

REFERRAL OF CASES OF INTERPERSONAL VIOLENCE PERPETRATED AGAINST ADOLESCENTS IN PERNAMBUCO FROM 2012 TO 2021



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ABSTRACT

Monitoring the referrals of cases of interpersonal violence against adolescents is a fundamental strategy to understand the current scenario and analyze the complex relationships involved in this process. This article aims to investigate the referrals of cases of interpersonal violence against adolescents registered in the official surveillance system for violence and accidents in Pernambuco, from 2012 to 2021. To this end, a cross-sectional study was carried out, with the application of descriptive statistics and simple linear regression. The results indicated a higher prevalence of cases of interpersonal violence against female adolescents (67.21%), aged between 15 and 19 years (58.11%), brown (77.47%), who were victims of physical (49.38%) and/or sexual violence (23.6%). Most cases were referred to other services of the Health Network (35.18%), and there was an upward trend in referrals to the various sectors of the Rights Guarantee System, with a peak in 2018. We conclude that the Health Network stands out as the main destination of referrals, and that the relationship between the types of violence and the referrals evidences the complexity of the line of care necessary for the comprehensive care of adolescents who are victims of violence, addressing the multiple dimensions of the cases.

Keywords: Violence. Adolescent. Referral and Consultation. Notification of Abuse.

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INTRODUCTION

Violence is recognized as a public health problem on a global scale (Dahlberg; Krug, 2006). According to the 2024 Atlas of Violence, Brazil recorded 46,409 homicides in 2022, with a rate of 21.7 deaths per 100 thousand inhabitants. Among the victims, 49.2% were young people aged 15 to 29 years, which reinforces violence as the main cause of death for this age group, with an average of 62 young people murdered daily (Cerqueira; Bueno 2024). This picture highlights the vulnerability of adolescents and young people to violence, with profound impacts on their life trajectories and lasting emotional consequences for their families and communities.

Among the forms of violence that affect adolescents, interpersonal violence stands out and is subdivided into two categories: intrafamily, in which the aggressor is part of the family or is an intimate partner, and community, practiced by individuals without a personal bond with the victim. Vulnerable groups, such as children and adolescents, are especially susceptible to these forms of violence, in part due to their limited capacity for defense and, often, the inability to move away from the environment in which they live with the aggressor. In addition, the dependency factor, characteristic of the development phase, reinforces this vulnerability (Dahlberg; Krug, 2006; Hino *et al.*, 2019).

Leite *et al.* (2022) point out that several factors, in addition to age, are interconnected with the violence suffered, including gender, race, and socioeconomic conditions of the victims. The Overview of Lethal and Sexual Violence against Children and Adolescents in Brazil published by the *United Nations Children's Fund* (UNICEF) and the Brazilian Forum on Public Security (FBSP) (2024), reveals that violence against young people and children is a continuous phenomenon that affects different age groups, presenting different patterns for boys and girls.

Boys, for example, are not free from the risk of sexual abuse at home, while girls, especially in early childhood, face a severe vulnerability to lethal violence in the family environment. Even when they survive the first decade of life, girls still face a high risk of sexual violence as they enter adolescence. The text also emphasizes that, in the final phase of adolescence, both girls and boys face the risk of lethal violence. This scenario is particularly challenging for black children and adolescents, who, due to structural racism, experience increased exposure to violence compared to other social groups (UNICEF; FBSP, 2024).

It is therefore necessary to pay greater attention to these victims, in order to guarantee their rights and safety. The guarantee of rights for adolescent victims of violence is a fundamental pillar of the Rights Guarantee System (SGD), which is structured based on national legislation and public policies aimed at the protection of children and adolescents. This system, enshrined in the Statute of the Child and Adolescent (ECA) (Brasil, 1990), establishes mechanisms for the protection and promotion of the rights of young people, ensuring that their needs are met in a safe and welcoming environment. The implementation of protective measures, shelter services and psychological support is essential to ensure the recovery and integral development of these adolescents. In addition, the SGD articulates different sectors, such as health, education, and social assistance, aiming at preventing violence and promoting integrated actions that respect the voice and autonomy of adolescents (UNICEF, 2021).

With regard to health, professionals are required to report cases of violence as soon as they are suspected of occurring. This notification is made through the individual notification form (FNI), which collects specific data about the victim, the aggressor and the referrals made by the health service (Brasil, 2016). These data are essential for the production of information on violence, including the profile of the victims and the characteristics of the occurrences, and are essential for the evaluation and development of prevention and coping strategies, in addition to helping to improve existing public policies (Brasil, 2016; Macedo *et al.*, 2019).

However, Brazilian studies on notifications of violence against children and adolescents indicate a low quality in the completion of the data. In addition to underreporting, there is a significant lack of information among the variables investigated, especially with regard to consequences and referrals. This lack of data on referrals reflects the absence of a standardized flow in the network's performance, leading to decisions based on the subjective assessment of professionals about the care needs of children and adolescents (Macedo *et al.*, 2019).

In view of this reality, there is a need to deepen the notifications of violence and to understand the referrals made by the health sector in cases of violence against adolescents. In this sense, this study aimed to investigate the referrals of cases of interpersonal violence against adolescents registered in the official surveillance system for violence and accidents in Pernambuco, from 2012 to 2021.

METHODOLOGY

This cross-sectional, descriptive and analytical study analyzed cases of interpersonal violence against adolescents aged 10 to 19 years, reported to the Surveillance of Interpersonal and Self-Inflicted Violence of the Notifiable Diseases Information System (Viva/Sinan) of the State Department of Health of Pernambuco, from 2012 to 2021. Data collection was carried out between July and August 2023, and all individuals notified in Pernambuco were included, regardless of the final classification of the case. Notifications without general and complementary information about the person attended, as well as multiple notifications for the same event (duplicity), were excluded, and the best-filled notification was maintained. Duplicity was considered when the same patient was notified more than once for the same event. To identify duplicates, the following variables were analyzed: name, date of birth, mother's name, and date of notification.

Descriptive statistics were performed on the variables related to the victim, the type of violence suffered and the referrals made. To evaluate the differences in the proportions of the covariates between the groups analyzed, Pearson's chi-square test was used, and differences with a p-value of < 0.05 were considered significant. The trend of referrals over the years was investigated using simple linear regression, with the number of referrals as the dependent variable (Y) and the years as the independent variable (X). The level of significance adopted was 5%, and the adjusted R^2 value was calculated to verify the adequacy of the model.

Data analysis was conducted using the *Statistical Package for Social Sciences* (SPSS) software, version 22.0. This research is part of a larger project entitled "Interpersonal and Self-Inflicted Violence Against Adolescents in Pernambuco" and was approved by the Research Ethics Committee, under opinion 5.181.078 and CAAE: 52979921.4.0005195.

RESULTS

Between 2012 and 2021, the state of Pernambuco recorded 27,537 reported cases of interpersonal violence against adolescents. There was a predominance of female victims (67.21%), and 58.11% of the notifications involved adolescents aged 15 to 19 years. However, when analyzing this variable by sex, a considerable difference was observed between the age groups: for males, the difference between the 10 to 14 age group and the

15 to 19 age group was 40.06%, while for females this difference was only 16.22% (Table 1).

Table 1 also indicates that most of the victims were brown (77.47%), had elementary school (26.73%), did not have a disability (95.98%) and were single (88.72%). Among the female victims, 17.11% were pregnant at the time of the violence. The variables age group, education, marital status and pregnant status were statistically significant.

Table 1. Characteristics of adolescent victims of interpersonal violence according to sex, reported at SINAN, in Pernambuco, in the period between 2012 and 2021. Brazil, 2023.

Femalibucac, in the period between 2012 and 2021. Brazil, 2023.							
Characteristics	Male N= 9029 32,79%		Female N=18508 67,21%		Totalc		p-value
	n	%	n	%	n	%	
Age group							
10-14	2706	29,97	8829	47,70	11535	41,89	< 0.010
15-19	6323	70,03	9679	52,30	16002	58,11	
Race/Color							
Brown	5937	77,62	12207	77,40	18144	77,47	< 0,600
White	952	12,45	1936	12,27	2888	12,33	
Black	642	8,39	1350	8,56	1992	8,51	
Indigenous/Yellow	118	1,54	279	1,77	397	1,70	
Ignored	-	-	-	-	4116	14,95	
Schooling							
Illiterate	27	0,63	61	0,68	88	0,32	< 0.010
Elementary School I	725	16,87	1521	16,92	2246	8,15	
Elementary School 2	2246	52,26	5115	56,91	7361	26,73	
Middle school	1227	28,55	2178	24,23	3405	12,36	
Higher education	73	1,70	113	1,26	186	0,67	
Not applicable	3	0,07	6	0,07	9	0,03	
Ignored	-	-	-	-	14242	51,71	
Disability/Disorder							
Yes	245	4,02	496	3,88	741	3,92	< 0,890
No	5842	95,88	12289	96,03	18131	95,98	
Not applicable	6	0,10	12	0,09	18	0,10	
Ignored	-	-	-	-	8647	31,40	
Marital Status							
Single	6326	89,44	13110	88,38	19436	88,72	< 0.020
Married	747	10,56	1723	11,62	2470	11,28	
Ignored	-	-	-	-	5631	20,45	
Pregnant womenb							
Yes	-	-	2736	17,11	-	-	< 0.010
No	-	-	13251	82,89	-	-	
Ignored	-	-	2521	13,6	-	-	

Source: The authors./Notes: ^a Unknown and blank data, percentage in relation to the total sample. ^b Considered only female. ^c Analysis considered only valid data, percentage in the column.

Regarding the types of violence suffered, Table 2 shows that physical violence was the most prevalent (49.38%), followed by sexual violence (23.60%), psychological violence (14.02%) and negligence (10.05%). Other types of violence accounted for about 3% of the

notifications. Only the variables physical and sexual violence showed statistical significance.

Table 2. Type of violence perpetrated against adolescent victims of interpersonal violence according to sex, reported in SINAN, in Pernambuco, in the period between 2012 and 2021. Brazil, 2023.

Type of Violence	Male n= 9029 32,79%		Female n= 18508 67,21%		Total ^b		p -value
	n	%	n	%	n	%	
Physics							
Yes	5696	34,90	10627	65,10	16323	49,38	<0,000
No	2919	29,96	6823	70,04			
Sexual							
Yes	2201	28,21	5601	71,79	7802	23,60	<0,000
No	6096	34,75	11445	65,25			
Psychological							
Yes	1527	32,95	3107	67,05	4634	14,02	0,950
No	6645	32,99	13495	67,01			
Torture							
Yes	166	34,44	316	65,56	482	1,46	0,470
No	7964	32,88	16261	67,12			
Negligence							
Yes	1065	32,07	2256	67,93	3321	10,05	0,150
No	7183	32,99	14589	67,01			
Financial							
Yes	93	33,21	187	66,79	280	0,85	0,940
No	8050	32,90	16415	67,10			
Child labour							
Yes	45	31,91	96	68,09	141	0,43	0,800
No	8114	32,95	16513	67,05			
Legal Intervention							
Yes	20	33,90	39	66,10	59	0,18	0,890
No	8127	32,93	16555	67,07%			
Human Trafficking							
Yes	6	35,29	11	64,71	17	0,05	0,510
No	8157	32,91	16628	67,09			

Source: The authors./Notes: ^aMore than one type of violence can be selected for each case. ^bAnalysis considered only valid data and the percentage in the column.

Table 3 reveals that the number of referrals not made or ignored was higher than the number of referrals actually made. The Health Network was the most frequent destination for referrals, with 35.18% of the cases referred. Institutions such as the Child and Adolescent Court/Justice, the Education Network and Human Rights had less than 1% of referrals each.

Table 3. Distribution of referrals, by sector/network component of the Network for the Protection of Children and Adolescents in Situations of Violence, of adolescents who are victims of interpersonal violence, notified at SINAN, in Pernambuco, in the period between 2021 and 2021. Brazil, 2023.

Sector / Reins	Total	
	n	%
Health Network		
Yes	9687	35,18
No	14124	51,29
Ignored	3726	13,53
Conselho Tutelar		
Yes	7881	28,62
No	14571	52,91
Ignored	5085	18,47
Federal Public Prosecutor's Office		
Yes	7069	25,67
No	14533	52,78
Ignored	5935	21,55
Social assistance		
Yes	1818	6,60
No	19899	72,26
Ignored	5820	21,14
Child and Adolescent Police Station		
Yes	1580	5,74
No	19082	69,3
Ignored	6875	25,00
Court/Justice of Children and Youth		
Yes	199	0,72
No	21391	77,68
Ignored	5947	21,60
Education Network		
Yes	126	0,46
No	17668	64,16
Ignored	9743	35,38
Human rights		
Yes	38	0,14
No	17784	64,58
Ignored	9715	35,30

Source: The authors./Notes: aMore than one sector/network can be selected for referral of each case.

According to Table 4, among the referrals to the health network, victims of torture (53.5%), sexual violence (50.7%) and physical violence (41.1%) were the most referred. In the case of social assistance, the highest percentage of referrals was related to child labor (56.9%). The Federal Public Prosecutor's Office (71.3%) and the Guardianship Council (73.8%) recorded the highest percentage of referrals for cases of negligence.

Table 4. Bivariate analysis of referrals, by sector/network component of the Network for the Protection of Children and Adolescents in Situations of Violence, and type of violence perpetrated against adolescent victims of interpersonal violence, reported in SINAN, in Pernambuco, in the period between 2012 and 2021. Brazil, 2023.

Sector/Network x Type of Violence	Yes		No		p - value
	n	%	n	%	
Health Network					
Physical Violence	5839	41,10	8354	58,90	0,060
Sexual violence	3513	50,70	3417	49,30	0,001
Psychological	1628	38,00	2652	62,00	0,001
Torture	236	53,50	205	46,50	0,001
Financial	75	29,90	176	70,10	0,001
Negligence	699	24,20	2187	75,80	0,001
Child labour	32	24,60	98	75,40	0,001
Social assistance					
Physical Violence	986	7,90	11561	92,10	0,001
Sexual violence	785	11,70	5897	88,30	0,059
Psychological	608	14,40	3617	85,60	0,001
Torture	96	22,90	324	77,10	0,001
Financial	62	24,80	188	75,20	0,001
Negligence	213	8,00	2459	92,00	0,360
Child labour	74	56,90	56	43,10	0,001
Justice/Child and Youth Court					
Physical Violence	100	0,80	12404	99,20	0,070
Sexual violence	85	1,30	6528	98,70	0,001
Psychological	73	1,70	4122	98,30	0,001
Torture	15	3,60	404	96,40	0,001
Financial	16	6,50	232	93,50	0,001
Negligence	50	1,90	2594	98,10	0,001
Child labour	4	3,10	124	96,90	0,026
Federal Public Prosecutor's Office					
Physical Violence	3198	25,60	9306	74,40	0,001
Sexual violence	2559	38,70	4061	61,30	0,001
Psychological	1227	29,20	2968	70,80	0,001
Torture	173	41,20	247	58,80	0,001
Financial	89	35,60	161	64,40	0,280
Negligence	1917	72,30	733	27,70	0,001
Child labour	64	49,60	65	50,40	0,001
Conselho Tutelar					
Physical Violence	3606	27,90	9313	72,10	0,001
Sexual violence	2855	41,10	4091	58,90	0,001
Psychological	1334	31,00	2976	69,00	0,001
Torture	188	43,20	247	56,80	0,001
Financial	91	36,00	162	64,00	0,230
Negligence	2097	73,80	743	26,20	0,001
Child labour	67	50,40	66	49,60	0,001
Child and Adolescent Police Station					
Physical Violence	895	7,50	11059	92,50	0,240
Sexual violence	864	13,80	5419	86,20	0,001
Psychological	392	9,70	3648	90,30	0,001
Torture	65	16,30	334	83,70	0,001
Financial	19	7,80	224	92,20	0,740
Negligence	129	5,10	2418	94,90	0,001
Child labour	7	5,60	119	94,40	0,500

Source: The authors.

Figure 1 shows a general upward trend in the number of referrals to the various SGD sectors of adolescent victims of violence, with a peak in 2018. That year, the Health Network concentrated the largest number of referrals. Then, there was a sharp decline, especially in the years 2019 and 2020, with emphasis on the Guardianship Council and the Federal Public Prosecutor's Office (MPU), whose referrals fell from more than 1,000 to less than 800 in 2020 and 2021.

The simple linear regression analysis between the variables referral and year of notification showed that the highest coefficient R^2 was for the social assistance network (0.79), indicating that 79% of the variations in referrals to this network are due to the year of notification. On the other hand, the Child and Adolescent Police Station had the lowest coefficient R^2 (0.25), suggesting that only 25% of the variations in referrals to this service were influenced by the year of notification. The regression equations can be seen in Figure 1.

Figure 1. Trend and regression of referrals of adolescent victims of interpersonal violence, by sector of the Child and Adolescent Protection Network, in Pernambuco, 2021. Brazil, 2023.



Source: The authors.

DISCUSSION

The predominance of female victims observed in this study is corroborated by other studies on violence. In a study conducted by Oliveira *et al.* (2020) in Manaus, it was found that 87.4% of the cases of violence against adolescents between 2009 and 2016 involved girls. This situation reflects the influence of patriarchal structures and machismo, which have historically subordinated and made women more vulnerable, from childhood, to various forms of violence (Balbinotti, 2018). In relation to violence against female adolescents, the issue of power is evident, since, according to a survey in 36 countries, young women identified parents and other guardians as the main aggressors in cases of physical abuse (Cappa, 2014).

The nature of the violence suffered and the higher prevalence among adolescents aged 15 to 19 years also dialogue with data from the 2015 National Survey of School-based Health (PeNSE), which pointed to a higher incidence of intra-family physical violence and sexual violence among older girls (Terribele; Munhoz, 2021). It was observed that, among girls, the difference between the age groups of 10 to 14 years and 15 to 19 years was 4.6%, while among boys, this difference was more pronounced, reaching 40.06%. This can be explained by the fact that violence against girls is more balanced between ages due to the preference of aggressors for girls in the development phase of secondary sexual characteristics, usually between 10 and 14 years old. Thus, the disparity between age groups is smaller for girls compared to boys (Justino *et al.*, 2015).

As for race/color, the predominance of brown adolescents is consistent with the national reality, where, according to the Brazilian Institute of Geography and Statistics (IBGE, 2022), 45.3% of the population identifies as brown. Regarding education, 26.73% of the adolescents were in Elementary School II, which is in line with the age group of the victims, which generally corresponds to this educational stage. In addition, most cases did not involve adolescents with disabilities or disorders, which may be a reflection of the general population profile, since only 8.9% of the Brazilian population has a disability (IBGE, 2023). However, it is important to consider that some disabilities hinder communication, social skills, and autonomy, which can contribute to underreporting, as violence is not easily identified, making it a chronic problem (Leite *et al.*, 2022).

Regarding marital status, about 88.72% of adolescents were single, which is positive, considering that the minimum age for marriage in Brazil is 16 years old (Brasil, 2019). Wodon *et al.* (2019) state that early marriage can generate problems, especially for

women, such as loss of autonomy, low income, school dropout, increased cases of domestic violence, and teenage pregnancy. In this study, less than 20% of the adolescent victims of violence were pregnant. However, a recent study revealed that 3.9% of children and adolescents in Brazil live in formal or informal unions, with the Northeast representing 31.3% of these cases (Cardoso *et al.*, 2022). This data contrasts with the percentage of single adolescents and raises questions about marital status as a protective factor or risk for intrafamily violence. It also warns of possible gaps in the fulfillment of this variable, since, legally, adolescents under 16 years of age cannot marry in Brazil (Brasil, 2019).

With regard to the types of violence, the prevalence of physical and sexual violence stands out. Physical violence against children and adolescents is sometimes culturally naturalized as an educational form, which contributes to high rates of aggression inside and outside the home (Lima *et al.*, 2021). Regarding sexual violence, it is observed that only 27.00% of the cases involved boys, while 71.79% of the victims were girls. This low percentage among boys may be related to factors mentioned above, such as gender stereotypes, which often make them feel ashamed or afraid to report (Justino *et al.*, 2015).

The "Secrecy Syndrome", described by Furniss (1993), helps to understand this phenomenon, where, in cases of intrafamily sexual violence, the victim, by maintaining an affective bond with the family aggressor, feels fear, guilt and shame, fearing that her complaint will not be taken seriously or that the aggressor will retaliate against other family members. This leads to the perpetuation of violence and the non-notification of cases (Furniss, 1993 *apud* Quadros; Mello, 2022).

The notifications of this study revealed that 35.18% of the cases were referred to the Health Network, highlighting the response capacity of this sector for the protection of youth. This data shows the integration of health services and the effectiveness of the Unified Health System (SUS), which, due to its capillarity and national presence, is able to promote access to comprehensive and decentralized care, facilitating the necessary reception and support (Brasil, 1990; Brazil, 2017). This articulation between the SUS and the SGD is crucial for social protection to reach adolescents in situations of violence quickly and effectively.

Even so, SGD bodies, such as the Child and Adolescent Court/Justice, represent less than 1% of referrals, although it is essential that these adolescents receive comprehensive and specialized follow-up, as provided for by the Statute of the Child and Adolescent (ECA), which prohibits any form of negligence, exploitation or oppression

(Brasil, 1990). This data may indicate a failure in the referral of the health sector, but it does not exclude the possibility of assistance through other devices in the network.

The high rate of cases with a referral variable ignored or marked as "not referred" raises questions about the continued protection of these adolescents. Several factors influence underreporting and lack of referrals, including the lack of preparation of health professionals to deal with cases of violence (Reis *et al.*, 2017). This reflects an important gap, limiting early interventions. In many cases, professionals from programs such as the Family Health Strategy (FHS) feel insecure to intervene, evidencing a need for continuous training and support for these professionals. The absence of effective integration between health and other social protection sectors represents another weakness in this confrontation. This scenario points to the need to strengthen the service network to ensure comprehensive and coordinated care (Leite; Albuquerque, 2023).

The prevalence of cases of physical and sexual violence resulted in referrals to the Health Network, as such cases require an effective articulation of professionals and institutions that offer psychological support and comprehensive health care, according to the severity and specific needs of each situation. In addition, less frequent cases, such as torture and other forms of violence, despite representing a smaller proportion, were also directed to the Health Network due to the severity and profound impact on the mental and physical health of the victims. This analysis reinforces the importance of a diversified and specialized approach in the health system, aimed not only at immediate care, but also at the continuous monitoring of adolescent victims of violence (Dahlberg; Krug, 2006; Wirtz, 2016; UNICEF, 2021).

On average, 60% of the cases of child labor were referred to the social service, which plays a fundamental role in guiding and referring adolescents to areas of full protection, in the social, psychological and legal spheres. Since Decree No. 1,313, in the 90s, which prohibits the work of children under 12 years of age, Brazil has begun to confront child labor. However, due to social inequalities, many children are still exposed to these conditions, with poverty as the main factor of vulnerability (Garcia, 2023).

In this context, the integration between health and social assistance policies is crucial for effective and humanized monitoring. Social service is essential not only for initial reception, but for referral and continuous monitoring that considers the family and socioeconomic situation. Programs such as PETI help reduce reliance on child labor by providing financial and educational support to families. However, as long as poverty persists

and there are no comprehensive policies to reduce socioeconomic inequalities, children and adolescents will remain exposed to these challenging conditions (Bicudo; Schlegel, 2023).

Both the Guardianship Council and the Federal Public Prosecutor's Office showed a higher prevalence of referrals in cases of negligence, which, as a form of silent violence, results from various family problems, requiring a careful and comprehensive approach, considering social, psychological and financial aspects of the family and the adolescent (Milani; Loureiro, 2008). According to § VIII of article 201 of the ECA, it is the responsibility of the Public Prosecutor's Office to ensure the rights and legal guarantees of children and adolescents, promoting appropriate measures (Brasil, 1990). The Guardianship Council also plays a central role in promoting the rights of vulnerable adolescents, working in a network to identify vulnerabilities and act holistically and effectively (Pordeus et al., 2024).

The increase in referrals between 2012 and 2018, mentioned above, suggests an advance in the awareness of society and professionals about the importance of protecting children and adolescents. This may also be a reflection of the improvement and greater integration of the SGD, with professional training initiatives and awareness campaigns promoted by the Ministry of Human Rights and other partner agencies. Programs such as "Make it Beautiful" and "Protect Brazil" are examples of campaigns that encourage complaints and disseminate support channels, such as Dial 100, a service that facilitates the population's access to report cases of violence, neglect or exploitation of children and adolescents (Brasil, 2020).

Despite this progress, there are still significant challenges. The gap in effective integration between the health, social assistance, justice and education sectors continues to be an obstacle in ensuring comprehensive and continuous follow-up for victims of violence. According to Leite and Albuquerque (2023), a coordinated response between these sectors is essential to reduce revictimization, ensuring that victims receive adequate psychological, legal, and social support. Continuity of care is essential, and professionals from all sectors should be trained to identify signs of violence and to make appropriate referrals.

Another relevant point is the underreporting of cases of violence against adolescents. Factors such as fear of retaliation, lack of access to services, and lack of knowledge about the rights of children and adolescents contribute to many cases remaining unregistered (Wirtz, 2016). However, the perceptions of nurses from the Family Health

Strategy (FHS), an important public policy of the SUS in Brazil and for coping with violence against vulnerable groups, highlight challenges faced in addressing this problem against adolescents. These professionals identify difficulties, such as the recognition of signs of violence and the need to establish solid bonds with families, which is essential to enable more effective interventions (Silva *et al.*, 2021).

Another critical aspect is the articulation with the intersectoral network, which often proves to be insufficient to guarantee the necessary support. The nurses' work, although involving both health care and reporting, is fragmented, focusing on the individual vulnerabilities of adolescents. This fragmentation demonstrates the need to broaden the focus of actions to strengthen social and programmatic determinants, promoting more comprehensive and preventive strategies. Strengthening ties with the community and with the team, including the role of the Community Health Agent (CHA) in loco, is fundamental for the effective confrontation of violence. Health education and integrated work with the network are, therefore, key strategies to promote healthy growth environments for adolescents (Silva *et al.*, 2021).

CONCLUSION

This study reveals an alarming panorama of physical and sexual violence against adolescents in Pernambuco, highlighting female adolescents, especially in the age group of 15 to 19 years, as the most affected. This age group reflects the intense challenges characteristic of this phase of development, often marked by financial dependence and conditions of greater vulnerability. The predominance of referrals to the Health Network indicates the importance of this sector as a pillar of reception and protection, reinforcing the essential role of health services in the identification and care of these victims.

The comprehensive protection of adolescent victims of violence requires a multifaceted and collaborative approach, integrating sound public policies and coordination between the health, education and social care sectors, in addition to the crucial support of civil society. The increase in referral rates between 2012 and 2018 demonstrates that, with investments in awareness campaigns and professional training, it is possible to achieve significant advances. However, continuing these advances requires overcoming structural barriers, reducing regional inequalities, and strengthening an integrated protection network, ensuring that adolescents receive adequate support to break the cycle of violence and grow up in safe and healthy environments.

The study also points to an important concern: the considerable number of cases that did not receive referral or were classified as "unknown". The qualification of health professionals to deal with situations of violence is essential to mitigate underreporting and the absence of appropriate referrals. However, it is equally necessary to investigate other factors that contribute to this reality, such as fear of reprisals, unpreparedness to deal with bureaucracy, and possible lack of knowledge about the role of different services in the protection network.

The analysis of the relationship between the types of violence and the places of referral highlights the complexity of the line of care required to treat these victims in a comprehensive way, evidencing the need for multidisciplinary approaches to treat the various dimensions involved in these cases. The agencies involved, including the health network, the social service, the Guardianship Council, and the Public Prosecutor's Office, play crucial roles in protecting and assisting adolescents. In order to effectively confront violence against adolescents, it is essential to invest in more comprehensive public policies, constant training of professionals and social awareness.

Finally, the importance of continuous monitoring and analysis of these cases is emphasized to improve the response and support offered to victims of violence. This research contributes to the knowledge about violence against adolescents and emphasizes the importance of health surveillance in the state of Pernambuco, seeking ways to strengthen public policies and care practices aimed at this vulnerable population.

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