



VIOLENCE AGAINST WOMEN
VIOÊNCIA CONTRA A MULHER
VIOLENCIA CONTRA LA MUJER

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ABSTRACT

Objective: to analyze reports of violence against women. **Method:** quantitative, descriptive study, developed from secondary data from the Information System of Notifiable Diseases. **Results:** of the 401 reports of violence against women, 61% were against women between 25 and 59 years old, black or white (63%), single (29%), with less than nine years of schooling (39%) and who were financially dependent on another person; 46% of the aggressions occurred in the residence, being 99% for physical violence and 69% for body strength / beating, and the authors were men. **Conclusion:** there was an increase in the number of notifications, however, still insufficient to overcome the underreporting of occurrences of violence against women, the main reason for the invisibility of this phenomenon. **Descriptors:** Violence Against Women; Intimate Partner Violence; Sexual Violence; Domestic Violence; Notice; Violence.

RESUMO

Objetivo: analisar notificações de violência contra a mulher. **Método:** estudo quantitativo, descritivo, desenvolvido a partir de dados secundários provenientes do Sistema de Informação de Agravos de Notificação. **Resultados:** das 401 notificações de violência à mulher, 61% foram contra mulheres entre 25 e 59 anos, pardas ou pretas (63%), solteiras (29%), com menos de nove anos de escolaridade (39%) e que dependiam financeiramente de outra pessoa; 46% das agressões ocorreram na residência, sendo 99% por violência física e 69% por força corporal/espancamento, e os autores foram homens. **Conclusão:** constatou-se a ampliação do número de notificações, contudo, ainda insuficiente para superar as subnotificações de ocorrências de violência contra a mulher, motivo principal da invisibilidade desse fenômeno. **Descritores:** Violência Contra a Mulher; Violência por Parceiro Íntimo; Violência Sexual; Violência Doméstica; Notificação; Violência.

RESUMEN

Objetivo: analizar las notificaciones de violencia contra la mujer. **Método:** estudio cuantitativo, descriptivo, desarrollado a partir de datos secundarios provenientes del Sistema de Información de Agravios de Notificación. **Resultados:** de las 401 notificaciones de violencia a la mujer, 61% fueron contra mujeres entre 25 y 59 años, pardas o negras (63%), solteras (29%), con menos de nueve años de escolaridad (39%) y que dependían financieramente de otra persona, el 46% de las agresiones ocurrieron en la residencia, y el 99% por violencia física y el 69% por fuerza corporal / paliza, y los autores fueron hombres. **Conclusión:** se constató la ampliación del número de notificaciones, sin embargo, todavía insuficiente para superar las sub notificaciones de ocurrencias de violencia contra la mujer, motivo principal de la invisibilidad de este fenómeno. **Descritores:** Violencia Contra la Mujer; Violencia de Pareja; Violencia Sexual; Violencia Doméstica; Notificación, Violencia.

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INTRODUCTION

Violence against women is a serious public health problem and is identified as gender-based action or omission that causes death, injury, physical, sexual or psychological suffering and moral or property damage.¹⁻² Despite the achievements and advances after the Maria da Penha Law, the phenomenon is still far from controlled.

According to the Maria da Penha Law, violence against women includes physical sexual, psychological, patrimony and moral violence (when there is slander, defamation or injury)¹. In addition to trafficking in women, it is confined to sexual exploitation, commercial sexual exploitation, sexual harassment, bullying, private jail² and femicide.

Even considering the scenario in Brazil, where one in five women, regardless of age and level of education, reported having been beaten by their spouse, partner, boyfriend or former companions, domestic and family violence against women is a veiled phenomenon estimating that in every five battered women one has not taken any action before the event³, which refers to underreporting and makes it difficult to know the real dimension of the problem.

The care of women in situations of violence in the health services began to be of compulsory notification with Law 10.77 / 2003⁴. However, many health professionals are not yet effectively informed about the notification. Even if there is an obligation, there is no effective fulfillment.⁵

The research has its relevance by favoring the construction of the profile of battered women and their aggressors, indispensable elements for a critical analysis on the records of information related to violence against women.

OBJECTIVE

- To analyze notifications of violence against women.

METHOD

A quantitative, descriptive study, developed with secondary data from the Information System of Notifiable Diseases (ISND) with data collected on reports of interpersonal / self-violence violence against women attended at the University Hospital of the Federal University of the São Francisco Valley (UH/UNIVASF) in the city of Petrolina, Pernambuco, Brazil, selected for the research, since it is a unit of reference in emergency and emergency where the Violence and Accident Surveillance System (VASS) is implemented. It is a service regulated by a Central of Regulation of beds of interstate

character in a range of 53 municipalities of the States of Pernambuco and Bahia.

As a collection tool, a spreadsheet with questions, adapted from the report card of interpersonal / self-harm / ISND was elaborated, with the inclusion criteria being notification of suspected or confirmed situations of interpersonal / self-harm violence against women, carried out at UH / UNIVASF, in the period from 2012 to 2016.

The reports of interpersonal / self-violence violence were excluded, whose victims were not women and those who were not notified by the University Hospital / UNIVASF. Considering that the notification flow comprises the initial completion of the report card of interpersonal / self-violence violence standardized by the Ministry of Health and its subsequent storage in the ISND database of the municipality, the data collection followed a dynamic consisting initially of direct search of the information of said database and later comparison with the contents of the redemption information sheets.

A total of 772 reports of interpersonal / self-reported violence against women were cataloged and eight were excluded due to the large number of blank items and / or inconsistent data. Therefore, the 764 valid fiches were grouped according to the notification of the type of violence practiced: autoprovocadas (6%); child neglect (20%); neglect of the elderly (21%) and interpersonal violence (52%). Thus, 401 responded to the object of this study because they dealt with cases of interpersonal violence against women.

For organizational purposes, the following variables were considered in the notification form: age; color or race (white, black / brown, yellow, indigenous, ignored); marital status (single, married / consensual union, widow, separated, not applicable, ignored); schooling (> nine years, ≤ nine years, does not apply, ignored); current paid activity (yes, no, ignored); deficiency (yes, no, ignored); place of occurrence (residence, collective housing, school, place of sports practice, bar or similar, public highway, trade / services, industry / construction, other, ignored); type of aggression (physical, psychological / moral, torture, sexual, trafficking in human beings, financial / economic, legal intervention, others); medium of aggression (body strength / beating, hanging, blunt object, sharp object, hot substance / object, poisoning / intoxication, firearm, threat, other); sex of the likely perpetrator of aggression (male, female, both sexes, ignored); (father, mother, stepfather, stepmother, spouse, ex-spouse,

boyfriend, ex-boyfriend, son, brother, friends / acquaintances, unknown, employer / boss, person with institutional relationship, police officer / agent of the law, own person, others).

The research complied with Resolution 466/2012 of the National Health Council and the project was approved by the Committee of Ethics and Deontology in Studies and Research of the Federal University of the Valley of São Francisco (CEDEP / Univasf) no. CAAE: 581666316.7.0000.5196 and opinion number: 1,750,702.

RESULTS

Of the 401 reports of interpersonal violence, 58 were reported in 2012; 35 in 2013; 40, in 2014; 135 in 2015 and 132 in 2016. The age of the women ranged from eight days to 92 years and 55% were in the age group of 20 to 39 years, with a mean age of 30.22 years.

The majority declared themselves to be brown / black (63%), followed by 7% white (yellow and Indian corresponded to 1%, and in 29% the color was ignored); 29% were single; 24% married; 2%, separated; 1%, widow; in 4% this item did not apply and, in 40%, the marital status was ignored.

As for schooling, 39% had less than nine years of schooling; 7% were nine years or older; in 52% this information was ignored and in 2% it did not apply. The majority (36%) did not exercise paid work; 18% were in paid employment; 1% were retired, and in 29% the activity was ignored. In addition, 16% were under 18 years of age, which is why they did not exercise paid work. Information on the presence of disability showed that 4% of the victims had some kind of disability, pointing out that this information was found in 32% of the notifications.

As for the location, 46% of the assaults occurred in the victim's residence; 18% on public roads; 2%, in other places; 2%, in bar or similar place; 0.7% in school; 0.5%, in trade / services and 31%, in an unknown place.

Information on repetitive assaults was ignored in 44% of the reports and stated in 17%. Of these, 97% had some relationship with the victim, being 63% spouses or boyfriends and 9% ex-spouses or ex-boyfriends. The others (25%) corresponded to family and friends / acquaintances. In 39%, this sample did not record previous episodes.

The most prevalent category of violence was physical (99%), followed by psychological (40%), torture (4%), sexual violence (2%), financial (0.24%) and other types not

described (0.5%). In 171 of the notifications (42.62%), more than one type of violence was practiced.

Of the ten cases of sexual violence, 30% were rape and one was suspected of sexual abuse and victims, STD prophylaxis, HIV prophylaxis, hepatitis B prophylaxis, blood collection and emergency contraception were guaranteed. Specifically, in these cases, 60% of the perpetrators were unknown; 20%, friends or acquaintances; 10%, stepfathers and 10%, renters.

The means of aggression practiced were body strength / beating (69%), use of sharp object (25%), use of blunt object (13%), threat (13%), firearm (10%), other means 3%) and hanging (2%). In 0.01%, this information was ignored; by 0.74% by hot substance or by 0.5% by poisoning. It should be noted that in some cases, more than one means of aggression.

Of the alleged offenders, 67% were male; 9% were female and 27% were ignored, pointing out that in 9% there was more than one aggressor and in 27% the information was ignored.

DISCUSSION

In view of the information, there is an increase in the records of interpersonal / self-reported violence reported in the UH, with greater progress between 2015 and 2016 compared to the other years included in this study. Such progress can be attributed to the implementation of actions similar to those found in research developed in Pará, which attributed an increase in the number of notifications to the active search for archived records, the training of professionals, the creation of ordinances making notification mandatory for all professionals and notification of suspected and / or confirmed cases of domestic and sexual violence.⁶

The prevalence of the reporting of cases of violence against women in the age group of 20 to 39 years is in line with the results presented by the VASS report⁷ in which the highest proportion of emergency and emergency care for women in situations of violence was in the 20-39 age group (46.9%). Other research also shows similarity, where the majority of women beaten by intimate partner (75.7%) were in the age group of 25 to 49 years.⁸

Being the victim, mostly of brown or black color, less than nine years of schooling and who does not engage in paid activity is a profile similar to that found in other studies^{8,9}. As for the low percentage of registered victims with some type of

disability, it is necessary to highlight that, in these cases, the perpetrator's sentence increases by 1/3¹.

On the occurrence of the highest percentage of cases in the residence, in which 81% of the perpetrators have an affective relationship with the victim, a survey indicates that the rate of feminicides occurred in the victim's own residence reduced about 10% after the Maria da Penha Law¹⁰. This proves that, in most cases, there is a link between aggressor and victim reinforcing the idea that most aggressors are within the cycle of coexistence of victims, especially in cases of repetitive aggression.

In these situations, social isolation is common, which makes it difficult to support the victimized woman in cases where, even after the end of the relationship, she remains isolated, since threats or physical aggression do not cease.¹²

When considering that exposure to violence results in acute changes, that is, those that occur soon after the occurrence, the presence of physical injuries is the main reason for seeking care in emergency care or hospitals¹³, so that it is verified that physical force / beatings, the use of sharp objects and strong objects, as the main means of aggression used, corroborate results also found in research developed in 24 Brazilian capitals.⁹

In this research, psychological violence was the second most prevalent type of violence against women. Studies on this type of violence have expanded, gaining prominence in recent years, where it is considered the most prevalent^{14,15,16}. In addition, research points to its growth linked to disrespect for elderly women³. It should be pointed out that women in situations of violence are more likely to report symptoms of depression.¹⁷

The guidelines for the humanized care of victims of sexual violence were established by Decree 7.958 / 2013, among them, reception in referral services, humanized care, availability of private space to ensure trust and respect for the victim, disclosure of the reference services and the availability of transportation to them, in addition to the training of network professionals.¹⁸

With Law 12,845 / 2013, it is compulsory and integral to provide assistance to victims of sexual violence, with multiprofessional and immediate care, including diagnosis and treatment of lesions, DNA collection, HIV testing, and prophylaxis for pregnancy and sexually transmitted diseases.¹⁹

Through the information of this research, it is verified that many situations of physical aggression have been linked to situations of

violence / sexual abuse. This suggests that, even though it is not a reference service for the care of women who have suffered this type of violence, there is a need to provide the necessary supplies, tests and medicines for prophylaxis for sexually transmitted diseases. In addition, health professionals need to be prepared to embrace this public.

In this context, research points to the difficulties in attending to victims of violence, mainly sexual, especially regarding the collection of information for completing the notification form and unprepared professionals.²⁰

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The majority of male aggressors refer to male domination and cannot forget that, in Western societies, the conception of gender is linked to rules that shaped the social status that the subject occupies in the productive and reproductive system²¹. So, even in the face of a panorama in which women seek to perform functions labeled as men, the reverse does not occur and reinforces gender inequality, typical of male domination, linked to domestic violence.

One limitation of this research concerns the large amount of data ignored in all categories, which hampers a more qualified analysis of notifications. The absence or incomplete completion of the notification forms, especially in the emergency services, may be a consequence of the overload of professionals, and not everyone is aware of the importance of notification as a management tool in helping to create public policies, important knowledge so that the notification form is not regarded as an unnecessary obligation.²⁰

On the other hand, the large number of ignored data may be related to non-disclosure by the victim. Nurses report that women are afraid to report situations of domestic violence and that the creation of a bond, based on trust, becomes important in this type of care.²³

Population surveys showed that 20% to 60% of the women did not report intimate partner violence to anybody, and few sought help even from the health services²⁴. This event may be related to the embarrassment or fear about information associated with feelings of guilt, shame and isolation.¹² From the professional point of view, research shows

that the disarticulation of the health network makes it difficult to identify the services that can be used to follow up and improve care for women who are victims of violence.²⁵

CONCLUSION

There was a growing number of notifications between the years 2015 and 2016, but still insufficient to overcome the underreporting of occurrences of violence against women in the service studied, which contributes to this phenomenon remains veiled. Therefore, the articulation between health network services and other support services for women in situations of violence in the municipality is considered fundamental. The research is relevant for contributing information that will help in the reflection on care for women in situations of violence, as well as points to the need to better qualify the interdisciplinary team for more solidarity approaches and adequate notification of situations of violence against women.

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Submission: 2017/09/29

Accepted: 2018/03/04

Publishing: 2018/04/01

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