

ORIGINAL ARTICLE

CHARACTERIZATION OF CASES OF VIOLENCE AGAINST WOMEN
CARACTERIZAÇÃO DOS CASOS DE VIOLÊNCIA CONTRA MULHERES
CARACTERIZACIÓN DE CASOS DE VIOLENCIA CONTRA LAS MUJERES

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ABSTRACT

Objective: to characterize cases of violence against women. **Method:** this is a quantitative, descriptive, ecological study of time series. Data from the Diseases Information and Notification System extracted from the Department of Informatics of the Unified Health System was collected. Inferential statistics were applied through univariate analysis, percentage distributions and bivariate analysis: association of independent variables with independent. The dependence between the independent variables and the dependent variable was verified using the chi-square test. **Results:** it is revealed that the cases of violence against women were predominant in the age group above 20 years, in victims with schooling above eight years, race/white, being the aggressor, most of the times the spouse. Violent acts occurred, in general, in the victim's own residence through physical violence mainly. **Conclusion:** through notification, when carried out in a complete and appropriate manner, it is possible to know the profile of violence, the identification of risk factors and the planning of strategies aimed at prevention, protection and quality assistance to victims of violence against women. **Descriptors:** Violence; Violence Against Women; Domestic Violence; Notification; Nursing; Public Policy.

RESUMO

Objetivo: caracterizar os casos de violência contra a mulher. **Método:** trata-se de um estudo quantitativo, descritivo, ecológico, de séries temporais. Coletaram-se os dados do Sistema de Informação de Agravos e Notificação extraídos do Departamento de Informática do Sistema Único de Saúde. Aplicou-se a estatística inferencial por meio da análise univariada, distribuições percentuais e análise bivariada: associação das variáveis independentes com a independente. Verificou-se a dependência entre as variáveis independentes com a variável dependente utilizando-se o teste de qui-quadrado. **Resultados:** revela-se que os casos de violência contra a mulher foram predominantes na faixa etária acima de 20 anos, em vítimas com escolaridade acima de oito anos, raça/cor branca, sendo o agressor, na maioria das vezes o cônjuge. Deram-se os atos violentos, em geral, na própria residência da vítima por meio de violência física principalmente. **Conclusão:** permite-se, pela notificação, quando realizada de forma completa e adequada, conhecer o perfil da violência, a identificação dos fatores de risco e o planejamento de estratégias que visam à prevenção, proteção e assistência de qualidade às vítimas de violência contra a mulher. **Descritores:** Violência; Violência Contra a Mulher; Violência Doméstica; Notificação; Enfermagem; Políticas Públicas.

RESUMEN

Objetivo: caracterizar casos de violencia contra la mujer. **Método:** este es un estudio cuantitativo, descriptivo, ecológico de series de tiempo. Se recopilaron datos del Sistema de Información y Notificación de Enfermedades extraídos del Departamento de Informática del Sistema Único de Salud. Se aplicaron estadísticas inferenciales mediante análisis univariado, distribuciones porcentuales y análisis bivariado: asociación de variables independientes con independientes. La dependencia entre las variables independientes y la variable dependiente se verificó mediante la prueba de chi-cuadrado. **Resultados:** se revela que los casos de violencia contra las mujeres fueron predominantes en el grupo de edad superior a 20 años, en víctimas con escolaridad superior a ocho años, raza/blanco, siendo el agresor, la mayoría de las veces el cónyuge. Los actos violentos ocurrieron, en general, en la propia residencia de la víctima a través de la violencia física principalmente. **Conclusión:** a través de la notificación, cuando se realiza de manera completa y adecuada, es posible conocer el perfil de la violencia, la identificación de los factores de riesgo y la planificación de estrategias dirigidas a la prevención, protección y asistencia de calidad a las víctimas de la violencia contra las mujeres. **Descriptor:** Violencia; Violencia Contra la Mujer; Violencia Doméstica; Notificación; Enfermería; Política Pública.

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INTRODUCTION

It is considered that the phenomenon of violence against women can be understood as a violation of human rights resulting from relations of inequality, with important repercussions on the victim's health and economic productivity, which made this issue a topic widely discussed in the area health and researched around the world since the late 1980s.¹

Violence is defined by the World Health Organization (WHO) as the use of physical force, power or threat that results in harm, death, deprivation or psychological harm against oneself or another person. Violence can be divided into: self-directed (self-directed); interpersonal (intra and extra-family violence) and collective (social, political and economic violence, generally committed by large groups of individuals or by states). By this definition, the characteristics of the violent act are considered as physical, psychological, sexual violence and negligence.²

It is known that women who experience violence have more health problems, of different dimensions and complexity, ranging from physical injuries to those related to psycho-emotional aspects, depression and suicide.³ It appears that, due to the stimulation of chronic stress and inflammatory pathways, intimate partner violence has been associated with the development of functional syndromes such as fibromyalgia and chronic fatigue syndrome.⁴

It is noted that, between 2003 and 2013, the number of female victims increased from 3,937 to 4,762, with an increase of 21.0% in the decade. These 4,762 deaths were represented in 2013, 13 female homicides daily. It became possible to realize, taking into account the growth of the female population, which in this period went from 89.8 to 99.8 million (growth of 11.1%), that the national homicide rate, which, in 2003, was 4.4 per 100 thousand women, increased to 4.8 in 2013, an increase of 8.8% in the decade.⁵

It is reported that, for the United Nations/UN, violence against women has a financial impact on all countries, reaching from the health sectors (for the assistance to victims), the judiciary (for the procedural costs), as well as in the sector (with medical leave), leading to an amount of US\$ 1.5 trillion, or even 2% of the global Gross Domestic Product (GDP).⁶

It is noted that, given the dimension of the problem of domestic violence, both in terms of the high number of women affected and the psychological, social and economic consequences, on August 7, 2006, Law No. 11,340, Law Maria da Penha, which emerged with the aim of creating mechanisms to curb domestic and family violence against women on the elimination of all forms of discrimination against women, as well as

preventing, punishing and eradicating violence against women.⁷

It should also be added that the Ministry of Health had already implemented Federal Law No. 10,778, of November 24, 2003, which established the obligation of health services to carry out notifications in any public or private institution by filling in the form. Notification/Investigation form of Domestic, Sexual and/or Other Violence of the Notifiable Diseases Information System (SINAN).⁸⁻⁹

It is believed that this information will later enable the establishment of preventive, care and protection measures for victims or people in situations of violence.¹⁰ Thus, it is up to the professionals, the responsibility to protect the victims and break the silence through notification, since such action allows the violence to reach visibility, as well as the dimensioning of the problem and the creation of public policies preventive.¹¹

OBJECTIVE

- To characterize cases of violence against women.

METHOD

This is a quantitative, descriptive, ecological study of time series, in the municipality of Maringá, located in the Northwest of the State of Paraná (PR), Brazil. The study period from 2010 to 2015 was understood.

Data was collected in the Disease Information and Notification System (SINAN), extracted from the electronic platform of the Informatics Department of the Unified Health System (DATASUS), which is freely accessible at www.datasus.saude.gov.br.

In relation to SINAN data, sociodemographic variables were used: age group; life cycle; schooling; place of occurrence and race; the type of violence, which includes repetitive violence; self-harm; Physical violence; psychological/moral violence; torture; sexual violence; trafficking in human beings; financial/economic violence; neglect/abandonment violence; Child labor; violence through legal intervention; other violence; body strength/beating; hanging; threat; sexual harassment; rape; violent indecent assault and sexual exploitation; the variable means of aggression, which consists of a blunt object; sharp object; hot substance/object; poisoning and firearm. The victim's bond with the aggressor variable was used, subdivided into: father; mother; stepfather; stepmother; spouse; ex-spouse; boyfriend; ex-boyfriend; daughter; brother; friends/acquaintances; unknown; caregiver; boss/boss; person with institutional relationship; police/law enforcement officer; own person; other links; and variables such as child pornography;

suspected alcohol use; referral to the health sector and evolution of the case. The variable "case evolution" was considered dependent and refers to the outcome of violent cases, which can culminate in three possibilities, namely hospital discharge, when the victim survived the injuries suffered, escape or evasion; death, which resulted from serious injuries, culminating in death, or hospitalization for treatment and/or recovery from injuries.

Inferential statistics was applied through univariate analysis, percentage distributions and bivariate analysis: association of independent variables with independent. The dependence between the independent variables and the dependent variable was verified using the chi-square test. For all analyzes, a 95% confidence interval and a significance level of 5% were considered. Analyzes were performed using Epi-Info software, version 7.2.0.1.

RESULTS

The data was recorded, tabulated in a spreadsheet in the Microsoft Office Excel 2007 ©

Software and presented in a table format. 2548 notifications were obtained from SINAN referring to cases of violence against women, in the municipality of Maringá (PR), during the period from 2010 to 2015.

It is observed, through the analysis of the sociodemographic variables contained in table 1, that the women who suffered the most violence were those who were more than 20 years old and more than eight years of study (n = 327; 37.9%) , while those who suffered less violence were women aged up to 19 years and with eight years or more of studies (n = 107; 12.4%).

It is revealed, regarding the places where the violence occurs, that the victims' residence was the most frequent (n = 266; 24.6%/n = 488; 45.2%), indicating that this is a risk factor for the type of violence studied; as for the race that most predominated, it was white, in both age groups (n = 255; 24.5%/495; n = 46.6%), constituting a protective factor.

Regarding the use of alcohol by the abuser, it was not found that this is a risk factor for the occurrence of violence.

Table 1. Distribution and analysis of sociodemographic variables and types of violence that occurred according to the age of the victims. Maringá (PR), Brazil, 2010 to 2015.

Variables	Age group				OR	CI95%	P
	0 to 19 years		>20 years				
	n	%	n	%			
Education							
< 8 years of education	177	20.5	251	29.1	2.2	(1.61 - 2.88)	0.0000
≥ 8 years of education	107	12.4	327	37.9			
Place of occurrence							
Residence	266	24.6	488	45.2	1.0	(1.30 - 0.75)	0.9459
Non-residence	115	10.6	209	19.3			
Race							
White	255	24.5	495	46.6	0.8	(1.08 - 0.63)	0.1658
Non-white	120	10.9	192	18			
Suspected use of alcohol							
Yes	75	9.6	252	32.2	0.4	(0.61 - 0.32)	0.0000
No	182	23.3	272	34.8			

It was discerned that the main means of aggression used to commit violence were a sharp object (n = 71), followed by a blunt object (n = 60), while the least used means were hot objects or substances (n=6).

During the study period, it was observed that women aged 20 to 29 years were the most affected by violence, followed by the age group 30 to 39 years. On the other hand, it was considered that the extremes of age, that is, children under one year old and women over the age of 60 years, were those who suffered less from this type of violence.

Among the types of violence against women, physical violence was the most frequent (n = 792), followed by beatings (n = 584) and psychological violence (n = 434), while financial violence was less practiced.

DISCUSSION

It is emphasized that the violence perpetrated by intimate partners to women has a great impact on the victim, society and family. Gender inequality and the domination of men in relation to women in their relationships were revealed, which are usually veiled by society and by the victim, implying suffering or even death.¹⁰⁻²

It was evidenced that the highest occurrence of violence was among women aged 20 to 39 years, which corroborates another study carried out in Rondônia with cases of violence reported to SINAN. It is noteworthy that it is a phase in which the woman is in the reproductive period. It can be inferred that the prevalence of violence at this age can be attributed to the change in the role of

women achieved in the last periods of maintaining the home to that of greater independence due to the search for autonomy, social and economic growth.¹³ This profile of victims can also be related to the fact that the aggressors exercise dominion over younger women, which may prevent them from breaking the cycle of violence.¹⁴

Violence is known to occur in any economic or cultural environment. It can be seen, in this study, that women of different educational levels suffered violence, however, those with more than eight years of study were the ones who reported the most. However, it was found in a study carried out with 470 women in Primary Care in Ribeirão das Neves, that the low level of education of the respondents was significantly associated with greater chances of physical, sexual and/or psychological violence¹⁵. It is noteworthy that the notification rates can be even higher, since those with less school education generally do not have the courage to report, although some recognize their rights. Thus, the importance of developing strategies, by the multi-professional team, for empowering women is emphasized.

It turned out that the majority of violence against these women occurred at home. This result is confirmed by a survey carried out in Minas Gerais with all reported cases of violence against women treated at health services. It was found, according to the study, that the home environment is the most conducive place for the practice of violence due to privacy and little interference from other people.¹⁶

Regarding color, it was found that the majority of women who suffered violence belong to the white ethnic group. It was pointed out, in a survey conducted in Niterói-Rio de Janeiro, that the brown woman, followed by the white ones, had the highest number of notifications, however, this does not mean that they are the most victimized, as there was a lot of blank/ignored record, making analysis difficult.¹⁷ It was revealed, in a study carried out in Bahia, the prevalence of black and brown women in relation to white women who denounce their aggressors, however, Bahia has a population mainly coming from African miscegenation. In this way, the race/color variable may change when considering the region studied.¹⁰

It is noteworthy that, in this study, the alcoholic intake by the aggressor was not a determining factor for the practice of violence, since, in both age groups of the victims, the number of suspected alcohol use was not higher. However, it has been proven, by several studies, that this condition favors violence, showing a very close relationship between these two variables.¹⁸ It is evident, through the reports of women who are victims of aggression, that violence is linked to the use of alcohol, because, when the aggressor is not drunk,

he is more relaxed, realizing that alcohol leaves the victim more vulnerable to aggression.¹⁹

As to the type of violence, it appears that the most frequent was physical, followed by psychological violence. The results pointed out in this research are corroborated by a study carried out with cases of violence reported to SINAN¹⁷, diverging, however, from a study carried out in Minas Gerais with primary care women where verbal violence prevailed, followed by psychological and moral, physical and sexual violence.¹⁵ It should be noted that psychological violence, in most cases, is subject to the invisibility of aggressions against women, since this type of abuse does not show the victim's physical characteristics, which may justify the lower prevalence of reports of psychological violence.

As the main means of aggression used to attack the victims, the sharp object and blunt objects were found. These findings are confirmed by research carried out by the survey that makes up the Violence and Accident Surveillance System (VIVA), of 2011, where it was found that almost all of them suffered physical violence, with the predominant aggression being corporal force/beating, a sharp object and blunt, and the nature of the lesion is predominantly laceration/cut and contusion, with the part of the body most affected by the head, upper limbs and multiple organs.²⁰

It is revealed that, despite all the advances in health policies and victim protection laws, violence is a frequent phenomenon in the daily lives of this population and facing it is still a challenge. It is believed that the lack of notification by battered women due to fear, insecurity and shame, as well as the inadequate filling of the fields of the notification form, may provide opportunities for underreporting of cases and compromise the real assessment of the variables.¹⁰ It is concluded that improving the qualification of the health professional to identify the various faces of violence that may be present in their care, as well as the adequate notification of cases, is essential to face this problem.¹²

CONCLUSION

It appears that the cases of violence against women were predominant in the age group above 20 years, in victims with schooling above eight years, race/color white, being the spouse responsible for the aggression most of the times. Violent acts occurred, in general, in the victim's own residence through physical violence mainly.

The importance of adequate notification is highlighted, as it allows one to know the profile of violence, thus aiming at the prevention and planning of quality assistance to victims. Further studies are needed to deepen the theme and to explore subjective aspects of women victims and

the influence of the aggressor in relation to notifications.

It should be noted that, as it is a research based on secondary data, there were limitations in relation to the concreteness of information filled in, since many variables did not contain information or were incomplete, making it impossible to analyze and discuss them in more depth.

It is concluded that, by investigating the factors involved in the cases of violence in the city of Maringá, it is expected to contribute to health professionals in the knowledge about compulsory notification and its importance for planning actions aimed at preventing violence and protecting the health of victims.

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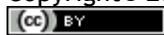
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