição de visitas íntimas.

Conclusão: as adolescentes que vivem em privação de liberdade apresentam alta vulnerabilidade social.

DESCRITORES: Adolescência. Adolescente. Vulnerabilidade social. Prisões. Delinquência juvenil.

ASPECTOS DE COMPORTAMIENTO E INFRACCIONAL DE LOS ADOLESCENTES FEMENINOS EN PRIVACIDAD DE LA LIBERTAD

RESUMEN

Objetivo: analizar los aspectos de comportamiento e infracción de 26 mujeres adolescentes en privación de libertad.

Método: estudio descriptivo, secuencial, explicativo, mixto, realizado en un centro educativo en el nordeste de Brasil. Se aplicó una encuesta que incluía variables sociodemográficas; ginecológica / obstétrica; comportamentales y referentes a infracción y hospitalización institucional. Para el análisis de datos se utilizó el *Statistical Package for the Social Sciences* versión 23.0 Se realizó un análisis descriptivo, distribución de frecuencias para las variables categóricas y cálculo de medidas de tendencia central para variables numéricas. En la etapa cualitativa, los datos fueron recolectados por medio de entrevistas en profundidad, con el objetivo de interpretar las variables de análisis cuantitativo. Las entrevistas fueron grabadas y transcritas en su totalidad, los datos codificados y agrupados en temas. Procedió un pré análisis, exploración del material recogido, tratamiento de los resultados e interpretación. El análisis temático se utilizó para identificar los núcleos de sensoriales que componen la comunicación, cuya presencia o frecuencia tienen algún significado para el objeto estudiado.

Resultados: la edad varió de 12 a 18 años y asistían a la escuela 26.9%. Los delitos más frecuentes fueron el robo (61.5%) y el homicidio (19.2%). Han informado uso de alcohol y drogas ilícitas, 53.8% y 46.2%, respectivamente. Todas reportan vida sexual activa y 96.2% más de una pareja sexual en la vida. Siete ya habían quedado embarazadas, y de estas, cuatro provocaron el aborto. Seis (23.1%) se declararon bisexuales y cinco (19.2%) homosexuales. Las adolescentes mencionaron la necesidad de relaciones homosexuales en el lugar de detención, debido a la prohibición de visitas íntimas.

Conclusión: las adolescentes que viven en privación de libertad tienen una alta vulnerabilidad social.

DESCRITORES: Adolescencia. Adolescente. Vulnerabilidad social. Prisiones. Delincuencia juvenil



INTRODUCTION

Adolescence is a transition phase from childhood to adulthood,¹ when changes occur in the physical, psychological, social, spiritual and sexual growth and development of young people. This is considered an important time, as teenagers are challenged to form their own opinion and identity, which leads them to move away from their family, valuing their friends more.²

In Brazil, from 1996 to 2014, the number of 12 to 17-year-olds who were arrested for crimes increased by almost six-fold, from 4,245 to 24,628.³ In 2015 alone, a total of 26,209 adolescents were deprived of liberty, among which 18,381 were in detention (68%), 2,348 were in a semi-open regime (9%) and 5,480 were in provisional detention (20%).⁴

It is important to mention that there is no direct relationship between adolescence and violence. Engaging in violent acts is immersed in individual, relational, community, and social contexts that interact in complex ways and needs to be understood in greater depth.⁵ These young people, for various reasons, engage in situations of conflict with the law and need to comply with socio-educational measures, whose purpose is pedagogical, due to the characteristic development phase they are experiencing.⁶ In recent years, there has been an increase in female adolescents in criminal activities.⁷

Adolescents in conflict with the law are referred to the Child and Adolescent Protection Police Station (DPCA), where the reports are made and after are taken to the Educational Center, where they await trial. Once an offense has been committed, sanctions may be imposed in the form of open socio-educational measures (warning, obligation to repair the damage, community service, probation), or closed socio-educational measures (admission to educational establishments, pre-trial detention).⁶

The Educational Center in Ceará has open regimes, detention and provisional detention for female adolescents who commit infractions. The pedagogical activities offered by the institution include Youth and Adult Education (EJA I, II and III), art workshops, music, dance, sewing and handicraft courses, recreational activities, sports, cultural and religious activities. These activities aim to promote social and family resocialization after the fulfillment of the socio-educational measure and minimize idleness during the detention period.

Considering the above aspects, this study aims to analyze the behavior and infractional acts of 26 female adolescents deprived of liberty. It is a relevant theme, considering that it may promote health measures and comprehensive care, with emphasis on health promotion in these environments.

METHOD

A mixed, descriptive, sequential explanatory study,⁸ performed in the only socio-educational service for female adolescents in conflict with the law in the State of Ceará, Northeast Brazil. This service is comprised of a multidisciplinary team linked to the Child and Youth Court, the Public Prosecution Service, the Public Defender's Office, the DPCA and the State Secretariat of Labor and Social Development.

The service has rooms for meetings and courses, as well as spaces for nursing, pedagogical, psychological, social work, legal and administrative services. The dormitories can accommodate six teenagers and are locked by bars, resembling a prison. Family members of adolescents from Fortaleza visit on days and times set by Social Services. For those from other municipalities, family members are permitted to stay in the Center throughout the day of the visit.

The Educational Center has the capacity to house 42 adolescents; There were 31 adolescents at the time of this research. Twenty-six girls participated in the study from August to November 2016. One refused, and it was not possible to apply the questionnaire to four others as they participated in full-time school activities.

Initially, the researcher visited the institution in order to become familiar with the field, and then the research project was shown. It was also requested to perform the test and the days and times were also scheduled for data collection. Authorization was granted to enter the Center for two days a week, during the afternoon shift, with the justification that it would not be possible on other days and times, due to the routine and dynamics of the institution.

Quantitative data were collected with a questionnaire with sociodemographic variables (municipality of residence, age, marital status, education, school attendance, race/color, religion, if participates in religious actions, personal income); gynecological/obstetric (age of menarche, number of pregnancies, prenatal care, number of living children, primary care unit, gynecological cancer prevention, date of last prevention, HPV vaccine); behavioral (early sexual life, sexual partnerships, knowledge and use of contraception, if they had vaginal discharge and use of illegal drugs); and variables related to infractions and admission to the institution (reason for admission, number of entries, type of sentence, time in the center, participation in educational activities and family visits).

For mixed explanatory sequential studies, quantitative data collection is performed together with qualitative⁹ and the analysis follows by means of interpretation of these data. Quantitative data were digitized using SPSS version 23.0. Descriptive analysis was performed, with frequency distribution for categorical variables, as well as the calculation of central tendency measures for numerical variables.

For the qualitative stage, data collection was performed by means of in-depth interviews with open questions, aiming to interpret findings from the quantitative analysis. The questions were related to the behavior of adolescents during their stay at the Educational Center. All the adolescents were invited at this stage, however only four agreed to participate. The interviews were held in a private area which was provided by the institution and a respectful and open attitude was maintained, in order for the participants to feel comfortable enough to share their experiences.

The interviews were recorded and transcribed in full. Initially, the data were coded and grouped into themes, and then the pre-analysis, exploration of the collected material, treatment of results and interpretation was performed. Thematic analysis was used to identify the core meaning that make up a communication, whose presence or frequency have some meaning for the studied object.⁸

Once the legal ethical precepts of research involving human beings were respected, the Informed Consent Forms and the Assent Forms were signed. All participants were informed about the possibility of leaving the study if they wanted to at any time. The interviewed adolescents were identified in the text by A1, A2, A3, A4 in order to ensure privacy.

RESULTS

Table 1 presents the sociodemographic data of the adolescents. Most were from the city of Fortaleza [16 (61.5%)]; 20 (77.0%) were between 15 and 18 years old; 20 (77.0%) were single; three (11.5%) had personal income; 18 (69.2%) had seven and nine years of schooling; and seven (26.9%) attended school regularly before admission to the Educational Center. Sixteen reported having religion (71.7%), among these, 11 (42.3%) attended religious actions.

Table 1 – Sociodemographic variables of female adolescents deprived of liberty. Fortaleza, CE, Brazil, 2016. (N=26)

Variables	N	%
Municipal		
Fortaleza	16	61.5
Other	10	38.5
Age		
12 - 14	06	23.1
15 - 16	08	30.8
17 - 18	12	46.2
Marital status		
Single	20	76.9
Other	06	23.1
Schooling (in amount of years completed)		
7 - 9	18	69.2
10 - 13	08	30.8
Attended school		
Yes	07	26.9
No	19	73.1
Race/Color (self-reported)		
Brown	19	73.1
White	07	26.9
Religion		
Catholic	07	26.9
Evangelical	08	30.8
Catholic and Evangelical	01	3.8
No religion	10	38.5
Attended religious events		
Yes	11	42.3
No	15	57.7
Personal income		
Yes	03	11.5
No	23	88.5

Table 2 shows the gynecological/obstetric and health care variables of adolescents. Seventeen (65.4%) girls had a mean age of 12 when menarche occurred. Seven (26.9%) reported getting pregnant at least once and all of them had had an abortion (four miscarriages and three abortions)

I have already had an abortion, it was at home. I took medicine to start the abortion. I forgot the name. It's just that I'm in here and I'm going crazy (A1).

Three (42.9%) reported recurring pregnancy, of these, two attended prenatal care. Among the three who continued with the pregnancy, all the children were alive; one under the care of the mother, one was cared for by the companion and another by a friend.

I didn't do prenatal care, my mother took me to the health clinic, but I didn't do it because I didn't want to. The clinic never came looking for me (A1).

With regard to health care, 21(80.8%) said they had already received some kind of care at their primary health care unit and 13(50.0%) had sought these services to perform gynecological cancer prevention exams. For eight (61.5%), the last exam had occurred over a year ago. Fourteen (63.8%) had HPV immunization vaccination records and some had not been informed about the procedure.

I went to the health clinic to do the exam, to know if the person has something, if everything is fine inside, diseases, inflammation (A2).

I went to the health clinic once, my boyfriend's mother took me to do the exam (A3).

I got a vaccine, but I don't know what it's for; They never said anything to me (A2).

Table 2 – Gynecological-obstetric and health care variables of adolescents deprived of liberty. Fortaleza, CE, Brazil, 2016. (N=26)

Variables	N	%
Age of menarche		
9 - 12	17	65.4
13 - 15	09	34.6
Previous pregnancy		
Yes	07	26.9
No	19	73.1
If yes, number(n=07)		
1	04	57.1
2	03	42.9
Have living children (n=07)		
Yes	03	42.9
No	04	57.1
Attended prenatal care(n=03)		
Yes	02	28.6
No	01	28.6
Attended primary health unit		
Yes	21	80.8
No	05	19.2
Gynecological cancer prevention exam		
Yes	13	50.0
No	13	50.0
If yes, time of last prevention(n=13)		
≤ 1 year	05	38.5
> 1 year	08	61.5
Received HPV vaccine		
Yes	14	63.8
No	09	34.6

All of the 26 adolescents were sexually active, which began in the age group of 11 to 16 years (average 13 years). Fifteen (57.7%) reported sexual intercourse with men only, five (19.2%) with women only and six (23.1%) with men and women (Table 3).

Table 3 – Behavioral variables of adolescents deprived of liberty. Fortaleza, CE, Brazil, 2016. (N=26)

Variables	N	%
Beginning of sexual activity		
11 - 13	20	76,9
14 - 16	06	23,1
Sexual partners		
Men	15	57,7
Women	05	19,2
Men and Women	06	23,1
Total number of sexual partners		
1	01	3,8
2 - 5	08	30,8
6 - 10	03	11,5
> 10	14	53,1
Current partner		
Yes	15	57,7
No	11	42,3
Type of partner (n=15)		
Steady	11	73,3
Casual	01	6,7
Steady and casual	03	20,0
Are you aware of any contraceptive method?		
Sim	25	96,2
No	01	3,8
Do you use any contraceptive method?		
Yes	10	38,5
No	15	57,7
Have you ever had vaginal discharge?		
Yes	16	61,5
No	10	38,5
Do you drink alcohol?		
Yes	14	53,8
No	12	46,2
Do you use illegal drugs?		
Yes	23	88,5
No	03	11,5
Do you have a tattoo?		
Sim	26	100,0

According to the statements, it is clear that the young women tried to justify the need to have sexual relations inside the Educational Center.

I only have sex with women here, not out there. I like boys more (A2).

I left a boyfriend out there. I date boys, girls just here. I find it bad here not to have a visit from my boyfriend. It was good that our boyfriend came to visit, but nothing amazing (A2).

The first woman I had sex with was in here, it is more for the time to pass faster (A4).

At the time of data collection 15 (57.7%) had a partner; among these, 11 (73.3%) had a steady partner. Almost all of them, 25 (96.2%), had more than one sexual partner and 14 (53.8%) more than ten partners. It is noteworthy that the institution does not allow conjugal visits, which could improve the girls need for sexual relations. Twenty-five some knowledge of contraceptive methods (96.2%), 10 (38.5%) used oral contraception. Condom use was reported in sporadic situations.

It is normal to have two people (at the same time) (A1).

I don't stop myself, I sometimes have sex with just one person. When I am with two people, I do not use a condom with the most serious "partner" but with the other I use condoms. With people I barely know, I take some time, and only then I have sex (A3).

I think it is bad not to have an conjugal visits, if I had it, it would improve many things, Ave Maria, to have sex (A1).

I take medicine, which prevents pregnancy and I know that the condom (protects) from getting diseases, HIV, AIDS, cancer. Sometimes I use condoms, but he doesn't want to use it, but I want to avoid these diseases and pregnancy, right, I know I have to use them because I'm young (A4).

Sixteen (61.5%) participants reported vaginal discharge; and (53.8%) the use of alcohol and 23 (88.5%) illegal drugs.¹⁴ Among those who used drugs, marijuana was the most common, followed by inhaling cocaine, amphetamines, crack, and injecting cocaine. They all had a tattoo.

Table 4 shows the variables related to the infraction and admission of adolescents in the Educational Center. Admission was due to theft for 16 (61.5%); five (19.2%) for homicide, two (7.7%) for drug trafficking, two (7.7%) for murder and one (3.8%) for trafficking and theft.

I'm here because I committed 157 (code for theft), but I don't care; It's stupid (A1).

Twelve (46.2%) girls had more than one admission into Center 12. The length of stay in the institution ranged from five to 180 days and all attended the EJA. Most 16 (61.5%) received family visits, which occurs weekly for 12 (75.0%). Regarding the type of sentence, 14 (53.8%) were on probation and nine (34.6%) were admitted.

I miss my mother and my son (A1).

It's bad it's here, being away from family is very bad (A2).

I miss my family, my brothers and someone who was here and now is out there. I really liked her, but it was just here, I don't want to disappoint my mother (A3).

Table 4 – Variables related to infractions and detention of adolescents deprived of liberty. Fortaleza, CE, Brazil, 2016. (N=26)

Variables	N	%
Reason for admission		
Theft	16	61.5
Homicide	05	19.2
Drug trafficking	02	7.7
Robbery	02	7.7
Trafficking and theft	01	3.8
Number of admissions to the Center		
1	14	53.8
>1	12	46.2
Type of sentence		
Admission	14	53.8
Provisionary admission	09	38.5
Semi-open regime	02	7.7

Table 4 – Cont.

Variables	N	%
Length of time in the Center		
≤ 30 days	10	38.5
31 - 180 days	13	50.0
>180 days	03	11.5
Receive family visits		
Yes	16	61.5
No	10	38.5

DISCUSSION

There are many factors that can contribute to adolescents being vulnerable and committing infractions, especially family structure, low socioeconomic status, living in the criminal environments, and cases of abandonment.¹⁰

In this study, a low proportion reported attending school before entering the Educational Center, a fact that may reflect the failure of the government to maintain the fundamental right to inclusive and quality education.⁵ It is also possible that these adolescents experience adaptation difficulties, considering that the school is not attractive and that they may not be able to live with the limits imposed in this environment. The lack of attractive schools contributes to low income, lack of interest in schooling and dropping out, and leads young people to look for some activity that will give them income to buy their desired material goods.¹¹

The social context, marked by limitations, escape from personal and family problems, can increase vulnerability, leading to the easy entry into the world of drugs and unprotected sex.¹² These aspects can produce important conflicts that are difficult to overcome in adulthood. In the specific case of girls deprived of liberty, the social, cultural and educational environment, as well as the lack of access to extracurricular activities and leisure spaces in the community, may cause them to be involved in criminal activities, since they are deprived from the necessary access to personal and intellectual development. Participation in community activities can improve health and goals that are related to personal development.¹³

A striking aspect, which seems contradictory in this study, was the fact that many adolescents reported having a religion and participating in church activities. Studies show that religious activities can play an important role in the behavior of adolescents, and that those who follow a religion are less likely to use drugs, alcohol, and engage in crime.¹⁴ In this particular case, it is likely that the return to religious activities has already taken place within the institutional setting after incarceration.

Because they consider themselves immune to adverse situations, young people tend to expose themselves more to situations of vulnerability, especially early the initiation of sexual activity, and usually without using condoms.¹⁵ The early onset of sexual activity seems to occur under the influence of sociocultural paradigms,¹² often without concern for the possibility of pregnancy or the prevention of sexually transmitted infections (STIs).¹⁶ In this age group, contraceptive use, when it occurs, usually occurs inappropriately and without guidance and follow-up by a healthcare professional.¹⁷

Starting sexual activity early is a common practice among young people and has different meanings and connotations. It may provide greater number of partners and pregnancies,¹⁸ increasing the chances of acquiring infections if they occur without proper protection. Despite knowing about condoms as a contraceptive and prevention method for STIs, many girls did not use them, a situation that is also evident in incarcerated adult women.¹⁹

Regarding the behavioral aspects of the adolescents studied, it was evident that most of them started being sexually active early. This fact highlights the importance of the role of primary health care in the development of strategies that promote sexual and reproductive health to young people. Some girls had already become pregnant and received some kind of care at this level of attention. The prevention of infractions by adolescents must be developed in an interinstitutional and interdisciplinary manner, considering that, in addition to health needs, they experience situations of social, structural, economic and political weaknesses that can and should be met by the State.²⁰

It should be mentioned that there is no differentiated work in primary care, especially when it comes to addressing issues related to STIs. Working with this population requires professionals to deal with the issues that involve this specific phase of life. However, it is necessary to make progress in improving the access of these young people to prevention actions and in the qualification of professionals, considering that they still face difficulties in dealing with these challenging themes - adolescence and STIs.²¹

When these adolescents are serving time via socio-educational measures, STI transmissibility is exacerbated because they tend to have unprotected sex.²² Some reported homosexual practices, especially after entering the Educational Center. Considering the prohibition of conjugal visits by the institution, coupled with the period of detention away from family and partners, many of them are vulnerable to engaging in homosexual relationships.

Long periods in jail lead people to adopt ways of life in prison culture, such as changes in language, dress, and ultimately behavior. In this context, homosexuality becomes a consequence of the relational possibilities available, which has been called "situational homosexuality",²³ also common in adult women's prisons where this type of visit is permitted.²⁴

Adolescents are uninformed when it comes to STI prevention and vaccine protection against HPV and hepatitis. In this study, all without exception had tattoos. These procedures are often performed in unsanitary environments, without proper hygiene conditions, using non-disposable materials, which increases the predisposition to risk situations, especially contracting viral hepatitis.²⁵

It is important to highlight the role of the family in shaping the ethical concepts and moral practice of young people. The dynamics of contemporary society with its changes in relationships within families, schools and work, has important repercussions on their formation.¹⁷ The family is an indispensable place for the protection and development of the person, regardless of its composition and formation. The state, civil society and public policies should focus on the family institution, providing socioeconomic conditions so that they can provide what is necessary for their children and their development.²⁶

Large non-nuclear families, with only the mother or the father; or mixed families, with uncles, and grandparents, give the person an education of innumerable modalities. It is not unified and often fails, and may cause the adolescent to be unable to identify what is right or wrong, increasing their chances of displaying aggressive, antisocial behaviors and initiating drug contact, leading to criminality.¹⁰

The use of alcohol and drugs which is a very common occurrence in the population studied is another aggravating factor that greatly contributes to the increased vulnerability of adolescents. The use of psychoactive substances reduces the ability to discern risk, favoring greater exposure to vulnerable situations, and the possibility of sexual practice as a bargaining tool for drugs.²⁷

Entering the world of crime may be linked to the struggle for livelihoods, ensuring that basic needs are met, especially the purchase of consumer goods.²⁸ The illegal drug trade is usually managed by large crime corporations, which move around huge amounts of money, bringing about change in the lives of many people living near these groups.

Ceará has the second highest rate in the country for homicides by firearm in 15 to 18 year old age group, while Fortaleza occupies the first place among the capitals. Data from the 2016 Map

of Violence show that female participation in this type of crime has been increasing,⁷ a situation evidenced by the large amounts of girls who are serving time at the Educational Center for the practice of homicide and murder.

Finally, the challenge of conducting research in an environment of seclusion, especially in those housing adolescents is highlighted. For example, there were difficulties related to the routine as because they shelter minors, they are much more rigorous regarding care. On the other hand, getting girls to express themselves calmly, without being afraid, also proved to be challenging. There were many occasions when it was not possible to conduct the interviews due to internal conflicts that changed the routine of the Educational Center. In such cases, the inmates were remained in the dormitory, and prohibited from leaving for any activity.

CONCLUSION

The family is responsible for the socialization, ethical and moral values of their children, and influencing their behavior throughout their lives. Parents who do not fulfill this responsibility, and fail to fulfil their parental functions, have a negative effect on the adolescents' development, which can facilitate their interest in criminal activities.

STIs undoubtedly pose a serious threat to the health of populations deprived of liberty in Brazil. The public health system seeks to develop actions within the prisons, however, the very internal dynamics of these institutions makes effective preventive actions difficult.

The results of this study show that female adolescents live in socially and personally vulnerable situations that can lead them to become involved in the world of crime and are vulnerable in relation to acquiring STIs. Moreover, they are entering the world of drugs earlier than ever, a situation that can often direct them to the world of crime. Given these facts, the need for public authorities to prioritize actions that promote health and citizenship, and aim at preventing the involvement of adolescents in illicit acts is highlighted.

REFERENCES

1. A, Knobel M. Adolescência normal. Porto Alegre, RS(BR): Artmed, 2003.
2. Garcia C. Conceptualization and measurement of coping during adolescence: a review of the literature. *J Nurs Scholarsh* [Internet]. 2010 June [cited 2017 Nov 15]; 42(2):166-85. Available from: <https://dx.doi.org/10.1111/j.1547-5069.2009.01327.x>
3. Lima RS, Bueno S, coordenadores. Anuário Brasileiro de Segurança Pública 2017. São Paulo, SP(BR): Fórum Brasileiro de Segurança Pública [Internet]. 2017 [cited em 2018 Nov 04]. Available from: http://www.forumseguranca.org.br/wp-content/uploads/2019/01/ANUARIO_11_2017.pdf
4. Ministério dos Direitos Humanos (BR). Levantamento Anual SINASE 2016. Brasília, DF(Brasil): MDH [Internet]. 2018 [cited 2019 Jan 23]. Available from: https://www.mdh.gov.br/todas-as-noticias/2018/marco/Levantamento_2016Final.pdf
5. Moreira DP, Vieira LJES, Pordeus AMJ, Lira SVG, Luna GLM, Silva JG et al. Exposição à violência entre adolescentes de uma comunidade de baixa renda no Nordeste do Brasil. *Ciênc Saúde Coletiva* [Internet]. 2013 May [cited 2019 Feb 14];18(5): 1273-1282. Available from: <https://dx.doi.org/10.1590/S1413-81232013000500012>
6. Brasil. Estatuto da criança e do adolescente - Lei n. 8.069/1990. Brasília, DF(BR): Senado Federal, Coordenação de Edições Técnicas, [Internet] 2017 [cited 2019 May 12]. Available from: http://www2.senado.leg.br/bdsf/bitstream/handle/id/534718/eca_1ed.pdf

7. Waiselfisz JJ. Mapa da violência: homicídios por armas de fogo. Brasília, DF(BR): Ministério da Justiça e Cidadania, Secretaria Especial de Políticas de Promoção da Igualdade Racial (SEPPIR); Secretaria de Governo da Presidência da República, Secretaria Nacional de Juventude (SNJ); Flacso Brasil [Internet]. 2016 [cited 2018 Dec 12]. Available from: https://www.mapadaviolencia.org.br/pdf2016/Mapa2016_armas_web.pdf
8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14th ed. São Paulo, SP(BR): HUCITEC; 2014.
9. Creswell JW, Vicki L, Plano C. Pesquisa de métodos mistos. 2th ed. Porto Alegre, RS(BR): Penso, 2013.
10. Castro AMFM, Teodoro MLM. Relações familiares de adolescentes cumprindo medida socioeducativa restritiva de liberdade: uma revisão narrativa da literatura. *Temas Psicol* [Internet] 2014 Apr [cited 2019 Jan 16]; 22(1):1-12. Available from: <https://dx.doi.org/10.9788/TP2014.1-01>
11. Haguette A, Pessoa MKM, Vidal EM. Dez escolas, dois padrões de qualidade. Uma pesquisa em dez escolas públicas de Ensino Médio do Estado do Ceará. *Ensaio: Aval Pol Públ Educ* [Internet]. 2016 [cited 2019 Feb 12];24(92):609-36. Available from: <https://dx.doi.org/10.1590/S0104-40362016000300005>
12. Chimeli IV, Nogueira MJ, Pimenta DN, Schall VT. A abstração do risco e a concretude dos sujeitos: uma reflexão sobre os comportamentos de risco no contexto da adolescência. *Physis* [internet]. 2016 June [cited 2018 June 11]; 26(2):399-415. Available from: <https://dx.doi.org/10.1590/S0103-73312016000200004>
13. Marston C, Hinton R, Kean S, Baral S, Ahuja A, Costello A, et al. Community participation for transformative action on women's, children's and adolescents' health. *Bulletin of the World Health Organization* [Internet]. 2016 May [cited 2018 Feb 12];94(5):376-82. Available from: <http://dx.doi.org/10.2471/BLT.15.168492> 377
14. Henriques BD, Rocha RL, Reinaldo AMS. Use of crack and other drugs among children and adolescents and its impact on the family environment: an integrative literature review. *Texto Contexto Enferm* [Internet]. 2016 [cited 2019 Mar 11];25(3):e1100015. Available from: <http://dx.doi.org/10.1590/0104-07072016001100015>
15. Taquette SR, Rodrigues AO, Bortolotti LR. HIV infection in male adolescents: a qualitative study. *Ciênc Saúde Coletiva* [Internet]. 2015 Jul [cited 2019 Feb 13];20(7):2193-200. Available from: <https://dx.doi.org/10.1590/1413-81232015207.18102014>
16. Gonçalves H, Machado EC, Soares ALG, Camargo-Figuera FA, Seerig LM, Mesenburg MA et al. Sexual initiation among adolescents (10 to 14 years old) and health behaviors. *Rev Bras Epidemiol* [Internet] 2015 Jan-Mar [cited 2019 Feb 12];8(1):25-41. Available from: <https://dx.doi.org/10.1590/1980-5497201500010003>
17. Molina MCC, Stoppiglia PGS, Martins CBG, Alencastro LCS. Conhecimento de adolescentes do ensino médio quanto aos métodos contraceptivos. *O Mundo da Saúde* [Internet]. 2015 Jan [cited 2019 Feb 14]; 39(1):22-31. Available from: http://bvsm.s.saude.gov.br/bvs/periodicos/mundo_saude_artigos/Conhecimento_adolescentes_ensino.pdf
18. Maranhão TA, Gomes KRO, Oliveira DC, Moita Neto JM. Impact of first sexual intercourse on the sexual and reproductive life of young people in a capital city of the Brazilian Northeast. *Ciênc Saúde Coletiva* [Internet]. 2017 Dec [cited 2019 Feb 12];22(12):4083-4094. Available from: <https://dx.doi.org/10.1590/1413-812320172212.16232015>
19. Nicolau AIO, Pinheiro AKB. Sociodemographic and sex determinants of knowledge, attitude and practice of women prisoners regarding the use of condoms. *Texto Contexto Enferm*. [Internet]. 2012 Sept [cited 2018 Aug 21];21(3):581-90. Available from: <https://dx.doi.org/10.1590/S0104-07072012000300013>

20. Silva MAI, Mello FCM, Mello DF, Ferriani MGC, Sampaio JMC, Oliveira WA. Vulnerabilidade na saúde do adolescente: questões contemporâneas. *Ciênc Saúde Coletiva* [Internet]. 2014 Feb [cited 2019 Mar 14]; 19(2):619-27. Available from: <https://dx.doi.org/10.1590/1413-81232014192.22312012>
21. Domingues RMSM, Lauria LM, Saraceni V, Leal MC. Treatment of syphilis during pregnancy: knowledge, practices and attitudes of health care professionals involved in antenatal care of the Unified Health System (SUS) in Rio de Janeiro City. *Ciênc Saúde Coletiva* [Internet]. 2013 May [cited 2018 Aug 21]; 18(5):1341-51. Available from: <https://dx.doi.org/10.1590/S1413-81232013000500019>
22. Zappe JG, Dell'Aglio DD. Risco e proteção no desenvolvimento de adolescente que vivem em diferentes contextos: família e institucionalização. *Rev Colomb Psicol* [Internet]. 2016 [cited 2019 Feb 15]; 25(2):289-305. Available from: <https://dx.doi.org/10.15446/rcp.v25n2.51256>
23. Barcinski M. Expressões da homossexualidade feminina no encarceramento: o significado de se "transformar em homem" na prisão. *Psico-USF* [Internet]. 2012 Dec [cited 2018 June 07]; 17(3):437-46. Available from: <https://dx.doi.org/10.1590/S1413-82712012000300010>
24. Varella D. *Prisioneiras*. São Paulo, SP(BR): Companhia das Letras; 2017.
25. Silva AAS, Araújo TME. Factors associated with hepatitis B in prison population: integrative review. *Rev Enferm UFPE* [Internet]. 2015 Sept [cited 2019 Mar 15]; 9(9):9276-84. Available from: <https://dx.doi.org/10.5205/reuol.7874-68950-4-SM.0909201515>
26. Furtado AG, Morais KSB, Canini R. O direito à convivência familiar e comunitária de crianças e adolescentes: construção histórica no Brasil. *Serv Soc Rev* [Internet]. 2016 Jul/Dec [cited 2019 Feb 28]; 19(1):131-54. Available from: <https://dx.doi.org/10.5433/1679-4842.2016v19n1p131>
27. Haiek RC, Martin D, Rocha FCM, Ramiro FS, Silveira DX. Uso de drogas injetáveis entre mulheres na Região Metropolitana de Santos, São Paulo, Brasil. *Physis* [Internet]. 2016 Sept [cited 2019 Mar 01]; 26(3):917-37. Available from: <https://dx.doi.org/10.1590/s0103-73312016000300011>
28. Melo PB, Assis RV. Mídia, consumo e crime na juventude: a construção de um traçado teórico. *Cad CRH* [Internet]. 2014 Apr [cited 2019 Feb 19]; 27(70):151-64. Available from: <https://dx.doi.org/10.1590/S0103-49792014000100011>
29. Faria AAC, Barros VA. Tráfico de drogas: uma opção entre escolhas escassas. *Psicol Soc* [Internet]. 2011 Sept-Dec [cited 2018 May 22]; 23(3):536-44. Available from: <https://dx.doi.org/10.1590/S0102-71822011000300011>

NOTES

ORIGIN OF THE ARTICLE

Article extracted from the dissertation - Socio-affective and sexual vulnerability in female adolescents deprived of liberty, presented to the Graduate Program in Public Health of the *Universidade de Fortaleza*, in 2016.

CONTRIBUTION OF AUTHORITY

Study design: Araújo MAL, Fernandes EAA.

Data collection: Fernandes EAA.

Analysis and interpretation of the data: Araújo MAL, Fernandes EAA, Barros VL.

Discussion of results: Araújo MAL, Fernandes EAA, Barros VL, Amorim RF.

Writing and / or critical review of content: Araújo MAL, Barros VL, Amorim RF.

Revision and final approval of the final version: Araújo MAL, Fernandes EAA, Barros VL, Amorim RF.

ETHICS COMMITTEE IN RESEARCH

Approved by the Ethics Committee in Research with Human Beings of the *Universidade de Fortaleza*, Opinion no.1,602,468, CAAE: 55912316.3.0000.5052

CONFLICT OF INTEREST

There is no conflict of interest.

HISTORICAL

Received: August 31, 2018.

Approved: April 01, 2019.

CORRESPONDENCE AUTHOR

Valéria Lima de Barros

valeriarbarros17@hotmail.com