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ORIGINAL ARTICLE

PHYSICAL VIOLENCE AGAINST WOMEN IN ESPÍRITO SANTO

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ABSTRACT

Objective: to identify the frequency of notification of physical violence against women in the state of Espírito Santo, from 2011 to 2018, and its association with the characteristics of the victim, the aggressor and the occurrence. **Method:** cross-sectional study with analysis of cases of physical violence against women reported in the Notifiable Diseases Information System in 2011-2018. The associations were tested by Pearson's chi-square test and Poisson regression. **Results:** the notification of physical violence against girls and women represented a frequency of 54.1%. The female group aged 20 to 59 years has about 4.3 times more prevalence of being a victim of physical violence when compared to the group aged 0-9 years. Black/brown women have 1.06 times more frequency of notification of physical violence. Most of the occurrences of the event were observed among those without disability/disorder and residents in the urban/periurban area. Physical violence against women was 1.71 times more practiced by an acquaintance, and with suspected alcohol use (PR:1.07). **Conclusion:** physical violence against women was high and presents association with certain characteristics of the victim of the aggressor and the occurrence, such findings can guide decision-making in coping with violence.

Keywords: Violence against women. Domestic violence. Epidemiological monitoring. Women's health. Health Information Systems.

INTRODUCTION

Violence against women is a global public health and human rights violation problem that affects all classes and ages[1]. This aggravation is considered as all acts of behavior based on gender inequalities that are able to result in physical, psychic, sexual and psychological harm or suffering to women, or cause coercion or arbitrary deprivation of liberty, in private or public life[2]. This phenomenon has a historical origin based on a structuring of gender roles and rights for men and women (men and women), a scenario in which male domination is fertile ground for violence[3].

It is worth noting that the most common forms of violence against women are those perpetrated by the intimate partner, in the form of psychological, physical or sexual violence[2,4]. Specifically speaking of physical violence, it weakens not only the right to life, but also the health of women[5]. Physical violence against women committed by the partner has global repercussions with prevalence ranging from 13% in Japan to 61% in certain regions of Peru[6]. In Brazil, in 2018, 1.6 million women were beaten or suffered an attempted strangulation, which represents 3 assaults per minute[7].

In the capital of Espírito Santo, Vitória, a study conducted with users of the public health service identified a prevalence of approximately 10% of

[1]Extracted from the research project entitled "Violence in different life cycles in the state of Espírito Santo: an epidemiological analysis".

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women with a history of physical violence practiced by the intimate partner in the year prior to the interview[4]. It is worth noting that groups most vulnerable to experiencing physical violence in life are among evangelical women, with a history of drug use, lower education and income, maternal experience of intimate partner violence and personal sexual violence in childhood[4].

Exposure to gender-based violence can lead to negative impacts that manifest themselves clinically, whether physical or mental[8]. Problems such as depression, post-traumatic stress disorder and suicidal ideation have been noticed in girls and women who have experienced this type of violence[9]. Experiencing violence has significant short, medium and long-term effects on the physical and mental well-being of victims and their families, as well as presenting serious social and economic consequences for nations and society[2,10].

In this scenario, it becomes fundamental public policies to confront violence against women. In Brazil, 11,340/2006 stands out, known as the Maria da Penha Law, which elaborates mechanisms to curb violence against women and defines measures of assistance and protection [11]. More recently, 13,104/2015, which provides for feminicide as a qualifying condition for the crime of homicide, when it is committed against women for reasons of female status[12]. In the field of health, Ordinance 104, of January 25, 2011, defines violence as compulsory notification for all health services (public and private)[13].

In this context, professionals need to be alert during consultations to any suspected or confirmed signs of violence and thus proceed with notification allowing the insertion of the victim in the protection network, as well as notification is fundamental for obtaining data that will contribute to the understanding of the phenomenon. Given the above, considering the impact of violence, the need for local information on reports of physical violence against women this study seeks to answer the following question: what is the frequency of notification of physical violence against girls and women in Espírito Santo and what factors are associated with this event? Thus, this study aimed to identify the frequency of notification of physical violence against women in the state of Espírito Santo, from 2011 to 2018, and its association with the characteristics of the victim, the aggressor and the occurrence.

METHOD

The method of this study was organized according to Guideline STROBE. This is a cross-sectional epidemiological study with analysis of reported cases of physical violence against female individuals that were registered in the Information System for Notifiable Diseases (SINAN) in the state of Espírito Santo, from 2011 to 2018. We included all reported cases whose sex was the female and excluded those cases duplicated or that the injury did not happen in the state.

The state of Espírito Santo has a population of 3,514,952 inhabitants, according to the 2010 Census, with 50.75% being female inhabitants. It is located in the southeastern region of Brazil and has 78 municipalities. It has a Human Development Index (HDI) of 0.740, considered high, and an average per capita income of 1,477.00 BRL[14].

The data analyzed in this study were provided by the State Department of Health and were extracted from the SINAN database in Microsoft Excel spreadsheet format. These correspond to the notifications made by public and private health services from the Notification Forms/Investigation of Interpersonal Violence and Self-Provided, part of the Violence and Accidents Surveillance (VIVA) routinely filled by health professionals in the services when faced with a suspected or confirmed case of violence. It started from the year 2011 for the analyzes because it was in this that the vigilance began to be considered an aggravation of compulsory notification.

The outcome of the study were cases of physical violence in females (no; yes). The independent variables were grouped into characteristics of the victim, the aggressor and the aggression.

Victim-related variables were:

a) age group (0 - 9 years; 10 - 19 years; 20 - 59 years; 60 years or more);
b) race/color (white; black/brown);
c) presence of disabilities/disorders (no; yes);
d) area of residence (urban/periurban; rural).

Regarding the agressor's characteristics, they were:

a) tie with the victim (known; unknown);
b) suspected use of alcohol (no; yes).

Regarding aggression, the following were analyzed:

a) number of involved (one; two or more);

b) place of occurrence (home; street; others);

c) history of repetition (no; yes)

d) referral to other services (no; yes).

The blank or ignored cases in each of the variables did not enter the analysis, so the total quantity may vary. To minimize possible errors and inconsistencies, a database qualification process was carried out, where the information entered in all fields of the form were compared and the necessary corrections were made (for example, information entered in the "Notes" field that described situations that were blank in the specific fields).

All analyzes were performed in the software Stata 14.1. In the descriptive analysis, relative and absolute frequencies and their 95% confidence intervals were calculated, while in the bivariate analysis, the Pearson Chi-Square test was used. For the entry in the multivariate analysis, we considered those variables that reached a value of $p < 0.20$ in the bivariate and we used a hierarchical model where, in the first level, the characteristics of the victim were in the second level, the characteristics of the aggressor and the aggression. Prevalence ratios were estimated from Poisson regression and $p < 0.05$ values were considered for the permanence of the variables in the model.

This paper was approved by the Human Research Ethics Committee of the Federal University of Espírito Santo, under opinion number 2,819,597, of August 14, 2018 (CAAE 88138618.0.0000.5060).

RESULTS

The notification of physical violence against women represented a frequency of 54.1% (N: 14,416; 95%CI: 53.5-54.7). The majority of victims are in the age group of 20 to 59 years (79.6%), race/black/brown color (70%), without disability or disorder (91%), and approximately 89% are residents of the urban area. As for the aggressor, almost all (91%) are known of the victims, about half (51.1%) without suspected use of alcohol during aggression, and in 85.7% of cases the aggression was committed by a person. Residency was the space with the highest occurrence of physical violence (70.9%), and approximately 58% were recurrent. Referral to victim protection network services, such as health, education, social assistance, guardianship councils, police stations, among others was made in 84.2% of cases. (Table 1).

Table 1 - Characteristics of notified cases of physical violence against females. Espírito Santo, 2011-2018.

Variables	N	%
Age group		
0 - 9 years	292	2.0
10 - 19 years	2005	13.9
20 - 59 years	11469	79.6
60 years or more	650	4.5
Race/Color		
White	3777	30.0
Black/Brown	8810	70.0
Disabilities/Disorders		
No	11136	91.0
Yes	1106	9.0
Area of residence		
Urban/Periurban	12627	89.4
Rural	1490	10.6
Tie with the victim		
Known	11083	90.9
Unknown	1105	9.1
Suspected use of alcohol		
No	4953	51.1
Yes	4744	48.9
Number of involved		
One	11304	85.7
Two or more	1893	14.3

Place of occurrence		
Home	9018	70.9
Street	2450	19.3
Others	1246	9.8
Repeated violence		
No	4740	42.3
Yes	6467	57.7
Referral		
No	2196	15.8
Yes	11729	84.2

Source: *Sistema de Informação de Agravos e Notificação* (SINAN), 2011 - 2018.

In a bivariate analysis, it is perceived that a physical violence is related to all the characteristics of the victim and the aggressor. No que tange às características do evento, apresentou relação com o número de envolvidos, local de ocorrência e o caráter de repetição (p<0.005) (Tabela 2).

Table 2. Bivariate analysis of the distribution of characteristics according to the occurrence of notifications of physical violence against females. Espírito Santo, 2011-2018.

Variables	N	%	95% CI*	p-valor
Age group				
0 - 9 years	292	16.7	15.0-18.5	<0.001
10 - 19 years	2005	33.2	32.0-34.4	
20 - 59 years	11469	65.0	64.3-65.7	
60 years or more	650	55.1	52.2-57.9	
Race/Color				
White	3777	52.4	51.3-53.6	<0.001
Black/Brown	8810	55.4	54.7-56.2	
Disabilities/Disorders				
No	11136	57.8	57.1-58.5	<0.001
Yes	1106	34.7	33.1-36.4	
Area of residence				
Urban/Periurban	12627	53.0	52.4-53.7	<0.001
Rural	1490	65.7	63.7-67.6	
Tie with the victim				
Known	11083	68.0	67.3-68.8	<0.001
Unknown	1105	51.7	49.6-53.8	
Suspected use of alcohol				
No	4953	46.9	45.9-47.8	<0.001
Yes	4744	69.8	68.7-70.9	
Number of involved				
One	11304	51.6	50.9-52.2	<0.001
Two or more	1893	63.5	61.8-65.2	
Place of occurrence				
Home	9018	50.1	49.3-50.8	<0.001
Street	2450	72.1	70.6-73.6	
Others	1246	57.3	55.2-59.4	
Repeated violence				
No	4740	54.6	53.6-55.7	0.048
Yes	6467	53.3	52.4-54.1	
Referral				
No	2196	53.3	51.7-54.8	0.557
Yes	11729	53.8	53.1-54.4	

*95%CI: 95% confidence interval.

Source: *Sistema de Informação de Agravos e Notificação* (SINAN), 2011 - 2018.

In the adjusted analysis, after the control for the confounding factors, it is noticed that the group of 20 to 59 years has about 4.3 times more prevalence of being a victim of physical violence when compared to the group of 0 to 9 years. Black/brown women have 1.06 times more frequency of physical violence notification, in the same sense, most of the occurrence of the event is

perceived among those without disabilities/disorder and residents in the rural area, prevalence ratio of 1.79 and 1.21 respectively. Physical violence against women was 1.71 times practiced by an acquaintance, and with suspected alcohol use (PR: 1.07). The public way was the place of greatest occurrence (PR: 1.18), with 13% more prevalent the non occurrence of repetition (Table 3).

Table 3. Bivariate analysis with the crude prevalence ratio and the multivariate model with the adjusted prevalence ratio of the variables associated with cases of physical violence against females. Espírito Santo, 2011-2018.

Variables	Raw analysis			Adjusted analysis		
	PR*	95% CI†	p-value	PR	95% CI	p-value
Age group						
0 - 9 years	1.0		<0.001	1.0		<0.001
10 - 19 years	1.99	1.78-2.22		2.13	1.88-2.42	
20 - 59 years	3.90	3.51-4.33		4.30	3.82-4.85	
60 years or more	3.30	2.94-3.71		3.87	3.39-4.41	
Race/Color						
White	1.0		<0.001	1.0		<0.001
Black/Brown	1.06	1.03-1.09		1.06	1.03-1.09	
Disabilities/Disorders						
No	1.67	1.59-1.75	<0.001	1.79	1.70-1.88	<0.001
Yes	1.0			1.0		
Area of residence						
Urban/Periurban	1.0		<0.001	1.0		<0.001
Rural	1.24	1.20-1.28		1.21	1.17-1.25	
Tie with the victim						
Known	1.32	1.26-1.37	<0.001	1.71	1.59-1.84	<0.001
Unknown	1.0			1.0		
Suspected use of alcohol						
No	1.0		<0.001	1.0		<0.001
Yes	1.49	1.45-1.53		1.07	1.04-1.09	
Number of involved						
One	1.0		<0.001	1.0		0.002
Two or more	1.23	1.20-1.27		1.05	1.02-1.09	
Place of occurrence						
Home	1.0		<0.001	1.0		<0.001
Street	1.44	1.40-1.48		1.18	1.15-1.21	
Others	1.15	1.10-1.19		1.04	1.01-1.09	
Repeated violence						
No	1.03	1.01-1.05	0.048	1.13	1.11-1.16	<0.001
Yes	1.0			1.0		

*PR: prevalence ratio. † 95% CI: 95% confidence interval.
Source: *Sistema de Informação de Agravos e Notificação* (SINAN), 2011 - 2018.

DISCUSSION

This study aimed to identify the frequency of notification of physical violence against women and their associated factors. It is observed that 54.1% of the violence reported in Espírito Santo, in the period from 2011 to 2018, was physical, showing to be the type of violence against the most reported woman. This finding corroborates the result found in a survey conducted at the national level, in which it analyzed 454,984 records of violence against women between 2011 and 2017, in which physical violence also represented the highest prevalence[17].

Greater notification of physical violence should be observed with caution, as psychological violence tends to be more neglected and unfavorably recognized[4]. In addition, women, in most cases, only seek police assistance or health care when violence goes beyond the barrier of psychological damage and leaves injuries resulting from physical violence[16].

Analyzing the factors associated with this condition, it is noted in this study that physical violence against women aged 20 to 59 years was 4.3 times more prevalent than in girls aged 0 to 9

years. An analysis of the 2,796 notifications of violence situations carried out in 2019 by health services and municipal schools in the city of Goiânia-GO observed that among the different forms of violence, physical was the most prevalent (43.9%) in the adult age group, 20 to 59 years[17].

It is also worth mentioning that, at the age of 20 to 59 years, the woman goes through phases of life in which she is in the reproductive period, economic and social ascension, and is in search of autonomy, which can be a predisposing factor to the advent of violence, especially those caused by an intimate partner, given his change in the role of maintainer of the home and greater independence conquered by women[18].

Regarding the higher prevalence of physical violence against black women (black/brown), the "Dossier Black Women: a portrait of the living conditions of black women in Brazil" highlights that there is a concentration of physical aggression rates in the black population, both in relation to female and male victims: black women and men are more victimized than white women and men by physical violence[19]. This result suggests structural racism, since black women are the ones who most feel the impacts of unemployment and low wages, further favoring the need for their intimate partner, which is the main perpetrator of physical violence[19,20].

Another result of this research is the higher prevalence of physical violence against women

Women living in rural areas had 21% higher prevalence of suffering physical violence than those living in urban or periurban areas. A population-based survey conducted in 19 countries in the region of Sub-Saharan Africa during the years 2011 to 2018 identified that women in rural residence had a higher risk of experiencing physical violence[22]. These findings are related to the context of housing, in which access to social, political and community services, which promote prevention and combat measures, are geographically distant and making it difficult for these rural women to have a higher protection parameter[3].

Also, the analysis of this investigation showed that 71% of the aggressions were practiced by an acquaintance. Data from the Violence Against Women Map also identified that most of the perpetrators are known persons[4]. The ease of control over the victim, essentially by proximity, intimate knowledge and by having influence on financial and emotional issues, culminates in submission and domination, making it more vulnerable to physical violence[4].

In addition, the highest prevalence of perpetrators with suspected alcohol use was found. Alcohol can act as a situational factor, increasing the possibility of violence, reducing inhibitions and altering judgment capacity[23]. The relationship between alcohol and physical violence is also linked to culture, where the act of drinking causes or even is an excuse for violent behavior. Furthermore, it is worth noting that alcohol consumption is more related to the level of severity of the act of violence than the increase in its occurrence[23].

Regarding the description of the place of occurrence, the present study reveals that the public road was the place of greatest occurrence of this notified disease (PR:1,18). This result may be due to a perspective that public exposure to violence presents a more severe and chronic stage under the society's gaze[24], as well as the occurrences of physical violence in the residence may be underreported, as socio-cultural elements rooted in social practices regulate attacks against women through belief in the culture of abuse of power, intolerance and ideological convictions contrary to human rights[16].

There is a higher prevalence of nonoccurrence of repetition of physical violence among reported cases. However, it is important to highlight that many women undergo a violent relationship for many years, either because of naturalization considering the experience of this abuse in childhood, adolescence, or even by close people[10]. Another point that reinforces the permanence in the cycle of violence is the dependence on marriage, the belief in the change of attitude of the companion, the inability to live without the companion and without a father for the children, fear of losing custody of children or having to leave home and lack of support from the family and a social network[10].

Given this scenario, it is understood the importance of the health professional to be attentive during care in the different life cycles of women for the phenomenon of physical violence, considering the magnitude of this condition and the vulnerability of women experiencing it,

professionals inserted in the services when faced with situations of violence should not only notify this aggravation, but promote the insertion of the victim in the protection network, in order to successfully break the cycle of violence[25,26]. Any sign of violence is significant and should not be minimized and/ or neglected, because violence causes serious problems of an emotional and physical nature, such as chronic pain, panic syndrome, depression, attempted suicide and eating disorders, and should be addressed as a public health problem[11, 25].

This study was based on data from SINAN, where the cases are reports of violence against women who were attended and identified by health services professionals (public and private)Therefore, it implies that there is an underreporting of cases of violence that for various reasons were not attended, and/or not identified and reported as violence. It is worth mentioning that another limitation of the study is in relation to the inherent obstacles to the use of secondary data, its accuracy and completeness. Still, this study uses a cross-sectional approach, which suppresses the determination of causality between associations. However, even with these limitations, we highlight the study results that are important for the evidence of the problem and signals the importance of health professionals in the care of these victims.

CONCLUSION

This study exposes the scenario of physical violence against women in the state of Espírito Santo, Brazil, highlighting the significant frequency of this type of violence in this group, as well as its higher prevalence among those of adulthood, black or brown race/color, without disabilities or disorders, residents in rural areas, of known aggressors and with the suspicion of alcohol use, with more than one perpetrator involved, with the occurrence on public roads and without repetition character. Understanding violence and its associated factors is a starting point for planning and promoting policies to deal with this problem, as well as being fundamental for health professionals in violence prevention actions.

VIOLÊNCIA FÍSICA CONTRA O SEXO FEMININO NO ESPÍRITO SANTO

RESUMO

Objetivo: identificar a frequência da notificação de violência física contra o sexo feminino no estado do Espírito Santo, no período de 2011 a 2018, e sua associação com as características da vítima, do agressor e da ocorrência. **Método**: estudo transversal, com análise dos casos de violência física contra mulheres notificadas no Sistema de Informação de Agravos de Notificação em 2011-2018. As associações foram testadas pelo teste qui-quadrado de Pearson e regressão de Poisson. **Resultados**: a notificação de violência física contra meninas e mulheres representou uma frequência de 54,1%. O grupo feminino de 20 a 59 anos tem cerca de 4,3 vezes mais prevalência de ser vítima de violência física quando comparado ao grupo de 0-9 anos. As mulheres pretas/pardas têm 1,06 vezes mais frequência de notificação de violência física. A maior parte das ocorrências do evento foi observado entre as sem deficiência/transtorno e residentes na zona urbana/periurbana. A violência física contra mulheres foi 1,71 vezes mais praticada por um conhecido, e com suspeita de uso de álcool (RP:1,07). **Conclusão**: a violência física contra o sexo feminino foi elevada e apresenta associação com determinadas características da vítima do agressor e da ocorrência, tais achados podem nortear as tomadas de decisões no enfrentamento a violência.

Palavras-chave: Violência contra a mulher. Violência doméstica. Monitoramento epidemiológico. Saúde da mulher. Sistemas de Informação em Saúde.

VIOLENCIA FÍSICA CONTRA LA MUJER EN ESPÍRITO SANTO-BRASIL

RESUMEN

Objetivo: identificar la frecuencia de notificación de violencia física contra el sexo femenino en el estado del Espírito Santo-Brasil, en el período de 2011 a 2018, y su asociación con las características de la víctima, del agresor y de la ocurrencia. **Método:** estudio transversal, con análisis de los casos de violencia física contra mujeres notificados en el Sistema de Información de Agravios de Notificación en 2011-2018. Las asociaciones fueron comprobadas por la prueba Chi-cuadrado de Pearson y regresión de Poisson. **Resultados:** la notificación de violencia física contra niñas y mujeres representó una frecuencia de 54,1%. El grupo femenino de 20 a 59 años tiene cerca de 4,3 veces más prevalencia de ser víctima de violencia física cuando comparado al grupo de 0-9 años. Las mujeres negras/pardas tienen 1,06 veces más frecuencia de notificación de violencia física. La

mayor parte de las ocurrencias del evento fue observada entre las sin discapacidad/trastorno y residentes en la zona urbana/periurbana. La violencia física contra mujeres fue 1,71 veces más practicada por un conocido, y con sospecha de uso de alcohol (RP:1,07). **Conclusión:** la violencia física contra el sexo femenino fue elevada y presenta asociación con determinadas características de la víctima del agresor y de la ocurrencia, tales hallazgos pueden guiar las tomas de decisiones en el enfrentamiento a la violencia..

Palabras clave: Violencia contra la mujer. Violencia doméstica. Monitoreo epidemiológico. Salud de la mujer. Sistemas de Información en Salud.

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