



Revista de Epidemiologia e Controle de Infecção

ISSN: 2238-3360

reciunisc@hotmail.com

Universidade de Santa Cruz do Sul

Brasil

Navarro Kassim, Maria Julia; Vanelli Nabuco de Gouvêa,
Leda Aparecida; Ross, Claudia; Maraschin, Maristela Salete
Characterization of notifications of violence against women in a teaching hospital in Paraná
Revista de Epidemiologia e Controle de Infecção, vol.
10, núm. 4, 2020, Octubre-Diciembre, pp. 364-369
Universidade de Santa Cruz do Sul
Santa Cruz do Sul, Brasil

DOI: <https://doi.org/10.17058/reci.v10i4.14810>

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Characterization of notifications of violence against women in a teaching hospital in Paraná

Caracterização das notificações de violência contra mulheres em um hospital de ensino do Paraná

Caracterización de las notificaciones de violencia contra la mujer en un hospital universitario de Paraná

<https://doi.org/10.17058/reci.v10i4.14810>

Received: 28/02/2020

Accepted: 23/08/2020

Available online: 04/10/2020

Corresponding Author:

Maria Julia Navarro Kassim

mjkassim_enfermagem@hotmail.com

Address: Av. Tancredo Neves, 3224 - Santo Onofre, Cascavel, Brazil.

Maria Julia Navarro Kassim¹ 

Leda Aparecida Vanelli Nabuco de Gouvêa¹ 

Claudia Ross¹ 

Maristela Salete Maraschin¹ 

¹ Universidade Estadual do Oeste do Paraná, Paraná, Brazil.

ABSTRACT

Background and objectives: there are many forms of violence, such as domestic and sexual violence, both included in the National Compulsory Notification List of diseases, injuries and public health events, according to Ordinance GM/MS nº 1.271 of June 6, 2014, which expressed a significant advance for health, social care, legal and public security policies. The aim of this study was to describe sociodemographic characteristics of interpersonal violence with women of childbearing age. **Methods:** a descriptive, retrospective, quantitative study conducted in a public university hospital in Paraná with women of childbearing age, 10 to 49 years. The Notifiable Diseases Information System was used as the source of data collection. Subsequently, descriptive statistical analysis was performed. **Results:** there were 883 (100%) acts of violence against women. Of these, 314 (35%) cases were against women of childbearing age (10 to 49 years), of which 130 (42%) in the age group of 10 to 19 years, that is, in adolescence. Of the total, 197 (63%) women were white, 302 (96%) lived in urban areas, 100 (32%) had incomplete primary education and 125 (40%) were single. The authorship of the aggression was predominantly of the male sex, 197 (63%), and the place of occurrence was the victim's residence, 135 (47%). **Conclusion:** combating violence against women has been a fundamental concern of social movements worldwide. It is necessary to seek different ways to combat violence and crime through social, educational and judicial measures in order to preserve the family environment.

Descriptors: Violence. Epidemiological Monitoring. Notification. Women's Health.

RESUMO

Justificativa e objetivo: muitas são as formas de violência, como exemplo a doméstica e sexual, ambas incluídas na Lista Nacional de Notificação Compulsória de doenças, agravos e eventos de saúde pública conforme a Portaria GM/MS nº 1.271, de 06 de junho de 2014, o que expressou um avanço significativo para as políticas, não só de saúde,

mas da assistência social, jurídica e segurança pública. O objetivo do trabalho foi descrever características sociodemográficas da violência interpessoal com mulheres em idade fértil. **Métodos:** estudo descritivo, retrospectivo, de abordagem quantitativa, realizado em um hospital universitário público do Paraná, com mulheres em idade fértil, 10 a 49 anos. O Sistema de Informação de Agravos de Notificação (SINAN) foi utilizado como fonte de coleta de dados. Posteriormente, foi empregada análise estatística descritiva. **Resultados:** ocorreram 883 (100%) atos de violência contra mulheres. Destas, 314 (35%) contra mulheres em idade fértil (10 a 49 anos), sendo 130 (42%) na faixa etária de 10 a 19 anos, ou seja, na adolescência. Do total, 197 (63%) eram brancas, 302 (96%) residentes em região urbana, 100 (32%) com ensino fundamental incompleto e 125 (40%) solteiras. A autoria da violência teve predominância do sexo masculino 197 (63%), e o local de ocorrência foi a residência da vítima 135 (47%). **Conclusão:** em todo o mundo, o combate à violência contra a mulher se constituiu em uma preocupação fundamental dos movimentos sociais, sendo necessário buscar diversos caminhos para combater a violência e a criminalidade, através de medidas sociais, educativas e judiciais, com o intuito de preservar o ambiente familiar.

Descritores: Violência; Vigilância Epidemiológica; Notificação; Saúde da mulher.

RESUMEN

Justificación y objetivos: hay muchas formas de violencia, como la violencia doméstica y sexual, ambas incluidas en la Lista nacional de notificaciones obligatorias de enfermedades, lesiones y eventos de salud pública según la Ordenanza GM/MS nº 1.271, de 6 de junio de 2014, lo que expresó un avance significativo para las políticas de salud, asistencia social, legal y de seguridad pública. El objetivo de este estudio fue describir las características sociodemográficas de la violencia interpersonal con mujeres en edad fértil. **Métodos:** estudio descriptivo, retrospectivo, cuantitativo, realizado en un hospital universitario público de Paraná, con mujeres en edad fértil, de 10 a 49 años. El Sistema de Información de Notificación de Enfermedades se utilizó como fuente de recopilación de datos. Posteriormente, se utilizó un análisis estadístico descriptivo. **Resultados:** hubo 883 (100%) actos de violencia contra las mujeres. De estos, 314 (35%) contra mujeres en edad fértil (10 a 49 años), siendo 130 (42%) en el grupo de edad de 10 a 19 años, es decir, en la adolescencia. Del total, 197 (63%) eran blancas, 302 (96%) vivían en áreas urbanas, 100 (32%) tenían educación primaria incompleta y 125 (40%) eran solteras. La autoría de la agresión fue predominante del sexo masculino, 197 (63%), y el lugar del hecho fue la residencia de la víctima, 135 (47%). **Conclusiones:** combatir la violencia contra la mujer ha sido una preocupación fundamental de los movimientos sociales a nivel mundial. Es necesario buscar diferentes formas de combatir la violencia y la delincuencia a través de medidas sociales, educativas y judiciales para preservar el entorno familiar.

Palabras clave: Violencia. Monitoreo Epidemiológico. Notificación. Salud de la Mujer.

INTRODUCTION

Health policies are being implemented in Brazil, among which, health surveillance policies stand out.¹ According to the legislation that deals with the compulsory notification of cases of violence against women - Law number 10778/2003 (including the amendment contained in Law number 13931/2019) - in all health care services, public or private, where there is evidence or confirmation of such violence, the specific form of the Notifiable Diseases Information System (Portuguese acronym: SINAN) that addresses interpersonal or self-inflicted violence must be filled out.² In the referred legislation, violence against women is conceived as "any gender-based action or conduct, including due to discrimination or ethnic inequality, which causes death, physical, sexual or psychological harm or suffering to women, both in the public and private spheres".^{1,3}

The reports of injuries in this population group should include violence inflicted both in domestic and community spaces, respectively called domestic/intra-family and extra-family/community violence. This harm comprises

various types of abuse, such as physical, sexual, psychological and moral.³

Interpersonal violence against women, like all forms of violence, is considered a social and public health problem in Brazil, affects the quality of life of the population and compromises social, economic and health aspects.^{3,4}

Situations of physical, psychological and moral harm to women, when present in their day-to-day social relationships, produce a cascade of effects that reverberate beyond women's body and their family, such as depression, social exclusion and suicide.⁴

According to the world indexes, about 35% of women in the world have already suffered physical or sexual violence inflicted by their partners, while 7% have been sexually assaulted by other individuals, including family members, acquaintances and strangers.⁵

Brazil is considered one of the worst countries in Latin America in terms of women's wellbeing due to the high numbers of violence against women.⁴ According to the United Nations (UN), Brazil ranks fifth in global terms for femicides or cruel murders resulting from discriminatory culture, sexual violence and sexism.⁴ Worldwide, it is

estimated that there are 503 assaults per hour, 5.2 million harassments on public transport and 2.2 million women grabbed or kissed without consent.³⁻⁵

In Brazil, in addition to policies aimed at meeting women's health, such as the National Policy for Comprehensive Care for Women's Health with the expansion and qualification of the comprehensive care network, there is legislation that supports the notification of cases of violence against women, since it characterizes violence against this group.⁶ Law 11.340/2006, known as Lei Maria da Penha, is concerned with curbing the violence against women, characterized as domestic and family violence.⁷ In this specific legislation, there is the definition of physical, sexual, psychological, verbal, moral and patrimonial violence.⁷ In this respect, the aforementioned law brought to light the violence suffered by women and reaffirmed the need for intersectoral actions to prevent and confront all forms of violence.⁷

Intrafamily violence concerns not only the context in which it is perpetrated, but mainly refers to the victim's relationships with the offenders. The aggression represents any action or omission that harms an individual's wellbeing, physical or psychological integrity or freedom and the right to full development.⁸ The extra-family violence occurs in other social spaces and the authors, known or unknown, are not part of the victim's family relationships, and notifications by health services include only a few population groups besides women, such as children, elderly subjects, disabled people, indigenous people, among others.⁸

The notification of acts of violence against women is one of the components of the care provided by health professionals that can give visibility to the problem and favor the planning of containment strategies.^{8,9}

The concept of fertile age corresponds to the time interval between menarche and menopause, that is, between 10 and 49 years of age. Studies addressing mortality and health conditions such as violence in this period have great epidemiological relevance, as they can encourage public health policies for this type of problem.⁹

Various forms of violence, such as domestic and sexual violence, were included in the National List of Compulsory Notification of diseases, injuries and public health events, according to Ordinance GM/MS Number 1271 of June 6, 2014. This expressed a significant advance for health, social care, legal and public security policies.¹⁰

Given the above, the objective of the study was to describe sociodemographic characteristics of interpersonal violence against women of childbearing age reported in a public university hospital in Paraná from 2014 to 2018.

METHODS

Descriptive, retrospective, quantitative study conducted at the Hospital Epidemiological Surveillance Center (Portuguese acronym: NVEH) of a university hospital in the state of Paraná.

In August 2019, epidemiological data were collected from individual forms of compulsory notification of Interpersonal/Self-inflicted Violence from the Notifiable Diseases Information System. The surveyed period was from January 2014 to December 2018. All records corresponding to cases of violence against women of childbearing age (between ages of 10 and 49 years) were included. Records with different ages and sexes were excluded.

The forms are filled out by health professionals who provide the initial care. After this process, the information is inserted in the Notifiable Diseases Information System by the responsible nurse of the Hospital Epidemiological Surveillance Center. Subsequently, the search for notifications in the respective period was performed.

For purposes of delimitation of the study, the variables studied were: i) related to the victim: sex, age group, race/color, education, area of residence; ii) related to the perpetrator of the violence: place of occurrence, bond/degree of kinship, sex and age.

After collection, data were transcribed and tabulated in Excel spreadsheets. Descriptive analysis was performed using simple and relative frequency in percentage.

This study is part of a broader research project approved by the Research Ethics Committee under opinion number 2.751.985 and CAAE 90600318.3.0000.0107, according to guidelines of Resolution Number 466 of 2012.

RESULTS

Of the total of 1,645 cases of interpersonal/self-inflicted violence reported in the Notifiable Diseases Information System, 883 (54%) were of the female sex and 314 (35%) of these women were of childbearing age.

The data collected allow the consideration that notifications increased slightly in 2014 with 73 (23%) reports and in 2018 with 75 (24%), compared to year 2015 with 54 (17%) reports, 2016 with 55 (18%) and 2017 with 56 (18%).

Table 1 shows the distributions of notified cases in which variables, according to the victim, help to identify the sociodemographic characteristics of women who suffered interpersonal violence.

Single victims accounted for 125 (40%) cases, followed by married victims or in a common-law marriage, 116 (37%). Separated women represented 22 (7%) cases, widows, 2 (1%) and ignored, 49 (14%) cases.

Regarding the perpetrator of violence, the male sex was predominant and represented 197 (63%) cases, followed by aggressions in which the author was female, 30 (10%), and of both sexes, 29 (9%) cases.

With regard to the connection with the victim, 65 (21%) were of unknown author, and another important fact was that in 30 (10%) cases, the perpetrator of violence was the mother.

In most cases, 135 (47%), the context was the victim's own residence. The cases in which one person was involved in the aggression were 185 (65%), while ignored or omitted cases totaled 44 (15.4%).

Table 1. Variables regarding characteristics of women of childbearing age victims of violence in the period from 2014 to 2018. Cascavel - Paraná, 2019.

Variables	(n)	(%)
Age		
10-14	58	19
15-19	72	23
20-24	55	18
25-29	42	13
30-34	32	10
35-39	26	8
40-44	15	5
45-49	14	4
Race/Color		
White	197	63
Mixed race	74	23
Black	36	12
Ignored/Blank	7	2
Place of Residence		
Urban	302	96
Rural	9	3
Ignored/Blank	3	1
Education		
Illiterate	2	1
Incomplete primary school	100	32
Complete primary school	25	8
Incomplete secondary school	56	19
Complete secondary school	37	11
Incomplete higher education	6	2
Complete higher education	9	3
Ignored/Blank	79	24
Marital status		
Single	125	40
Married/common-law marriage	116	37
Separated	22	7
Widow	2	1
Not applicable	19	5
Ignored/Blank	30	9

Table 2. Variables regarding characteristics of the perpetrator of violence against women of childbearing age from 2014 to 2018. Cascavel - Paraná, 2019.

Variables	(n)	(%)
Sex of the offender		
Male	197	63
Female	30	10
Both sexes	29	9
Ignored/Blank	58	18
Connection to the victim		
Friend	33	11
Spouse	56	18
Unknown	65	21
Ex-spouse	20	7
Boyfriend	5	2
Ex-boyfriend	3	1
Brother	8	3
Mother	30	10
Stepfather	3	1
Father	22	8
Law enforcement officer	2	1
Institutional relationship	2	1
Another bond	15	5

Table 3. Variables regarding characteristics of the place and perpetrators of violence against women of childbearing age in the period from 2014 to 2018. Cascavel - Paraná, 2019.

Variables	(n)	(%)
Place		
Victim's own residence	135	47
Public space	81	28
Others	10	3
Bar or similar	7	2
Shop	4	1
School	2	0.3
Industry	1	0.2
Perpetrator		
One	185	65
Two or more	56	20
Ignored	44	15

DISCUSSION

The results obtained over the years studied demonstrated that the predominant age group was from 10 to 24 years old, the stage of life in which women are in full reproductive period, beginning economic and social life and in search of their autonomy, a predisposing factor for violence, especially the violence caused by partners, due to their change in the role of supporting the home.¹¹

As for the race/color of women studied, in the notifications, there was a predominance of white women, 197 (63%), according to the geographic cut, since this is a region of predominance of white women. This differed from other studies in which the north and northeast regions were compared and was found a predominance of mixed-race victims, with the largest number of records.¹²⁻¹⁴

The main place of occurrence of violence was the residence itself with 135 (47%) cases, which corroborates other studies by Guimarães; Pedroza (2015, p. 257).^{15,16} In this perspective, the high prevalence of violence within the home itself is worrisome, given the perceived weakening of complaints and follow-up of notified cases, often a result of the victim's fear of making the complaint.¹²⁻¹⁶

The problems related to filling out the notification form were reported as the greatest difficulties in developing actions for this problem. The following were mentioned: the size of the form; the situation of the victim; the difficulty that professionals expose themselves to; as well as shame, fear and embarrassment as barriers that put the fragility of information at risk. Such problems must be addressed so that data are reliable and can guide actions in the face of the problem.⁶

Regarding the level of education, most cases did not have complete primary education, as in other studies that assessed the concentration of cases of violence against women.¹⁷ These aspects show that the lower the level of education of women, the less they report acts of violence against themselves, thereby favoring vulnerability to physical/sexual violence.¹²⁻¹⁶

Regarding women's marital status, most were single, 125 (40%) cases, which is a predisposing factor

for notification. However, most of these women had a partner, although not in a common-law marriage. Married women also formed a considerable portion of the sample, 116 (37%). In contrast to our findings, a previous study showed that among 265 women who experienced violence, the majority was legally married (40.8%) or lived with their partner at the time of the interview (59.2%).⁸

Physical violence is present in almost a third of all cases of violence against women worldwide. Data from Japan and Ethiopia show that between 15% and 71% of women suffered physical and/or sexual violence from a partner in their life.³ In the present study, this information was not different, since more than half of cases of violence against women are characterized as some type of physical violence; and secondly, sexual violence, of which most cases are inflicted by male offenders.^{9,11-14,16,17} In another study, 10,167 cases of violence among ages 10-49 years were analyzed; 4,943 (63.5%) cases of physical violence were identified, followed by 1,229 (15.8%) of sexual violence.¹⁶

With regard to the perpetrator of the violence, 197 (63%) were male, 56 (18%) the husband, 20 (7%) ex-spouse, 30 (10%) mother, 33 (11%) a friend, and 65 (20%) were strangers. Violence has been perpetrated by people close and known to the victim; friends, spouses, ex-boyfriends, or of the victim's own family circle.¹⁸ Such violence is worrying, given the noticeable weakening of complaints, notification and the effective investigation of cases, because the victim often experiences the fear of making the complaint.¹⁹⁻²³

The limitations inherent to the study were the interpretation of data, the underreporting, and incompleteness of data caused by lack of awareness and/or appropriate professional training.

Studies with these characteristics contribute reliably to the description of information related to violence, are crucial for the development of public policies aimed at addressing such violence, and give greater visibility to the theme.

Based on the 314 cases notified between 2014 and 2018, the characterization of cases of interpersonal violence with women of childbearing age attended at the public hospital studied can be summarized as follows: the cases correspond to 35% of the total notifications related to the female sex; in the studied period, there was an average of 63 annual cases; cases in women aged 10 to 24 years predominated, mostly white, single women with complete primary school, who mostly suffered physical and sexual violence perpetrated by men, almost always by spouse or ex-spouse, with a predominance of cases in the victim's homes. The high number of raped adolescents was an important fact that constitutes an alert, as it involves other sectors of social policies for its prevention.

The data presented here may generate reflections on the need to develop educational actions addressing specific themes about the vulnerability of the female sex and the social inequality in which women are culturally inserted, involving professionals in health, education, social care and others. The number of teams in direct lines for preventing and responding to violence should be in-

creased; health professionals should undergo training to identify risk situations; and the strengthening of support networks should be expanded, including the guarantee of operation and expansion of the number of places in shelters for surviving women.

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AUTHORS' CONTRIBUTIONS

Maria Julia Navarro Kássim and Leda Aparecida Vanelli Nabuco de Gouvêa contributed to the conception, design of the article, analysis and writing of the article;

Maria Julia Navarro Kássim, Leda Aparecida Vanelli, Claudia Ross and Maristela Maraschin contributed to the planning and design of the article, review and final approval of the article;

All authors approved the final version to be published and are responsible for all aspects of the work, including its accuracy and integrity.