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EPIDEMIOLOGICAL PROFILE OF NOTIFICATIONS OF ALL FORMS OF VIOLENCE

PERFIL EPIDEMIOLÓGICO DE NOTIFICAÇÕES DE TODAS AS FORMAS DE VIOLÊNCIA

PERFIL EPIDEMIOLÓGICO DE NOTIFICACIONES DE TODAS LAS FORMAS DE VIOLENCIA

Elânia Assis Rocha[1], Juliana Moreira Guimarães[2], Ludmila Grego Maia[3], Cácia Régia de Paula[4], Giulena Rosa Leite[5]

ABSTRACT

Objective: to characterize violence notifications carried out from January 2010 to July 2012. ***Method:*** transversal quantitative study in which 1,764 notifications were analysed from violence for electronic access to the database of SINAN. The research project was approved by the Ethic Committee in Research, Protocol 219/11. ***Results:*** most of the victims were between 20 to 29 years old (22.6%) were male (53.8%), brown color (51.8%) less than 8 years of study (32%) and singles (48.3%). The violence occurred mainly in residences (43.5%), with physical violence (70%). The assailant, unknown of the victim (24%) and male (63.5%). ***Conclusion:*** the analysis was able to produce useful information to managers of the health sector in order to promote joint action between the bodies responsible for the management, organization, planning and prevention of violence. ***Descriptors:*** Violence; Epidemiological Profile; Notification.

RESUMO

Objetivo: caracterizar as notificações de violência realizadas de janeiro de 2010 a julho de 2012. ***Método:*** estudo quantitativo transversal no qual foram analisadas 1.764 notificações de violência por acesso eletrônico ao banco de dados do SINAN. O projeto de pesquisa teve aprovação no Comitê de Ética em Pesquisa, Protocolo 219/11. ***Resultados:*** a maioria das vítimas se encontrava na faixa etária de 20 a 29 anos (22,6%), sexo masculino (53,8%), cor parda (51,8%), menos de 8 anos de estudo (32%), solteiros (48,3%). Os casos de violência ocorreram principalmente em residências (43,5%), com violência física (70%). O agressor, desconhecido da vítima (24%) e do sexo masculino (63,5%). ***Conclusão:*** a análise foi capaz de produzir informações úteis às esferas gestoras do setor saúde a fim de promover uma ação conjunta entre os órgãos responsáveis pelo manejo, organização, planejamento e ações de prevenção da violência. ***Descritores:*** Violência; Perfil Epidemiológico; Notificação.

RESUMEN

Objetivo: caracterizar las notificaciones de violencia realizadas de enero de 2010 a julio de 2012. ***Método:*** estudio cuantitativo transversal en el qual fueron analizadas 1.764 notificaciones de violencia por acceso electrónico al banco de datos de SINAN. El proyecto de investigación fue aprovado en el Comité de Ética en Investigación, Protocolo 219/11. ***Resultados:*** la mayoría de las víctimas se encontraba en la faja etária de 20 a 29 años (22,6%), sexo masculino (53,8%), color parda (51,8%), menos de 8 años de estudio (32%), solteros (48,3%). Los casos de violencia ocurrieron principalmente en residencias (43,5%), con violencia física (70%). El agresor, desconocido de la víctima (24%) y del sexo masculino (63,5%). ***Conclusión:*** el análisis fue capaz de producir informaciones útiles a las esferas gestoras del sector salud a fin de promover una acción conjunta entre los órganos responsables por el manejo, organización, planeamiento y acciones de prevención de la violencia. ***Descriptores:*** Violencia; Perfil Epidemiológico; Notificación.

[1]Nurse. Graduated by the Federal University of Goiás - Campus Jataí/UFGO. Jataí (GO), Brazil. E-mails: rocha.elania@hotmail.com; [2]Nurse. Graduated by the Federal University of Goiás - Campus Jataí/UFGO. Jataí (GO), Brazil. E-mail: julianadcguimaraes@hotmail.com; [3]Specialist Nurse, Professor of the Federal University of Goiás - Campus Jataí/UFGO. Master degree student in Nursing, Federal University of Goiás/UFGO. Goiana (GO), Brazil. E-mail: lgregomaia@yahoo.com.br; [4]Nurse, Master degree in Collective Health, Cordinator of the do Epidemiological Surveillance Service. Jataí (GO), Brazil. E-mail: caciaregiacrt@hotmail.com; [5]Nurse, Master degree Professor in Nursing, PhD student in Health Science, Federal University of Goiás/UFGO. Goiana (GO), Brazil. E-mail: giulenar@gmail.com

INTRODUCTION

In Brazil, as well as in various countries of the world, violence is a serious public health problem being one of the main causes of morbidity and mortality.[1] Because it is a historical partner phenomenon, strongly affecting health, causing injury and physical trauma, mental, emotional and spiritual aggravations and even deaths; decreasing the quality of people's and collective lives; putting new problems for the preventive-medical or curative care; highlighting the need for multidisciplinary care.[2-4]

The World Health Organization (WHO) defines violence as the intentional use of physical force or power, against itself, another person, or against a group or community that results or have high probability of resulting in injury, death, psychological harm, development disabilities or deprivation.[5] In Resolution 49.25 of 1996, of the World Health Assembly (WHA), the violence started to be considered a public health problem.

Given that the WHO has developed a typology of violence and the links between them; specified in three categories: self-inflicted violence, interpersonal violence and collective violence. Self-inflicted violence is the one self-harm and involving the suicidal behavior and the self-injuries. The interpersonal violence is the violence in the family and the intimate partner, but not exclusively at home. Collective violence occurs between individuals not necessarily related to each other in order to achieve a certain goal by the agressor or agressors, including crimes charged with hate, practiced by organized groups, terrorist acts among others.[6]

This phenomenon has multiple causes, complex and correlated with social and economic determinants (unemployment, low educational level, income concentration, social exclusion, among others), as well as aspects related to behaviors and culture, being responsible for an entire architecture of cities, transformation of habits and social behaviour. In the past, the violence was observed mainly in the capital cities and large cities. Today, changes in its dynamics are reflected in its internalization, reproducing inside the country the urban violence previously known only in big cities [7]

In Brazil, the notification in the Information System of Notification of Diseases (SINAN) became mandatory in 2006, in order to identify and meet the magnitude and seriousness of the violence met in emergency units and and health services. It is continuous monitoring, carried out by notification and investigation of various types of violence. It is compulsory in situations involving children, adolescents, women and the elderly as determined by Laws 8,069 of 1990 (Statute of the Child and Adolescent)[8], paragraph 10,741 of 2003 (Statute of the Elderly) and 10,778 of 2003 (Notification of Violence against Women).[9]

In Goiás/GO, data on the characteristics of violated individuals are scarce, as well as of the specific situations of violence in the State. We propose, therefore, to conduct a study to characterize the violence in the municipality of Jataí, southwest of Goiás, using data from the notifications in SINAN from January 2010 to July 2012, period of implementation of the system of notification of violence and training of teams actions for the notification.

We believe that the results of this study could be an instrument of reflection, providing theoretical and practical discussions for resolving problems, in addition to contributing to the work of professionals who work in health promotion, assistance and rehabilitation, since it shows an overview of the situation of violence in the city; in addition to sensitize the community to the related issues.

OBJECTIVES

- To characterize violence notifications carried out from January 2010 to July 2012.
- To meet the profile of the victims and aggresion author.

METHOD

Analytic observational study, carried out in the municipality of Jataí, Southwest Regional Headquarters II of the State of Goiás, at 327 km from the State capital. It has an estimated population of 88,006 inhabitants[10], as well as a pre-hospital care services (PHC), the Fire Department and the Emergency Mobile Service (SAMU), whose victims are assisted in the Emergency Unit of the Municipal Health Centre Dr. Serafim de Carvalho, who also performs attendances to other nine municipalities.

There is a Local Committee to Combat Violence and Promotion of a Culture of Peace in Jataí, which aims to cope the problems of violence with several public sectors, establish partnerships and encourage those notifications to the municipal level, especially of health professionals.

The Municipal Health Centre is an institution of the network of the own services

accredited by SUS, where most of the notifications of violence cases of the municipality are held in virtue of the service of urgencies and emergencies. It is performed by a professional nursing staff of the hospital linked to Epidemiological Surveillance. In the Basic Care Units, there are also violence notifications by a health professional, as well as in the Child Protective Service, Women Police Station and Elderly Council. The records are delivered weekly to the service center for Epidemiological Surveillance, where the data information to SINAN and follow-up of the case are performed until the end of the treatment, if necessary.

The source of data collection was the municipal base SINAN, from Records of Notification of Domestic Violence, Sexual and/or Other Violence of SINAN. This record has 71 items, being: general data, individual notification, residence of the victim, data of the assisted person, the occurrence, typology of violence, sexual violence, consequences of violence, injury, the probable author of aggression data, evolution and movement, more complementary information and observations, and notifier registry.

The data collected are stored using the Microsoft Office Excel 2007 and analyzed later.

1,764 notifications were analysed from January 2010 to July 2012. The data have been consolidated in the form of worksheets and tables, analyzed in the form of absolute numbrer and percentages, according to the variables: age, gender, race, color, education, place of occurrence, classification of violence (self-harm injury, violence, means of aggression), sexual violence (sexual violence type and penetration, procedure performed and consequences of the occurrence) and characteristics of the probable aggressor (link with the victim, gender).

In relation to ethical aspects, the research used secondary data, without risk to the population of the study or nominal identification of subject. Data access was authorized by the Municipal Secretary of Health. The Guidelines and Regulatory Standards for the Research involving Human Beings, established by Resolution 196/96 of the National Health Council/CNS. The project was evaluated and approved by the Ethics Committee in Research of the Federal University of Goiás under the protocol 219/11.

RESULTS

In the period studied were notified 1,764 cases of violence, being that the year of 2010 presented the largest number of cases (46%) of 809, there was a significant decrease in the year 2011 which featured 454 notifications (26%), and until July 2012 registered 501 cases (28 percent).

Socio-demographic Characteristics

Table 1 presents the socio-demographic characteristics of violence victims. Of the total, 399 (22.6%) individuals were 20 to 29 years old, 948 (54.8%) were male, 913 (51.8%), and brown color, 913 (51.8%), 562 (32%) possessed of 5th to 8th grades incomplete of elementary school and 852 (48.3%) said to be single.

Table 1. Demographic characteristics of violence victims reported during the period from January 2010 to July 2012, Jataí, Goiás.

Variables	n	%
Age Group		
Less than 1 year old	37	2.1
1 to 4 year old	91	5.2
5 to 9 year old	131	7.4
10 to 14 year old	163	9.2
15 to 19 year old	229	13.0
20 to 29 year old	399	22.6
30 to 39 year old	323	18.3
40 to 49 year old	169	9.6
50 to 59 year old	95	5.4
60 to 69 year old	47	2.7
70 to 79 year old	44	2.5
80 years old and more	36	2.0
Total	1.764	100
Gender		
Male	948	53.8
Female	816	46.2
Total	1.764	100
Race/Color		
Brown	913	51.8
White	654	37
Black	132	7.5
Yellow	48	2.7
Ignored/White	15	0.9
Indigenous	02	0.1
Total	1764	100
Education		
5th to 8th grade incomplete of ES	562	32.0
1th a 4th grade of ES	286	16.2
High School complete	200	11.3
High School incomplete	183	10.4
Not applying	164	9.3
Ignored/White	82	4.6
4th grade complete of ES	71	4.0
Illiterate	65	3.7
Elementary School complete	58	3.2
Higher Education incomplete	52	3.0
Higher Education complete	41	2.3
Total	1764	100

Source: Sinan Net (2012)

♦ Ocurrence location

Table 2 describes the locations of occurrence of cases of violence. According to the notifications, the cases occurred mostly at home with 766 (43.5%) of cases, followed by 688 (39%) in the public highway.

Table 2. Place of occurrence of violence cases reported during the period from January 2010 to July 2012, Jataí, Goiás.

Variables	n	%
Ocurrence Location		
At home	766	43.5
Public highway	688	39.0
Other	140	8.0
Bar or similar	64	3.5
School	41	2.3
Market/ Services	35	2.0
Sport Practice Location	13	0.8
Industry/ Construction	09	0.5
Collective room	08	0.4
Total	1764	100

Source: Sinan NET (2012)

♦ Violence classification

Table 3 presents reported violence classification, with 264 (15%) were self injury caused, 1,604 (70%) cases of physical violence, 431 (39.3%) with use of body strength/beating and 245 (22.4%) cases by use of cutting object.

Table 3. Characterization of cases of violence reported during the period from January 2010 to July 2012, Jataí, Goiás.

Variables	n	%
Self injury		
No	1.493	84.6
Yes	264	15.0
Ignored	07	0.4
Total	1.764	100
Violence Type		
Physical	1.604	70.0
Negligence/Abandonment	263	11.3
Psychologic/Moral	253	11
Sexual	129	5.0
Torture	48	2.0
Finance/Economic	12	0.5
Child labour	04	0.2
Legal Intervention	01	0
Human beings Traffic	0	0
Total	2.314	100
Mean of Agression		
Body stregth/beating	431	39.3
Cutting object	245	22.4
Threat	167	15.3
Poisoning	83	7.6
Bruising Object	78	7.1
Fire gun	49	4.5
Hanging	26	2.4
Substance/Hot Object	15	1.4
Total	1.094	100

Source: Sinan NET (2012)

♦ Sexual violence

Table 3.1.1 describes the characterization of sexual violence. The predominant type of violence was the rape with 68 notifications (52.7%). The procedures performed after the notifications, there were 12 (19.3%) prophylaxis for HIV and 12 (19.3%) vaginal secretion samples, followed by 11 (17.8%) prophylaxis for STD and 11 (17.8%) for blood collections.

Table 3.1.1. Characterization of Sexual violence reported during the period from January 2010 to July 2012, Jataí, Goiás.

Variables	n	%
Ocurrence Consequences		
Behavioral disorder	218	41.0
Suicide attempt	191	36.0
Post-traumatic stress	78	14.6
Mental disorder	40	7.5
Pregnancy	05	1.0
Abortion	0	0
STD	0	0
Total	532	100

Source: Sinan NET (2012)

♦ Ocurrence consequences

Table 4 presents the consequences of reported occurrences of any of the types of violence inflicted. As consequences of violence, behavioral disorder appears with more frequency, being observed in 218 cases (41%), followed by 191 cases of suicide attempts (36%).

Table 4. Consequences of the violence of the reported cases in the period from January 2010 to July 2012, Jataí, Goiás.

Variables	n	%
Type of Sexual violence		
Rape	68	52.7
Sexual assault	46	35.7
Indecent exposure	12	9.3
Sexual exploitation	03	2.3
Child pornography	0	0
Total	129	100
Procedure Performed		
Profilaxia HIV	12	19.3
Vaginal secretion collection	12	19.3
Prophylaxia STD	11	17.8
Blood collection	11	17.8
Emergency contraception	09	14.5
Hepatitis B Prophylaxis	03	5.0
Semen collection	02	3.2
Abortion set out in law	02	3.2
Total	62	48.06

♦ Características do provável Agressor

Characterizing the aggresor, table 5 shows that in 468 (24%) cases, there was no link of the probable aggressor with the victim, followed by 445 (23%) cases caused by the own person, being predominantly male 1,121 (63.5%).

Table 5. Characterization of the agressor in reported cases during the period from January 2010 to July 2012, Jataí, Goiás.

Variable	n	%
Link with the victim		
Unknown	468	24.0
Own person	445	23.0
Friends/known people	217	11.1
Mother	212	11.0
Father	195	10.0
Partner	125	6.4
Son/daughter	62	3.2
Brother/sister	56	3.0
Ex-partner	45	2.3
Step father	38	2.0
BoyfriendQgirlfriend	21	1.1
Carer	15	0.8
PoliceQ Law Agent	14	0.7
Person with institutional relation	13	0.6
Ex-boyfriend/girlfriend	08	0.4
Step mother	07	0.3
Boss	02	0.1
Total	1.943	100
Gender of probable agressor		
Male	1.121	63.5
Female	355	20.1
Both gender individuals	158	9.0
Ignored/White	130	7.4
Total	1.764	100

DISCUSSION

Notifications of violence are of fundamental importance to Epidemiological Surveillance in Health, because they can scale the real situation of violence as a guarantee of rights, preserving the health and life and of articulation and integration with the network of social protection and of integral care to health, following the line on health care.[9]

In the municipality of Jataí, analyzed notifications from January 2010 showed that the age of higher occurrence of victims was 20 to 29 years old (22.6%), followed by the age group from 30 to 39 years old (18.3%), corresponding to population economically and socially active. In a study that aimed to describe the characteristics of cases of violence reported by Brazil's emergency public services in 2006, in 65 Emergency Units accredited by SUS distributed in 34 municipalities and the Federal District, obtained similar results, showing that the highest proportions of assistance of violence were observed in the age group of 20 to 29 years old (35.1%) and 30 to 39 years old (21.5%).[11]

We can observe that the extremes of age present similar values, being 37 cases under the age of one year old (2.1%) and more than eighty years with 36 (2.0%) cases, which coincides with a study[12] performed with notification of violence throughout the national territory during the year of 2012 via database from SINAN which examined violence against children notifications of 0-9 years old and found similar values among children under 1 year old with 1,797 cases (2.4%) of a total of 73,794. This same study also demonstrated a significant number of violences in the elderly, with 3,615 cases (4.9%). In the municipality of Jataí, notifications of violence against children and the elderly, are also carried out by Child Protective Services (children and adolescents) and the Council of Elderly, suspicion or confirmation of any act of violence related to this population by councillors is forwarded to the competent authorities for registration and appropriate measures.

In relation to the gender of the victim of violence, there are male predominance, coinciding with a study[11], where 3,535 (72.8%) of people assisted in emergencies by violence, were male and 1,319 (27.2%) female, which can be justified for socio-cultural patterns crystallized in the notion of gender.[13] In this same study, 52.9% victims or were classified in the race/color Brown, then whites with 26.2%; similar to the present study where the color Brown represents 51.8% followed by the white color with 37%.

Compared to the cited study[11], most victims had 5 to 8 years of studies in elementary school (41.3%) and only 1.2% with 12 years or more of study. In the municipality of Jataí, notified cases showed that the victims attended or were attending the 5th to 8th grades incomplete elementary school (ES),

and according to the table 1 there is a smaller number of cases of violence when in higher education (HE), being ES incomplete with 2.7% and ES complete of 1.8%. The low educational level in our society is almost always associated with precarious socioeconomic condition, which ultimately reduce the chances of employment or the offer has low remuneration, therefore, reducing the self-esteem and increasing anxiety, stress level and other harms to mental health of the individual, damaging interpersonal relations[14]. Currently, the years of study of elementary school are counted from 1st to 9th grade, however, the notification form from SINAN still presents 1st to 8th grades.

In most of the cases occurred at home (43.5%), followed by the public highway (39%). Corroborating with this result, a study[15] aimed to describe characteristics of the implementation process of violence notification in the State of São Paulo and of notifications recorded in the System VIVA in 2009, where 14,021 notifications from 308 municipalities and 623 units notifiers were analyzed, it was found that the residence was the most frequent location of occurrence of these events (69.6%) and the public, which includes streets, roads and squares, occupied the second position with 17.1% of the total.

The self-harm occurred in 15% of all notifications. The expression serlf-harm are actions related to the introduction of elements outside the logic of sick based on biomedical knowledge and, accordingly, causing situations, that "naturally" might not need hospital medical care.[16] Despite being a relatively small number, it becomes essential to the prevention and awareness of community that often ignore signs of depression in the individual. To provide care programs in health services with a multiprofessional team can contribute to actions that aim to assist their physical, psychic, social and emotional needs, avoiding the occurrence of self-aggressions.

Regarding the classification of violence, there is a large number of physical violence (70%), which was also found in a study in Penápolis,[17] in São Paulo interior, in the period 2008-2010, which had as objective to describe the profile of non-fatal cases of interpersonal violence met in an urgent and emergency unit. The data were obtained from the notifications from SINAN and a total of 109 cases studied, physical violence was the primary form of aggression (93.6%). In table 3, we found differences in aggregation of types of violence suffered, where the absolute value (n) is greater than the total of 1,764 notifications during the study period, which demonstrates that the same victim suffered more than one kind of violence.

In the present study, the means of aggression prevalent was the body strength/beating, followed by the use of pérfuro-cutting object, similar to a estudo11 where the body strength/beating occurred in 55.5% of cases, also followed the use of cutting object with 28.1% of cases of violence.

In relation to the type of sexual violence, in greater numbers were the cases of rape and in most cases of sexual violence occurred vaginal penetration, similar to a study[18] that evaluated the characteristics of sexual violence suffered by women in the municipality of Sorocaba (SP), where it was found that vaginal penetration occurred in 39.8% of cases of sexual violence.

Although it is a relatively small number when compared to other types of violence, sexual violence was important, by the fact that of the total number of cases of sexual violence, in 76 (59%) cases occurred some kind of penetration, however, of these, only in 62 cases was conducted some type of procedure post-exposure.

The Ministry of Health (MH) in their Technical Standard, Prevention and Treatment of Injuries Resulting from Sexual Violence Against Women and Adolescents[19], recommends that the healthcare professional should evaluate the occurrence, performing the clinical exam and analyzing the data on the possible aggressor, performing quick test in this first assistance and serological monitoring. Prophylaxis for HIV (Human immunodeficiency virus) in cases where vaginal or anal penetration occurred within the first 72 hours in which the victim seek the health service, and in the case of oral penetration, under the decision of the victim; the collection of blood and vaginal content should be held immediately to check presence of STD (sexually transmitted diseases), HIV, hepatitis and other, not retarding, however the onset of prophylaxis.

Prophylaxis for STDs should have immediate assistance and until two weeks after the sexual violence; prophylaxis of hepatitis B is recommended in cases where there is contact with semen, blood or other bodily fluids of the aggressor, based on complementary exams. When possible, the semen collection must be done in sterile swab for analysis. Emergency contraception should be prescribed to all women victims of violence who have had contact with semen for vaginal penetration, with single dose and only in cases in which it is confirmed the absence of

pregnancy; abortion is provided by law and can be held until less than 22 weeks of gestational age.[19]

It is observed in the present study, the procedures recommended by the MH to the cases of sexual violence were not realized in its entirety, this disturbing fact because maintains the health of the individual vulnerable. Given the multiple consequences of sexual violence, the victim assistance requires the participation of a multidisciplinary team and should not be limited to, since this type of violence has long-term consequences that need to be prevented and treated when they show up.

The consequences of the occurrence are those detected at the time of notification. Of the total of 1,764 cases, 532 (30.3%) presented a kind of consequence, with predominance of the behavioral disorder (41.0%), which include: alcohol and drug abuse, depression, anxiety, eating and sleeping disorders, feelings of shame and guilt, phobias and panic syndrome, physical inactivity, low self-esteem, suicidal behaviour and flogging, in addition to the insecure sexual behavior.[20] Cases of abortion as a consequence of occurrence, mean that the act of violence caused the abortion.

Characterizing the possible author of the aggression, there is predominance of strangers (24%), similar to a research[11] of evaluation of epidemiological profile of victims of violence, where the link with the possible aggressor with the victim in 35.8% of cases were unknown, besides, most of the aggressors were male (72%). This study corroborats with the profile found in Jataí in which the gender of the possible aggresssor is predominantly male. Studies differ from the profile found in this study related to the link of the aggressor with the victim, where the majority of the aggressors are spouses/intimate partners or relatives/known people of the victims.[15.17] On analysis of data concerning the link of the victim with the aggressor, it was found a total of 1,943 notifications, and the total number of notifications during the period studied was of 1,764, suggesting the presence of more than one aggressor in certain cases.

Health professionals, on the implementation of public policies, must build spaces of social transformation, developing actions that confer the interweaving of socio-cultural, psychological, behavioral, economic and relational aspects.[21]

CONCLUSION

The analysis of the profile of the notifications of violence here was elaborately capable of producing useful information for managing health sector spheres of the municipality of Jataí. Most of the victims were male, young adults, brown skin, singles and with low education, being the aggressor male and predominantly unknown to the victim. Most of the violence occurred at home, with physical violence by use of body strength/beating. The main form of sexual violence was the rape with vaginal penetration, and the procedures performed with the victim were not fully followed as recommended by the Ministry of Health.

From the moment the causes are better known, the type of aggressor and the types of violence more predominant, in addition to the analyses made and laminates of violence presented, it is believed that they are prone to a joint action between the responsible bodies and health professionals, by the management, organization, planning and prevention of violence. It is hoped the awareness of municipal managers in their areas of expertise so they can invest in schedules to behold in full assistance to victim of violence.

Brazilian law, although clear regarding the obligation to notify, it offers little guidance to professionals. For the notification the link between the health sector and the legal system are created, starting the formation of multidisciplinary and inter-institutional network performance while also allowing the epidemiologic dimensioning of violence.

We know that despite the commitment to carry out notifications of all cases of violence, there is still the underreporting; and if the number of cases found here is considered alarming, about two notifications to the day during the studied period, these numbers may be even higher.

It is necessary to invest in the preparation and guidance of the notifier regarding the importance of dictations and their data for conducting studies and actions aimed at the prevention, care and attention to health, without forgetting, however, that any action to overcome violence passes through an intersectoral articulation, interdisciplinary, multi-professional and civil society organizations and community that militate for rights and citizenship. Above all, we must act with a wide vision of the phenomenon in specific and local levels.

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Corresponding Address

Giulena Rosa Leite
Residencial Barcelona
Rua A, n. 181
CEP 75803-350 – Jataí (GO), Brazil