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PUBLIC POLICIES ADDRESSING SEXUAL VIOLENCE AGAINST CHILDREN AND ADOLESCENTS

POLÍTICAS PÚBLICAS NO ENFRENTAMENTO À VIOLÊNCIA SEXUAL CONTRA CRIANÇAS E ADOLESCENTES

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ABSTRACT: Sexual violence against children and adolescents represents a severe violation of human rights, necessitating coordinated prevention and intervention actions. **Objective:** This study aimed to analyze the distribution and coverage of government services for preventing and addressing sexual violence against children and adolescents in the Northern Region of Brazil regarding the estimated demand based on population data. **Method:** We conducted this descriptive, quantitative study between January and February 2023, using data from the 2021 SUAS Census, the National Registry of Health Facilities (CNES), and IBGE data. **Results:** Findings revealed insufficient coverage of services across most federative units, with certain health regions showing a lack of services. **Conclusion:** The study concludes that the lack of investment in protective services undermines the effectiveness of public policies to safeguard children and adolescents, underscoring the urgent need for improvements in service coverage and professional training.

KEYWORDS: Public Policy. Tertiary Prevention. Sexual Violence. Child. Adolescent.

RESUMO: A violência sexual contra crianças e adolescentes é uma grave violação dos direitos humanos e exige ações coordenadas de prevenção e intervenção. **Objetivo:** Analisar a distribuição e a cobertura dos equipamentos governamentais de prevenção/intervenção da violência sexual contra crianças e adolescentes na Região Norte do Brasil, em relação à demanda estimada pela população. **Método:** Trata-se de um estudo quantitativo descritivo, com coleta de dados realizada entre janeiro e fevereiro de 2023, utilizando informações do Censo SUAS 2021, Cadastro Nacional de Estabelecimento de Saúde (CNES) e dados do IBGE. Os resultados revelaram uma cobertura insuficiente dos equipamentos na maioria das unidades federativas, com algumas regiões de saúde apresentando vazio assistencial. **Conclusões:** A falta de investimentos em equipamentos de proteção compromete a eficácia das políticas públicas externas para a proteção de crianças e adolescentes, destacando a necessidade urgente de melhorias na cobertura e qualificação profissional.

PALAVRAS-CHAVE: Política Pública. Prevenção Terciária. Violência Sexual. Criança. adolescente.

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INTRODUCTION

Child sexual violence (CSV) primarily occurs when a child, who is cognitively and emotionally unable to consent to sexual relations due to their developmental stage, is involved in sexual interactions aimed at fulfilling the physical, psychological, or sexual gratification of the abuser. These interactions are based on an unequal power dynamic, exploiting the victim's vulnerability[1]. Specialized literature highlights that CSV is a complex, multifaceted issue influenced by cultural, socioeconomic, and structural factors, complicating prevention efforts[2].

CSV is associated with long-term risks for severe psychosocial issues, including unprotected sexual encounters, involvement in sex work, multiple sexual partners, substance misuse, suicide attempts, sexual revictimization in adulthood, and non-suicidal self-injury. Psychiatric risks include conditions such as schizophrenia, somatoform disorders, eating disorders, post-traumatic stress disorder, depression, anxiety, borderline personality disorder, and conversion disorders. Physical health risks include obesity, HIV, and fibromyalgia[3,4].

In terms of policy, Brazil has laws designed to protect the rights of children and adolescents and to establish a rights protection and assistance system for victims and their families. In this regard, Law No. 8,069, dated July 13, 1990, created the Statute of the Child and Adolescent (ECA), which guarantees the comprehensive protection of children and adolescents as rights-bearing individuals. This statute mandates that all citizens work to defend these rights, especially in cases of violence, neglect, exploitation, discrimination, cruelty, and oppression. Specifically, Article 245 stipulates penalties for professionals and institutions that fail to report occurrences, whether confirmed or suspected[5].

Further, Law No. 13,431, enacted on April 4, 2017, sets parameters for preventing and addressing violence, with provisions for assisting and protecting children and adolescents. The law allows the government to create programs, services, and facilities that provide comprehensive and interagency support to these individuals, with specialized multidisciplinary teams[6].

The Child and Adolescent Rights Guarantee System (SGDCA) is defined as an interconnected network of professionals and governmental and non-governmental institutions aiming to protect and promote the rights of children and adolescents[6,7,8,9]. SGDCA institutions operate in different spheres and perform various functions: some focus on protection and implementing protective measures, such as the Guardianship Council and Specialized Police Units. In health services, which include physical and mental health care for victims and their families, the network includes Basic Health Units (BHUs), hospitals, and Psychosocial Care Centers (CAPs). To ensure social security and empowerment in situations of rights violations, the Unified Social Assistance System (SUAS) provides services such as Social Assistance Reference Centers (CRAS), Specialized Social Assistance Reference Centers (CREAS), and Shelter Units. Legal entities responsible for enforcing protection laws include the Public Prosecutor's Office, the Public Defender's Office, and the Juvenile Courts[6].

CREAS, through its Specialized Services for Families and Individuals (PAEFI), offers guidance, support, and psychosocial follow-up to promote rights and address rights violations by strengthening family and social relationships[10]. For networked care, CREAS professionals, depending on the complexity of the CSV case, sometimes refer victims to psychological care in mental health institutions; in Brazil, the Children's Psychosocial Care Center (CAPSi) is the specialized health unit providing comprehensive psychosocial care for children and adolescents experiencing severe and persistent mental health challenges, with the active involvement of families and communities[11].

However, a shortage of CREAS facilities has created obstacles within the network[12], reflecting gaps in social assistance and health policies addressing CSV[13]. Additionally, the limited number of CREAS

and CAPSi facilities compromises continuous care, directly affecting the development of psychopathological conditions[14]. Government underfunding of public policies in social assistance, health, education, and security hampers necessary improvements in protecting and assisting victims and families facing intrafamilial violence at local and national levels[13].

Strengthening prevention policies and expanding access to specialized health and social assistance services are essential to minimizing the physical and psychological impacts of this violence16. Within this framework, CREAS and CAPSi should serve on the frontline of victim support, providing immediate care and preventing future issues, such as mental disorders and other health concerns associated with CSV experiences[17].

Despite progress, implementing public policies in Brazil, particularly in vulnerable regions like the Northern Region, continues to face significant challenges, especially the shortage of specialized services. Additionally, there is a lack of studies on this topic in the Northern Region due to the vast geographic area, access challenges, lack of essential public facilities, poor socioeconomic conditions, laborious nature of conducting prevalence studies, and the reality of underreporting cases, which is a worrisome issue[18].

This study aims to analyze the distribution and coverage of public policy resources focused on preventing and addressing sexual violence against children and adolescents in Brazil's Northern Region, identifying possible gaps in services and their impact on the continuity of care for victims and their families. Among the numerous challenges in developing social policies that defend children's and adolescents' rights in this region are the vast geographic dimensions, which complicate the state's access to its institutions.

METHODOLOGY

This quantitative descriptive study involved surveying and mapping social assistance and healthcare facilities that form the network for preventing and addressing sexual violence against children and adolescents across states in the Northern Region of Brazil. Data collection occurred between January and February 2023.

The study encompasses the states of Acre, Amapá, Amazonas, Pará, Rondônia, Roraima, and Tocantins, which make up Brazil's Northern Region. This area covers 3,853,676,948 km², making it the country's largest territorial extent, accounting for 45% of the national territory. The estimated resident population is 18,672,591, with a Gross Domestic Product (GDP) of R$478,173,049,001 (US$82,598,857.93)[19].

We included all government facilities engaged in tertiary prevention of sexual violence against children and adolescents, specifically those that provide direct services to victims. These facilities include the Specialized Social Assistance Reference Centers (CREAS) and the Child and Adolescent Psychosocial Care Centers (CAPSi), both of which play essential roles in offering psychosocial, legal, and medical support to this demographic. We excluded from the study non-governmental facilities, such as NGOs and private institutions involved in child protection, as our focus was to analyze the governmental assistance network and its capacity to address cases of sexual violence against children and adolescents.

The study variables include the presence and coverage of CREAS and CAPSi. *Coverage* was defined as the proportion of available facilities relative to the resident population in each state and health region. The service approach follows a psychosocial model, offering open, non-residential

services that address both psychological and social factors through a multidisciplinary team, engaging the user within their life context.

The study mapped 289 facilities, comprising 278 from the Unified Social Assistance System (SUAS) and 11 from the Psychosocial Care Network (RAPS). Surveying and mapping are justified by the need to understand the network, identify a lack of services, and provide a panoramic view of the assistance, protection, and intervention landscape for child and adolescent victims of sexual violence in Brazil's Northern Region.

Grounded in the expanded concept of the network for preventing and addressing sexual violence against children and adolescents, the mapped facilities were government entities within the Unified Social Assistance System (SUAS) and the Psychosocial Care Network (RAPS).

We divided the study into three stages: (1) Identification of 45 health regions in Northern Brazil based on Ministry of Health data; (2) Listing of addresses for Government Public Policy facilities focused on prevention/intervention in sexual violence against children and adolescents, obtained from publicly accessible sources such as the 2021 SUAS Census and the National Registry of Health Facilities (CNES); (3) Data tabulation in Excel, with a descriptive analysis of institutions according to social assistance and healthcare public policy, considering estimated 2021 coverage rates for federative units and health regions.

To calculate coverage, we considered the results from the Brazilian Institute of Geography and Statistics Census[19], which indicate that Brazil has 3,770 municipalities with a population of up to 20,000 inhabitants. By cross-referencing data from the SUAS Census[20], CNES, and the IBGE Census[19], we found that Brazil is densely composed of Small-Scale Type I municipalities, where the presence of CREAS and CAPSi should be more prominent, as these municipalities account for 68% of the country's total municipalities.

The formulas used to calculate the coverage rate were as follows:

- CREAS Coverage rate per 20,000 Inhabitants = [(Number of CREAS facilities x 0.2)] / Population.
- CAPSi Coverage rate per 70,000 Inhabitants = [(Number of CAPSi facilities x 0.7)] / Population.

We analyzed CREAS and CAPSi coverage data based on parameters defined by the Ministry of Health[21], as shown in Chart 1. The coverage index classification was divided into coverage criteria: very good, good, regular, low, insufficient, and a lack of services for regions with a coverage rate of zero, following the criteria outlined in Ministry of Health Consolidation Ordinance No. 3 GM/MS, dated September 28, 2017[22], and Technical Guidelines for CREAS[23].

Although the analysis focused on the overall capacity of CREAS and CAPSi to provide services, it is essential to underscore that these facilities are the primary providers of support to child and adolescent victims of sexual violence. Therefore, gaps in coverage directly affect the availability of specialized care for these victims, who rely on CREAS and CAPSi for psychosocial support and legal referrals as mandated by their official responsibilities.

Chart 1. Coverage indicator parameters per 100,000 inhabitants

Very good	Equal to or above 0.70
Good	Between 0.50 and 0.70
Regular	Between 0.35 and 0.50
Low	Between 0.20 and 0.35
Insufficient	Up to 0.20
Lack of services	0.0

Source: Adapted from BRASIL [21]

For georeferencing, we utilized two online geocoding tools available through Google and a spreadsheet created with the addresses of the facilities. We used Geocode by Awesome Table to obtain latitude and longitude coordinates. Through geocoding, we then used Google Earth Pro to locate and georeference institutions in the Northern Region, representing them with identification symbols (markers) plotted on a distribution map of facilities created in Google Earth Pro.

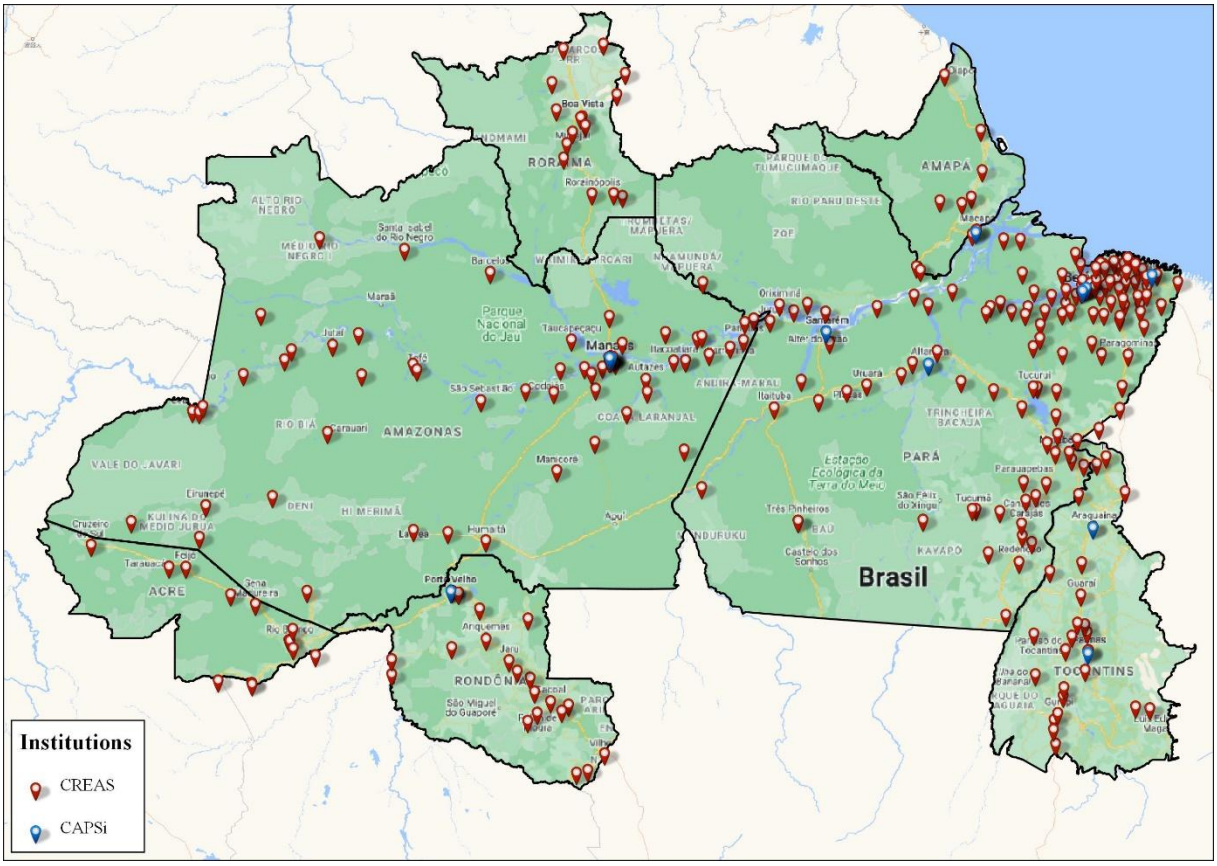
Additionally, based on the georeferenced data in Google Earth Pro, we used QGIS to create two coverage maps: one for CREAS per 20,000 inhabitants and another for CAPSi per 70,000 inhabitants. These maps illustrate coverage rate results and provide a comprehensive view of the support infrastructure available for children and adolescents in the Northern Region of Brazil.

RESULTS

We mapped 289 (100%) specialized facilities focused on the prevention and intervention of sexual violence against children and adolescents. Of these, 278 (96%) are part of the Unified Social Assistance System (SUAS), specifically the Specialized Social Assistance Reference Centers (CREAS), which provide support to children and adolescents affected by violence, offer support to victims and their families, and make referrals to appropriate services within the network. The remaining 11 (4%) facilities are part of the Psychosocial Care Network (RAPS) and include Child and Adolescent Psychosocial Care Centers (CAPSi), a service aimed at meeting the specific needs of children and adolescents experiencing severe, persistent psychological distress (Map 1).

Map 1 presents the distribution of CREAS/CAPSi in the Northern Region, organized by Federal Units (states). This geographic visualization is complemented by Table 1, which details the distribution of social assistance and mental health facilities relative to the population of each state. The data in this table include a comparison of coverage rates, considering that CREAS, as Type I facilities, are expected to serve populations of 20,000[22], while CAPSi are designed to cover populations of 70,000[23]. The formula for these calculations considers the ratio between the existing number of facilities and the number expected based on population size, underscoring the need for each CREAS to effectively meet the demands of 20,000 inhabitants and for each CAPSi to do the same for 70,000 inhabitants in smaller municipalities.

Map 1. Distribution of prevention/intervention facilities for child and adolescent sexual violence by state in the Northern Region



Source: Developed by the authors.

This analysis not only enables the identification of service coverage gaps but also highlights the importance of aligning infrastructure and available resources with the actual needs of the region's child and adolescent population.

Upon examining the total facilities by state, Table 1 shows a concentration of facilities in Pará (PA), with 133 CREAS available out of an expected 439, resulting in a low coverage rate of 0.30. Regarding CAPSi, only 4 facilities exist for an expected 125, yielding an insufficient coverage rate of 0.03. This disparity underscores a substantial gap in mental health services for children and adolescents in Pará, emphasizing the urgent need for interventions to expand infrastructure and available support.

Amazonas (AM) has the second-highest number of facilities, with 57 CREAS for an expected 213, resulting in a coverage rate of 0.23, and 2 CAPSi for an expected 61, with a coverage rate of 0.03. Rondônia (RO) has 22 CREAS for an expected 91, resulting in a coverage rate of 0.24, and 1 CAPSi for an expected 26, with a coverage rate of 0.04. Acre (AC) has 13 CREAS for an expected 45, with a coverage rate of 0.29, and 1 CAPSi for an expected 13, with a coverage rate of 0.08. Amapá (AP) has 11 CREAS for an expected 44, resulting in a low coverage rate of 0.25, and 2 CAPSi for an expected 13, with a coverage rate considered good at 0.16.

Table 1. Coverage rates of social assistance and mental health facilities by state population in 2021

State	Population IBGE 2021	CREAS rate		Coverage rate	CAPSi rate		Coverage rate
		Existing	Expected		Existing	Expected	
RO	1,815,278	22	91	0.24	1	26	0.04
AC	906,876	13	45	0.29	1	13	0.08
AM	4,269,995	57	213	0.23	2	61	0.03
RR	652,713	15	33	0.46	-	9	-
PA	8,777,124	133	439	0.30	5	125	0.03
AP	877,613	11	44	0.25	2	13	0.16
TO	1,607,363	24	80	0.30	-	23	-
TOTAL	**18,906,962**	**278**	**945**	**0.29**	**11**	**270**	**0.04**

Parameters for classifying coverage: very good (above 0.70), good (0.50 to 0.70), regular (0.35 to 0.50), low (0.20 to 0.35), insufficient (up to 0.20), and a lack of services (0).

Significantly, these states exhibit a low coverage rate for CREAS, indicating an urgent need to expand and improve the service network. For CAPSi, coverage rates are deemed insufficient, highlighting a lack of mental health support for children and adolescents in vulnerable situations.

Among the states, two stand out: Roraima (RR) has 15 CREAS, with an expected 33, resulting in a regular coverage rate of 0.46, and Tocantins, with only 24 CREAS for an expected 80, resulting in a low coverage rate of 0.30. However, regarding CAPSi, both units face a complete lack of facilities, representing a critical service gap. This discrepancy reveals stark inequalities in the distribution of social assistance resources across regions. Both states face significant challenges regarding CAPSi, as the complete lack of units severely hinders the provision of mental health support for children and adolescents in the region.

Overall, Map 1 and Table 1 demonstrate a discrepancy between the expected and existing number of facilities, resulting in low social assistance coverage and insufficient mental health coverage, with some regions entirely lacking services. This scenario points to the need for investment and targeted actions to expand these facilities' infrastructure and improve support for cases of sexual violence against children and adolescents in Northern Brazil.

Map 2 and Table 2 show the health regionalization efforts aimed at optimizing the spatial distribution of facilities for the prevention and intervention of sexual violence against children and adolescents. The geographic regions are grouped based on specific areas, considering neighboring municipalities, relative population differences, and socioeconomic conditions.

Table 2. Distribution of CREAS and CAPSi by Health Region (CIR) and Coverage Rate in 2021

CODE	Health regions	Population IBGE 2021	CREAS	Coverage rate	CAPSi	Coverage rate
	RO					
11001	Javari Valley	284,003	3	0.21		
11002	Café	173,643	3	0.35		
11003	Central	341,326	4	0.23		
11004	Madeira-Mamoré	666,953	7	0.21	1	0.10
11005	Zona da Mata	135,345	2	0.30		
11006	Southern Cone	161,819	3	0.37		
11007	Guaporé Valley	52,189	-	0.00		
	AC					
12001	Upper Acre	73,617	3	0.82		
12002	Lower Acre and Purus	593,149	7	0.24	1	0.12
12003	Juruá and Tarauacá/Envira	240,110	3	0.25		
	AM					
13001	Manaus, Surroundings and Upper Negro River	2,663,871	16	0.12	2	0.05
13002	Negro River and Solimões River	306,626	6	0.39		
13003	Madeira River	206,110	4	0.39		
13004	Middle Amazonas	177,430	4	0.45		
13005	Lower Amazonas	1,039,850	5	0.10		
13006	Purus Regional	135,116	4	0.59		
13007	Regional Juruá	141,730	5	0.71		
13008	Triângulo	125,033	5	0.80		
13009	Upper Solimões	256,812	8	0.62		
	RR					
14001	Central North	558,735	10	0.36		
14002	South	93,978	5	1.06		
	PA					
15001	Araguaia	583,777	11	0.38	1	0.12
15002	Lower Amazonas	1039,850	11	0.21		
15003	Carajás	899,615	12	0.27		
15004	Tucuruí Lake	477,439	7	0.29	1	0.15
15006	Metropolitan Area 1	2,269,233	10	0.09		
15007	Metropolitan Area 2	374,535	8	0.43		
15008	Metropolitan Area 3	959,387	20	0.42	1	0.07
15009	Caetés River	550,336	14	0.51	1	0.13
15010	Tapajós	222,500	5	0.45		
15011	Tocantins	722,380	11	0.30	1	0.10
15012	Xingu	357,549	9	0.50		
15013	Marajó 1	249,843	8	0.64		
15014	Marajó 2	327,947	7	0.43		
	AP					
16001	Central Area	588,584	5	0.17	1	0.12
16002	North Area	72,879	3	0.82		
16003	Southwestern Area	216,150	3	0.28	1	0.32

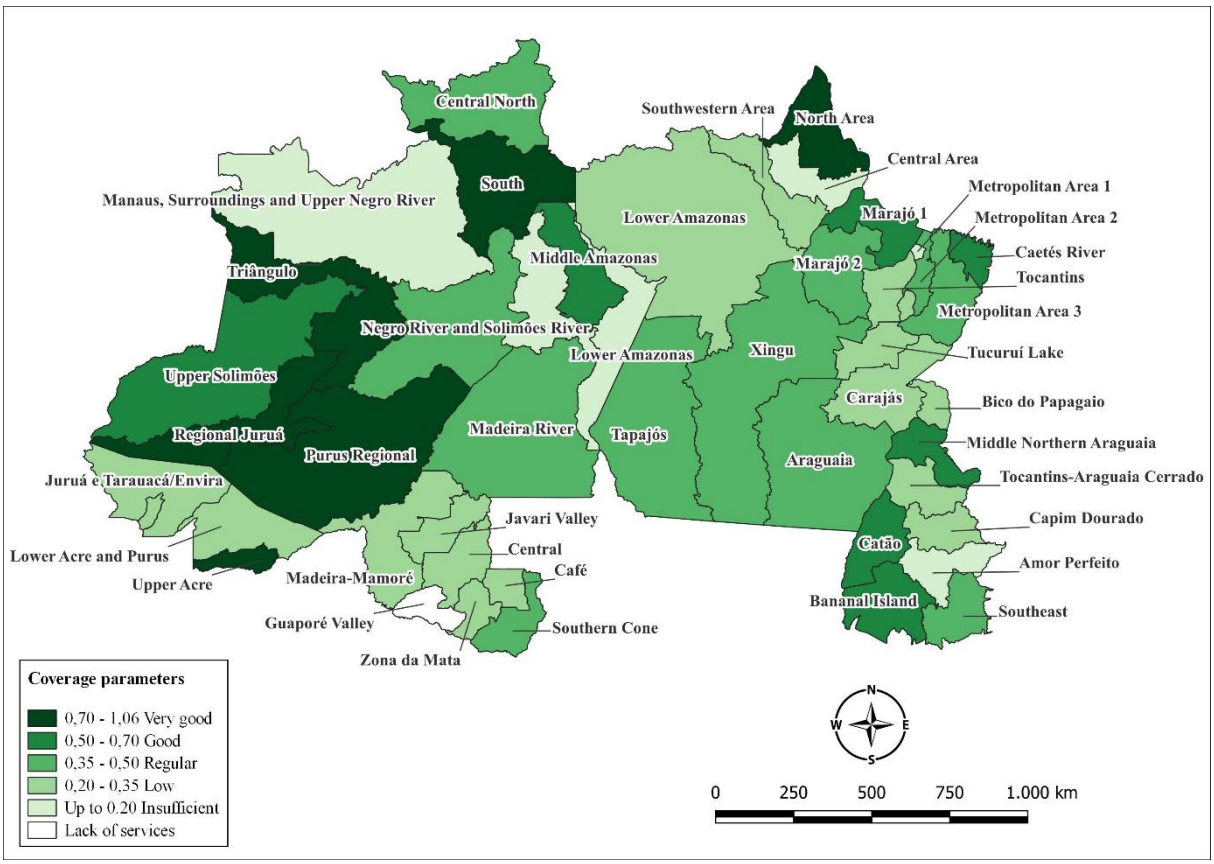
CODE	Health regions	Population IBGE 2021	CREAS	Coverage rate	CAPSi	Coverage rate
	TO					
17001	Middle Northern Araguaia	309,111	1	0.06		
17002	Bico do Papagaio	212,951	3	0.28		
17003	Southeast	99,516	2	0.40		
17004	Tocantins-Araguaia Cerrado	164,491	2	0.24		
17005	Bananal Island	186,210	6	0.64		
17006	Capim Dourado	389,493	5	0.26		
17007	Catão	132,934	4	0.60		
17008	Amor Perfeito	112,657	1	0.18		

Parameters for classifying coverage: very good (above 0.70), good (0.50 to 0.70), regular (0.35 to 0.50), low (0.20 to 0.35), insufficient (up to 0.20), and a lack of services (0).
Source: SUAS Census 2021 and CNES, January 2023[19].

Data analysis in Table 2 reveals that four health regions exhibit very good coverage, distributed across four states: the Northern Area in Amapá (AP) with a rate of 0.82; the Triângulo region with 0.82 and the Juruá Regional with 0.71, both located in Amazonas (AM); and Upper Acre in Acre (AC), also with a rate of 0.82.

However, these same states also face challenges, as they contain four health regions with insufficient coverage: the Central Area in Amapá (AP) with 0.17; Manaus, Surroundings, and Upper Negro River with 0.12, and Lower Amazonas with 0.10, both located in Amazonas (AM); and Lower Acre and Purus in Acre (AC) with 0.24. Among the areas with the lowest rates are Middle North Araguaia in Tocantins, with a rate of 0.06, considered insufficient, and Guaporé Valley in Rondônia, which faces a lack of services. Of the 45 confirmed health regions, the Southern region in RR stands out with the highest coverage rate, reaching 1.06. This analysis is clearly illustrated in the health regions coverage map (Map 2).

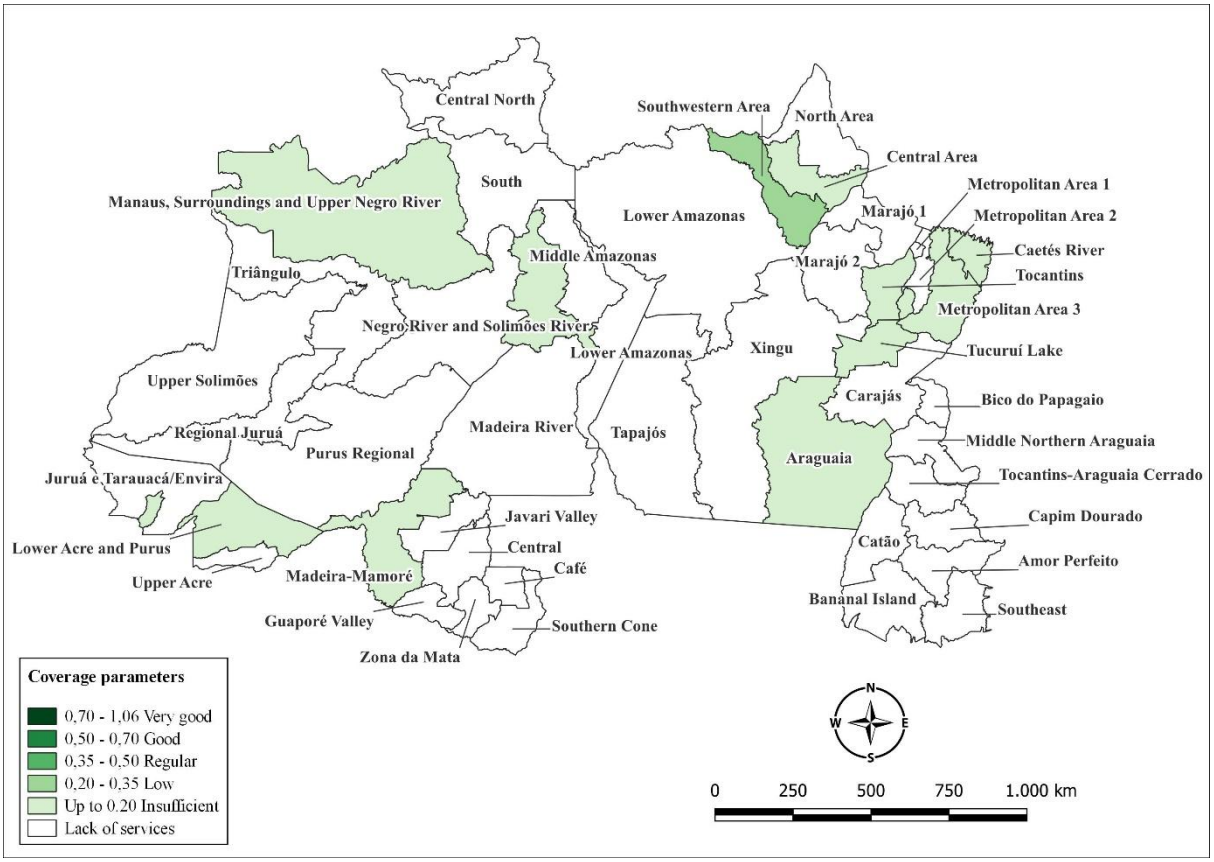
Map 1. CREAS Coverage per 100,000 inhabitants



Source: Developed by the authors.

In evaluating the regions with the lowest coverage rates, Middle North Araguaia in Tocantins (TO) stands out with a rate of 0.06, deemed insufficient, and Guaporé Valley in Rondônia (RO) is characterized by a lack of services. These figures underscore these areas' vulnerability regarding access to health services. Conversely, among the 45 health regions analyzed, the Southern region in Roraima (RR) stands out with a coverage rate of 1.06, which is considered very good. This disparity among regions highlights the urgent need for targeted interventions to strengthen the protection network and ensure that all areas, particularly the most affected, receive the necessary resources and support. The analysis of regional coverage is clearly illustrated in Map 2, which facilitates visualizing these disparities.

Map 3. CAPSi Coverage per 100,000 inhabitants



Fonte: elaborados pelos autores.

Regarding CAPSi coverage rates, of the 45 health regions assessed, only 9 show any coverage. Among these, the Southwest Area in Amapá reaches a regular coverage rate of 0.32. The remaining regions show insufficient coverage rates, such as Madeira-Mamoré at 0.10 in Rondônia; Purus at 0.12 in Acre; Manaus, Surroundings, and Alto Negro River with only 0.05 in Amazonas; Araguaia at 0.12; Tucuruí Lake at 0.15; Metropolitan Area 3 at 0.07; and Tocantins at 0.10, all located in Pará. The Central Area in Amapá, with a rate of 0.12, is also considered insufficient. The other 36 regions face a complete lack of services, reinforcing the severity of the infrastructure gaps for child mental health care. This analysis is effectively illustrated in Map 3, highlighting the coverage gaps across health regions.

Table 3 presents the frequency and proportion of professionals assigned to CREAS and CAPSi facilities in the Northern Region. We categorized professionals based on their qualifications and distribution across the states, considering, for CREAS, the municipality size as a fundamental factor in planning service capacity and defining teams according to NOB-RH/SUAS guidelines[19]. For CAPSi, we follow Ordinance 336/2002[22], which mandates a diverse professional profile according to service type, specifying the types and minimum numbers of professionals required to form multidisciplinary teams. These criteria ensure that the team composition meets the specific needs of children and adolescents in both social assistance and mental health services.

Considering the 289 (100%) active facilities in the Northern Region (Table 1), we observed that, overall, teams across facilities share similar characteristics among higher-level professionals, such as administrators, social workers, and psychologists. The variation in team composition reflects the distinct responsibilities of each type of facility: CREAS offers basic SUAS protection services, while CAPSi provides specialized mental health services within RAPS. Notably, a significant discrepancy exists in the total number of professionals per facility type, with 2,540 (100%) professionals assigned to 278 CREAS

facilities and 259 (100%) professionals allocated to 11 CAPSi facilities (Table 3). This disparity highlights social and mental health infrastructure and services gaps, underscoring the need for a more balanced and expanded resource distribution.

Among the higher-level professionals across all states, social workers are the most prevalent in CREAS, with 562 (22.1%) covering all facilities and distributed across all states, followed by psychologists at 373 (14.7%) and lawyers at 131 (5.2%). This coverage meets the minimum staffing requirements outlined in NOB-RH/SUAS[19] for Small and Medium-Sized CREAS facilities[25]. For other higher-level professionals, the total was 413 (16.3%), present in all states, though not sufficient in absolute numbers to qualify as higher than Level I and II as defined by NOB-RH/SUAS[25]. Among the total staff, mid-level professionals stood out with a frequency and proportion of 807 (31.8%) distributed across all states. The state of Pará emerges as having the largest number of social assistance facilities and the highest number of qualified professionals (Table 3).

Considering the 11 CAPSi facilities located in only 5 of the Northern Region's states, we accounted for 259 (100%) professionals. Among the higher-level professionals, the most prevalent are psychologists, with 31 (12.0%), followed by social workers with 19 (7.3%), pediatricians with 14 (5.4%), and general practitioners with 8 (3.1%). Mid-level professionals are the most numerous among CAPSi staff, totaling 39 (15.1%). This workforce composition indicates that facilities are not aligned with the minimum staffing levels established by Ordinance 336/2002[24]. The insufficient number of professionals and their uneven distribution compromise the ability to provide specialized services, particularly in the mental health care of children and adolescents.

Table 3. Distribution of professionals in government institutions in the Northern Region of Brazil

Facilities/ Professionals	**RO**	**AC**	**AM**	**PA**	**RR**	**AP**	**TO**	**TOTAL**
	n (%)	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**
CREAS	**215 (8.5)**	**126 (5.0)**	**449 (17.7)**	**1300 (51.2)**	**147 (5.8)**	**99 (3.9)**	**204 (8.0)**	**2540 (100)**
Lawyer	11 (0.43)	1 (0.04)	27 (1.1)	74 (2.9)	2 (0.1)	4 (0.2)	12 (0.5)	131 (5.2)
Social worker	48 (1.88)	32 (1.3)	103 (4.1)	283 (11.1)	31 (1.2)	17 (0.7)	48 (1.9)	562 (22.1)
Psychologist	41 (1.61)	19 (0.7)	66 (2.6)	174 (6.9)	26 (1.0)	19 (0.7)	28 (1.1)	373 (14.7)
Other	48 (1.9)	26 (1.0)	41 (1.6)	205 (8.1)	41 (1.6)	23 (0.9)	31 (1.2)	413 (16.3)
Secondary education	52 (2.05)	37 (1.5)	169 (67)	418 (16.5)	40 (1.6)	26 (1.0)	65 (2.0)	807 (31.8)
Primary education	17 (0.67)	11 (0.4)	43 (1.7)	143 (5.3)	7 (0.3)	9 (0.4)	20 (0.8)	250 (9.8)
CAPSi	**26 (10.0)**	**2 (0.8)**	**68 (63)**	**105 (40.5)**		**58 (22.4)**		**259 (100.0)**
Social worker	2 (0.8)	1 (0.4)	2 (0.8)	8 (3.1)		6 (2.3)		19 (7.3)
General Practitioner	1 (0.4)		1 (0.4)	2 (0.8)		4 (1.5)		8 (3.1)
Pediatrician			5 (1.9)	2 (0.8)				7 (2.7)
Psychiatrist	3 (1.2)		4 (1.5)	5 (1.9)		2 (0.8)		14 (5.4)
Psychologist	5 (1.9)		3 (1.2)	12 (4.6)		11 (4.2)		31 (12.0)
Other	6 (2.3)	1 (0.4)	21 (8.1)	42 (16.2)		27 (10.4)		97 (37.5)
Secondary education	5 (1.9)		31 (12)	29 (11.2)		8 (3.1)		73 (28.2)
Primary education	4 (1.5)		1 (0.4)	5 (1.9)				10 (3.9)

Source: SUAS Census 2021 and CNES, January 2023. "Other" - Higher-level professionals in fields not listed in the table.

Out of the 2,540 (100%) professionals working in CREAS, more than half are located in the state of Pará, with 1,300 (51.2%). Similarly, of the total 259 (100%) CAPSi professionals, 105 (40.5%) are also in Pará. This concentration of professionals in a single state indicates non-compliance with the distribution guidelines outlined by NOB-RH/SUAS29 for CREAS and Ordinance 336/200222 for CAPSi. Both regulations recommend a more equitable distribution of professionals to ensure all regions have support teams to meet social protection and mental health demands. This imbalance exacerbates the vulnerability of populations in underserved areas, where a lack of services persists, making it urgent to redistribute human resources and adjust team compositions to achieve more equitable and effective coverage.

DISCUSSION

The results indicate that the Northern Region has lower-than-expected coverage of CREAS and CAPSi facilities per state and health region, despite these services being critical for preventing and addressing cases of sexual violence against children and adolescents[20]. As shown in Table 1, CREAS coverage rates across the Northern Region are generally low, except in Roraima, which demonstrates regular coverage. For CAPSi, coverage is insufficient in all areas, with a lack of services identified specifically in Roraima and Tocantins.

From a territorial and demographic perspective, PNAS/2004[26] and Consolidation Ordinance No. 3/GM/MS, dated September 28, 2017[22], aim to address diverse population needs by organizing services according to regional population metrics. Table 2 presents coverage rates of facilities across the 45 health regions in Northern Brazil. Regarding CREAS, 4 regions exhibit very good coverage, while only 10 health regions for CAPSi demonstrate insufficient coverage. These findings suggest that CREAS and CAPSi implementation is not mandated in health regions with populations between 20,000 and 70,000, reflecting a misalignment with the guidelines of PNAS/2004[26] and Consolidation Ordinance No. 3/GM/MS[22]. This situation complicates or even obstructs the availability of these services, potentially perpetuating sexual violence against children and adolescents.

For a critical analysis of service availability, Map 2 illustrates CREAS coverage per 20,000 inhabitants in 2021, revealing 4 (9%) regions with very good coverage, 7 (16%) with good, 11 (24%) with regular, 15 (33%) with low, 7 (16%) with insufficient, and 1 (2%) with a lack of services. This level of coverage fails to meet the standards outlined in the CREAS Technical Guidelines[23] in alignment with PNAS/2004[25]. These findings reflect underinvestment and the degradation of CREAS facilities under recent administrations, which have exacerbated problems within the rights assurance system, limiting access to services for those in need[27].

Map 3 illustrates CAPSi coverage per 70,000 inhabitants in 2021, showing 1 (2%) with low, 9 (20%) with insufficient, and 35 (78%) with a lack of services. This finding reflects a severe violation of children's rights in the North, where geographic remoteness, weak social policies, and insufficient rights protection mechanisms contribute to the invisibility of ongoing violations, leading to public neglect[12].

Consolidation Ordinance No. 3/GM/MS, dated September 28, 2017[20], mandates that all CAPS facilities serve individuals of all age groups, including children and adolescents. However, this study did not specifically assess whether CAPS facilities currently meet this requirement, thus focusing only on the existing lack of services based on the diagnostic matrix for CAPSi within the psychosocial care network as stipulated by Consolidation Ordinance No. 3/GM/MS[22]. Findings from this study indicate that lack of

services has persisted across recent administrations, resulting in inadequate mental health support for the youth population in the Northern Region.

Table 3 displays the number and percentage of professionals in Northern Brazil's CREAS and CAPSi facilities. CREAS teams predominantly comprise social workers, totaling 562 professionals (22.1%). The next largest group is mid-level professionals, with 807 individuals (31.8%), followed by psychologists, totaling 373 (14.7%). According to NOB-RH/SUAS[25], CREAS teams must be multidisciplinary, including professionals from social work, psychology, law, and other fields, to provide comprehensive protection and support for children and adolescents. Therefore, the predominance of social workers in CREAS may indicate a shortage of other critical roles, such as psychologists, whose involvement is essential in supporting sexual violence victims[22].

Within CAPSi, mental health professionals form the majority, with 73 mid-level professionals (28.2%), followed by psychologists with 31 (12.0%), psychiatrists with 14 (5.4%), general practitioners with 8 (3.1%), and pediatricians with 7 (2.7%). This workforce composition suggests a predominance of mental health professionals, potentially indicating a need for more investment in other fields, such as social assistance and general medical care[22]. The integrated participation of these professionals is essential for providing comprehensive and effective support to children and adolescents facing sexual violence[28].

The data in Table 3 highlight an uneven distribution of professionals across Northern Brazil's CREAS and CAPSi facilities, which could directly affect the quality of services provided to child and adolescent victims of sexual violence. These facilities face unique challenges related to regional characteristics and the presence of Indigenous and riverine populations. To ensure effective protection and promotion of children's and adolescents' rights in this region, the support provided must consider complex socioeconomic conditions, as well as social, cultural, and family diversity. Alongside the social vulnerabilities present in the Northern Region, these conditions underscore the urgent need to strengthen protection networks so they can effectively respond to the needs of these vulnerable populations[12].

The practical implications of this study point to a pressing need for investment in infrastructure and human resources to expand CREAS and CAPSi coverage in the Northern Region. The lack of adequate coverage by these institutions directly affects the ability to assist sexual violence victims, limiting the availability of psychosocial support and legal referrals for these children and adolescents. Therefore, public policies focused on expanding and strengthening these networks through professional training and appropriate resource allocation are essential to ensure comprehensive and effective support. Additionally, adopting regionalization strategies tailored to the geographic and cultural characteristics of the Northern Region could help overcome access challenges and enhance the availability of specialized services.

CONCLUSION

The lack of investment in protective facilities and services for children and adolescents can be seen as a form of negligence and public disregard toward sexual violence. Insufficient public policy funding disproportionately affects the most vulnerable populations, who often lack access to quality services or are unable to report violence due to fear of retaliation or lack of information. This situation can hinder interventions in cases of child sexual violence in socially vulnerable communities, creating an environment that perpetuates the cycle of violence.

A lack of resources can lead to workload overload and diminished quality of services, making it challenging to provide adequate support and follow-up for cases of sexual violence. The absence of CREAS and CAPSi facilities can also contribute to the excessive judicialization of cases, where prioritizing evidence collection for legal action may compromise the protection and rights of the children and adolescents involved.

Regional factors are essential to consider in CREAS and CAPSi operations, as Brazil's Northern Region encompasses a vast territory with rich cultural and geographic diversity, which can complicate service provision and access. It is crucial for facilities to adapt to each region's unique characteristics, ensuring a multidisciplinary, well-trained team capable of meeting local needs.

For children and adolescents affected by sexual violence, CREAS's role must be responsive to the specific needs of riverine and Indigenous populations. This action includes respecting the culture and values of these communities, offering services in their native languages, ensuring confidentiality and privacy of information, and employing appropriate methodologies for specialized listening.

Investment in these centers' infrastructure and training the professionals involved is critical to providing appropriate, effective support for this vulnerable population. A lack of investment in infrastructure and professional training may lead to a deterioration of these centers, negatively influencing service provision for sexual violence victims and hindering efforts to prevent such violence.

Thus, the roles of CREAS and CAPSi in the Northern Region must be strengthened to meet the specific needs of riverine and Indigenous populations, considering regional factors and supporting a multidisciplinary, skilled team equipped to address local challenges. Ensuring access to services that are sensitive to and respectful of the cultural uniqueness of these communities is essential.

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