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Psychological, physical and sexual violence against brazilian women: a cross-section study

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ABSTRACT. The objective was to characterize the notifications of urban violence against women, according to psychological, physical and sexual typologies. This is a cross-sectional, documentary, descriptive and analytical research, based on the notification forms of the Brazilian Notifiable Diseases Information System between the years 2014 and 2017, referring to a city in the Northeast. The independent variables were divided according to the most prevalent types of violence, while the dependent ones followed the characteristics suggested by the notification forms. The data were analyzed using the Chi-square and Fisher's Exact tests, with a significance level of 5%, in addition to calculating the Chance Ratio. RStudio was used as statistical software.447 notification forms were included, with the following prevalences being observed: psychological (80.1%), physical (39.2%), and sexual (21%), with a predominance of women with low educational level (<8 years of study), non-white race, without companions and heterosexuals. Most of the notifications pointed to the repetition of violence, occurring mainly at night, in homes and public roads, in the form of threats, and the use of body strength. Women are exposed to psychological, physical, and sexual violence, especially to the psychological form, possibly because they have a pattern intrinsically associated with other types.

Keywords: gender-based violence; health information systems; information systems; violence against women.

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Introduction

The phenomenon of violence against women, identified as complex and multi-causal, has followed society since primitive periods and has its roots justified in macho relationships that prevail both in family environments and in the broader social sphere (Fontes et al., 2018). Through its most varied typologies and given its constant manifestation, violence causes great social, financial, and political impact for the various public sectors around the world, being considered a serious public health problem, due to its social magnitude and for generating negative impacts on the physical, emotional, mental, reproductive and social health of the victims and their respective family members (World Health Organization [WHO], 2010).

Several factors related to the theme of gender influence violence against women, these being individual, relational, social, culturally influenced, and from the environmental sphere, in addition to the dominance exercised by the man in the sense of relational control and, in most situations, accompanied by physical and emotional abuse (Jewkes, 2002).

Between 1980 and 2013 there was an increase in the number of deaths of women in Brazil, increasing from 2.3 to 4.8 / 100,000 inhabitants, placing the country in the fifth position in the world. Although an increase in these rates has been observed, as the period after the institution of an important law to combat violence against women in Brazil, the Maria da Penha Law, has been reduced by 1.7% per year (Brasil, 2006). The state of Paraíba ranks sixth among Brazilian states when it comes to violence against women (6.4 / 100,000 inhab.) and second in the Northeast, behind only the state of Alagoas (Pan American Health Organization [PAHO], 2015).

In Brazil, studies show that one in three women has been the victim of some type of violence at some point in her life, reaching more than 10 million women each year, with factors associated with the triggering of this event being the low socioeconomic level, low education and experience - either as a victim and/or witness - of some type of violence in childhood(Fontes et al., 2018; Brasil, 2012).

At a global level, a survey conducted by the World Health Organization in ten countries, including Brazil, showed a prevalence of violence against women ranging between 15 and 71%, with intimate partners being the main perpetrators. The proportion of women who reported sexual or physical violence, or both, ranged from 15% (Japan) to 71% (Ethiopia), with the frequency in other countries varying between 29% and 62%(Garcia-Moreno, Jansen, Ellsberg, Heise,&Watts, 2006).

The global prevalence of violence against women who have had or have intimate partners is 30%, showing the highest prevalence in Africa, Southeast Asia, and the Eastern Mediterranean, where approximately 37% of women reported having suffered violence(World Health Organization [WHO], 2013).

The profile of the victim frequently affected by violence revolves around a scenario made up of young, non-white adult women, usually located on the margins of society, with an intimate partner(Leite, Bravim, Lima,& Primo, 2015). Thus, from these more frequent profiles, the variables in this study were analyzed according to the three most prevalent types of violence: psychological, physical, and sexual (Minayo, 2007).

Given this scenario, since 2011 the Ministry of Health has included violence in the list of compulsory notification of an epidemiological surveillance system called the Violence and Accident Surveillance System (VIVA / SINAN), whose objective is to know the magnitude and severity of the violence through the production and dissemination of epidemiological information (Brasil, 2011; Veloso, Magalhães, Dell'Aglio, Cabral, & Gomes, 2013). However, some factors contribute to the fragility in the conduction of these notifications, such as fear of exposure and retaliation by the victim and professionals, lack of knowledge by the professional in handling the notification forms, and underestimating the importance of the notification for resolvability of grievances (Delziovo, Bolsoni, Lindner, & Coelho, 2018).

Given the above, this article aims to characterize the notifications of urban violence against women between 2014 and 2017, according to the psychological, physical, and sexual typologies.

Material and methods

Study design

It is a documentary, descriptive and analytical research, based on the Notification / Investigation Forms (FNI) of VIVA / SINAN, about the suspected and confirmed cases of violence against women in the urban area of a city in the Northeast of Brazil, in the period from January 2014 to December 2017.

Data collect

The information was collected by three previously trained researchers. The collection instrument included socio-demographic characteristics of the victims and data on the occurrence of violence.

The procedures carried out to eliminate the exclusion factors were made by the careful search for possible duplicate files, with the aid of the RStudio software, using the keywords: notification registration code and date of the occurrence. Values above 95% of non-duplicity were considered acceptable. In the present study, 0.35% of duplicate cards occurred. Besides, to verify the completeness of the information, in other words, the proportion of the number of places with non-null values (without ignored or not filled in variables), they were considered of good quality when equal to or greater than 75.1%, regular of 75, 0-50.1%, down from 50.0 to 25.1% and excessively low when equal to or less than 25.0%(Abath, Lima, Lima, Silva,& Lima, 2014).

Eligibility criteria

There was the inclusion of the forms that dealt with psychological, physical, and sexual violence, aimed at the female audience. On the other hand, the forms with illegible filling were excluded, the section referring to the type of violence not marked and the incompleteness of filling more than 50%, according to Abath et al., (2014).

Study variables

Sociodemographic data are used as independent variables: education, recategorized in < or > 8 years of study; race, recategorized in white and non-white; marital status, with or without an intimate partner; type of sexual relations, hetero, homo, and bisexual. Occurrence data: days of the week, in "Week", when it occurs from Monday to Friday and "Weekend", Saturday and Sunday; time of occurrence, considering the time from 00:00 to 05:59 as night, repetition of the violent act; place of occurrence and type of aggression. The dependent variables were distributed according to the types of violence: psychological, physical, and sexual.

Statistical analysis

Data organization and statistical analysis were performed with the aid of the RStudio statistical software(R Core Team, 2017).

In data analysis, descriptive and analytical statistics were used. To verify possible associations between the study variables, the Chi-square test and Fisher's Exact Test were used, considering the significance level of 5% ($p < 0.05$). In cases where there were significant associations between the variables, the Chance Ratio was calculated with their respective confidence intervals (95% CI).

Ethical considerations

This study was approved by the local Research Ethics Committee (opinion number: 2,611,097) and followed the guidelines established by the Declaration of Helsinki and Resolutions No. 466/2012 and No. 510/2016 of the National Health Council of Brazil.

Results

A total of 447 notification forms were included. Table 1 shows the socio-demographic characteristics of the victim, in which women were predominant with a school level below 8 years of study of non-white race, without partners and heterosexuals. There was a statistically significant association in the variables race and marital status.

The main time of occurrence of physical and sexual violence was during the night shift, different from psychological, whose most frequent period was the morning ($p = 0.003$). Most of the notifications characterized violence as a repetition event, and it is important to highlight the statistical significance ($p < 0.001$). The chance of violence occurring in homes was 3.32 times greater ($p < 0.001$) when compared to other options, such as schools and public roads. The main means of aggression used were threat and body strength, generating a statistical association ($p < 0.001$).

Table 1. Sociodemographic characteristics of the victims.

	Psychological		Physical		Sexual				
Variable	*f*	%	*f*	%	*f*	%	(p-value)	OR	IC95%
Scholarity									
> 8 anos	151	33.8	66	30.1	40	34.2	0.872*	1	
< 8 anos	215	48.1	88	40.2	51	43.6		1.02	[0.84; 1.26]
Ignored	81	18.1	65	29.7	26	22.2			
Total	447	100	219	100	117	100			
Race									
White	153	34.2	60	27.4	9	7.7	0.004*	1	
Not white	269	60.2	142	64.8	103	88		1.25	[1.05; 1.58]
Ignored	25	5.6	17	7.8	5	4.3			
Total	447	100	219	100	117	100			
Marital status									
With companion	190	42.5	77	35.2	22	18.8	<0.001*	1	
Without companion	234	52.3	128	58.4	85	72.6		1.35	[1.10; 2.05]
Ignored	23	5.1	14	6.4	10	8.5			
Total	447	100	219	100	117	100			
Sexual intercourse									
Heterosexual	408	91.3	193	88.1	88	75.2		1	
Homosexual	6	1.3	2	0.9	2	1.7	0.747**	0.77	[0.23; 2.59]
Bisexual	0	0	1	0.5	5	4.3			
Ignored	33	7.4	23	10.5	22	18.8			
Total	447	100	219	100	117	100			

* Chi-square test ** Fisher's exact test

Table 2 highlights the data related to the violent event according to each type of violence. All typologies occurred from Monday to Friday, however, there was no statistically significant association.

Table 2. Information related to the violence event.

	Psychological		Physical		Sexual				
Variable	*f*	%	*f*	%	*f*	%	(p-value)	OR	IC95%
Day of the week									
Week	337	75.4	159	72.6	77	65.8	0.1115*	1	
Weekend	110	24.6	60	27.4	40	34.2		0.89	[0.74; 1.06]
Total	447	100	219	100	117	100			
Time of occurrence									
Evening	64	14.3	43	19.6	21	17.9		1	
Morning	122	27.3	45	20.5	17	14.5	0.003*	1.3	[1.15; 2.80]
Night	118	26.4	68	31.1	56	47.9		0.89	[0.31; 1.11]
Ignored	143	32	63	28.8	23	19.7			
Total	447	100	219	100	117	100			
Repetition									
Not	61	15.8	60	37.7	31	26.5	<0.001*	1	
Yes	373	96.6	147	92.5	80	68.4		3.45	[1.58; 3.57]
Ignored	13	3.4	12	7.5	6	5.1			
Total	386	100	159	100	117	100			
Place of occurrence									
Residence	396	88.6	175	79.9	57	48.7		3.32	[1.46; 3.7]
School	2	0.4	3	1.4	1	0.9	<0.001**	1	
Public highway	31	6.9	34	15.5	46	39.3			
Ignored	18	4	7	3.2	13	11.1			
Total	447	100	219	100	117	100			
Type of aggression									
White gun	23	5.1	22	10	16	13.7		1	
Body strength	144	32.2	175	79.9	71	60.7	<0.001*	1.27	[1.08; 3.45]
Fire gun	23	5.1	18	8.2	11	9.4		0.43	[0.27; 1.67]
Threat	345	77.2	157	71.7	78	66.7		2.45	[1.59; 4.52]

* Chi-square test ** Fisher's exact test

Discussion

Violence against women can manifest itself in different forms and severities, depending on the type of violence perpetrated (World Health Organization [WHO], 2002). Thus, studying the specific manifestation of each typology is necessary for an adequate understanding of the phenomenon as a whole and, from then on, to outline goals for its combat.

Health Information Systems represent an advance for health policies in Brazil as they allow the monitoring of various actions and services within the scope of health, however, there are still some factors that contribute to these technologies being subject to improvement, such as the incompleteness of data and underreporting (Minayo, Souza, Silva, & Assis, 2018). It is worth mentioning that in a VIVA / SINAN notification form, more than one type of violence can be reported, or even all of them, depending on the severity of the event. Therefore, the total number of notifications was not always uniform.

The level of education is directly related to the perpetration of violence, and the low level of education, in most cases, is considered a risk factor, as seen in other studies (Barufaldi et al., 2017; Mascarenhas et al., 2020). In the present study, in all types of violence, most of the victims had few years of study, being in line with other Brazilian(Delziovo, Bolsoni, Nazário,& Coelho, 2017; Santos, Leite, Amorim, Maciel,& Gigante, 2020), and international studies (Khaironisak, Zaridah, Hasanain, & Zaleha, 2017; Chernet & Cherie 2020). This finding appears to be related, therefore, to a high probability of occupying low-level positions and low salaries. Thus, these women tend to be more prone to financial dependence and, as a result, to submission.

The "non-white" race/color category was the most prevalent in this study. As much as some researches point to the white color as the most evident (Delziovo et al., 2017; Santos et al., 2020), this fact may be linked to the predominant demographic profile in Brazil. The race showed a positive statistical association, corroborating with the literature to demonstrate its strong relationship with the incidence of violence (Minayo, 2007). Therefore, the race variable may be related to the selection bias in these types of studies, depending on the region of the country and its miscegenation.

Not having a partner was a risk factor 1.35 times higher compared to women in a marital relationship, with a positive statistical association being detected, to ratify similar previous findings (Santos et al., 2020; Sanz-

Barbero, Pereira, Barrio, & Vives-Cases, 2018). As much as the prevalence of violence by intimate partners is pointed out as high - reaching up to 67% when psychological is included - there has been an increase in the insertion of women in society, regardless of the male figure, assuming positions that were previously exclusive to men. Another probable hypothesis may be related to a history of violence experienced in a past relationship that resulted in a divorce (Sanz-Barbero et al., 2018; Vagi, Olsen, Basile,& Vivolo-Kantor, 2015).

Sexuality is still a complex topic to be addressed in several studies due to the strong burden of prejudice historically imposed by society. In the case of research involving violence, this theme becomes even more delicate to be addressed since most victims present themselves as heterosexual for fear of persecution or ashamed of their sexual condition (Dantas-Berger & Giffin, 2005). In this study, most victims were heterosexual, however, there was no statistical association. Due to the absence of studies in the literature that address the victim's sexuality, the present research stands out for the originality of this particular data, using SINAN as a source of information.

The results of the present study point to a greater number of cases of violence against women that occurred on working days, during the night. Compared with the literature, there is an agreement with a study developed in São Paulo regarding the time of occurrence, in which it was found that more than half of the notifications (57.8%) occurred between 6:01 pm and 12:00 am, the most reserved time for the activities of and, consequently, more likely to be involved in violence (Cecílio, Garbin, Rovida, Queiróz, & Garbin, 2012). Still in this study, it is shown that most of the occurrences happened on weekends and the use of alcohol is pointed out as one of the influencing factors. The reason why the data presented here are in dissonance with the literature may be related to the recategorization of the variables, since the days of the week - Monday to Friday - were combined in the category "days of the week" (Minayo et al., 2018; Dantas-Berger & Giffin, 2005). Even with this change, a high percentage of the perpetration of violence can be observed in the three types of violence on weekends.

Within the context of the perpetration of the violent act against women, the presence of notification of the repetition pattern is notorious, especially in psychological and physical violence, with this repetition of violence being considered a risk factor 3.45 times greater when compared to primary cases. The present findings are also observed in other studies, which can lead to reflection on the relationship between female fragility and the strong mechanisms of domination and possession that aggressors exert over them through various forms, such as coercion, physical strength, and torture, contributing to the event becoming recurrent and progressively more debilitating (Barufaldi et al., 2017; Lawrenz et al., 2019).

Intrafamily violence sets up a scenario in which various forms of violence are manifested: physical aggression, sexual abuse, psychological abuse, neglect, abandonment, and mistreatment (Moreira, Soares, Farias,& Vieira, 2015). According to the findings, the violence perpetrated at the residence is present, to a greater extent, in all the typologies analyzed. Then, public roads are highlighted, and these results corroborate with other relevant studies developed in the country (Dantas-Berger & Giffin, 2005; Dantas, Silva, Silva, & Rios 2017; Lawrenz et al., 2019). These statistics have the potential to represent a 3.32 times greater risk factor for the occurrence of violence when compared to other locations, such as schools and public roads.

Therefore, it is essential to highlight the difficulty of carrying out notifications in these situations, since most victims are in a position of dependence - be it financial, physical, or moral - a fact that increases underreporting, especially in the current period of the COVID-19 pandemic (Gulati & Kelly 2020). Furthermore, violence in the school environment has been gaining prominence in the literature for its destructive potential, especially through Bullying. A survey carried out in Paraíba highlighted the prevalence of physical violence in schoolchildren, totaling 59.91% in the female audience, agreeing with the data presented by this study, from which it is clear that, among the types of violence studied, the physical form was the most prevalent for violence at school (Silva, Marcolino, & Cavalcanti, 2018).

Regarding the means used for the aggression, the threat and the corporal force were the most reported by the victims in the three forms of violence, a fact that allows us to understand that the same victim, normally, suffers more than one type of aggression in a single event. Thus, the occurrence of multiple means of aggression contributes to a very harmful and difficult to control scenario. The data presented in this article are in accordance with the findings of the literature and confirm a pattern in the execution of acts inherent to gender violence (Dantas et al., 2017; Lawrenz et al., 2019). Another fact that deserves attention is the difficulty of some victims in the perception of psychological violence, since, for some people, violence can only be measured in the face of physical aggression, which makes it difficult to identify and report this type of problem. Furthermore,

psychological violence is not always efficient in producing injuries capable of directing people to health services and, consequently, can generate weakness in the study (Meneghel & Hirakata 2011).

These limitations are found in the characteristic barriers of studies involving secondary data. It can be highlighted the underreporting by health professionals - whether for fear of retaliation or lack of knowledge of the procedures or the importance of notification - and the incompleteness of the data, due to the fact that in some variables there was a great identification of the "Ignored" field.

Even with the growing number of publications on the prevalence of violence against women in the world, there is still a scarcity of studies that adequately identify specific prevalences by typology, as well as studies of cause and effect on this phenomenon. This fact hinders the recognition of the true magnitude of the problem, precisely because violence against women has the potential to cause substantial consequences to the physical, psychological, sexual, and reproductive health of the victims (Cecílio et al., 2012).

The data analyzed in this study can support the knowledge of the standard of notification to official information systems, in addition to being of great value for the formulation of planning projects to face violence against women, specifically, for each typology, for having demonstrated prevalence individualized. It is suggested that further studies may be pursued with the use of more sensitive methodological designs, such as the comparison of notifications from data reported to SINAN with those from specialized police stations.

Conclusion

The profile of violence against women characterizes a scenario that facilitates its dissemination, assuming that the most vulnerable women are predisposed to assume a behavioral profile of submission.

A considerable frequency of notifications of physical and sexual violence was observed. However, psychological violence stood out in this scenario because it is a concomitant event to the other types, although its identification is still an impasse. The confrontation of this phenomenon must be carried out in an intersectoral way. It is suggested that health services work in a network to provide comprehensive care to victims and families.

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