



FACTORS ASSOCIATED WITH CASES OF NEGLIGENCE REPORTED IN THE STATE OF ESPÍRITO SANTO: A CROSS-SECTIONAL STUDY

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ABSTRACT

Objective: identifying the factors associated with cases of negligence reported in the State of Espírito Santo from 2011 to 2018. **Method:** an epidemiological study, cross-sectional, where the cases of negligence reported in the State of Espírito Santo in the period from 2011 to 2018 were analyzed, through the statistical program Stata version 14.1, where the Qui-tests were made, Pearson square and Poisson regression with presentation of the prevalence ratio (PR) and 95% confidence interval. **Results:** during the study period, 1621 cases of negligence were reported in the State, corresponding to 4.5% of the total number of reports of interpersonal and self-harm violence registered in the State. Reported cases were significantly associated with male victims, children, the elderly and people with disabilities/disorders. Regarding the aggressor, most were female, were 25 years old or over, had a paternal/maternal bond with the victim. The negligence occurred mainly in the residence, in urban/peri-urban area, with two or more involved and having repetition character. **Conclusion:** the cases of negligence analyzed were associated with the characteristics of the victim, the aggressor, and the event.

Keywords: Exposure to violence. Mandatory Reporting. Notification. Domestic violence. Child Abuse.

INTRODUCTION

Violence can be defined as a series of irregular factors that purposely cause damage to the totality of the individual, being affected in various areas, especially with regard to their physical and mental health. This aggravation manifests itself in many ways, such as physical, verbal, sexual injury, negligence, among others. Due to its magnitude, violence is a health problem and should be discussed in order to find tools to prevent it⁽¹⁾.

Neglect is a kind of violence conceptualized as the absence of basic care to the individual, necessary for their growth as a social being. Among them, it is important to highlight the lack of urgency such as health, education and family support⁽²⁾. However, in a constant of conflicting

situations within a home, abandonment has an unfavorable visibility, making the family experience prone to take paths that aggravate the incident⁽³⁾.

In Brazil, in 2023, negligence accounted for 60% of all reported occurrences according to the Data Panel of the National Ombudsman of Human Rights, with the most vulnerable to this type aggravating the groups of children, adolescents and the elderly. Women, aged between 25 and 54, with a maternal bond, are primarily responsible for neglect against children and adolescents. However, when analyzing the elderly, this type of violence is commonly committed by children in adulthood⁽⁴⁾.

This phenomenon can have negative consequences on the health of the victim, such as delaying the process of social growth of the child,

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contributing to the development of uncontrolled behavior, and problems with can lead the infant to develop diseases⁽⁵⁾, and, when practiced against the elderly, it has been a recurrent reason for hospitalizations⁽⁶⁾.

It is important to highlight that violations within the family environment affect the totality of the individual, who is unable to develop like other people who are not subjected to this problem. Consequently, these events may lead to new occurrences of aggression, since it has a greater propensity to perpetuate the relationship of maltreatment in their youth and transcend generations⁽⁷⁾.

Given the consequences of neglect and other expressions of violence, the approval of the Statute of the Child and Adolescent (SCA) and the Statute of the Elderly in Brazil have added efforts to international initiatives to combat violence against the child population it is a relevant milestone in the Brazilian context of social awareness and the institutionalization of rights and protection of children, adolescents and the elderly⁽⁸⁻⁹⁾. Also, in view of the need to expand and strengthen the conventional means of reporting suspected or confirmed cases of violence, the Notifiable Diseases Information System (SINAN) the compulsory notification previously established by the statutes⁽²⁾.

In this context, the notification of negligence performed by health professionals is essential so that professionals can assist, perform the reception and qualified listening to the victim of negligence, providing an interaction between the professional and the patient. In addition, the intervention impacts on the reduction of the disease, promotes patient autonomy, the improvement of mental and social health, and the quality of life of these people, since they will be followed up and assisted after reporting and denounce⁽¹⁰⁾.

Thus, considering the magnitude of negligence and its negative impacts on health⁽⁴⁻⁷⁾, as well as being a serious public health problem⁽²⁾, and, in addition to being paramount to the production of data through health information systems, this study aimed to identify the factors associated with cases of negligence reported in the State of Espírito Santo from 2011 to 2018.

METHOD

This is a cross-sectional study with a presentation organized according to Guideline STROBE⁽¹¹⁾. We used data from reports of violence registered in the Information System of Diseases and Notification (SINAN), in the State of Espírito Santo, Brazil, in the period 2011 and 2018.

Espírito Santo is a Brazilian State located in the Southeast region. According to the 2022 Census, the State's population is 3,833,712 people, 1,870,063 males (48.8%) and 1,963,649 females (51.2%). The per capita monthly income is 1,915.00 reals and has a Human Development Index (HDI) of 0.771, considered high⁽¹²⁾.

We studied the cases of negligence reported in the Notifiable Diseases Information System (SINAN) of Espírito Santo from 2011 to 2018. The period of study choice only from 2011 is justified by Ordinance 104 of January 25, 2011, when all violence became part of the National List of Diseases and Diseases of Compulsory Notification⁽¹³⁾.

The source of data and measurement was SINAN, which is mainly fed by the notification and investigation of cases of diseases and diseases that are included in the national list of diseases of compulsory notification⁽¹⁴⁾. This form is completed by different notifying sources, including health services (public and private sector), in two ways, of which one remains with the notifying sector and the other with the sector responsible for Epidemiological Surveillance of the municipality, where data are entered into the system and successively transferred to the State and federal spheres, for structuring the national database. The database was extracted directly from SINAN by the state Epidemiological Surveillance and provided in Microsoft Excel spreadsheet format to the researchers.

The dependent variable was the occurrence of negligence (yes/no), being considered as the omission by which the basic needs and care for the emotional, physical and social development of the victim were no longer available, still considering abandonment as a marked form of negligence⁽²⁾.

The independent variables have three fronts: the variables of the characteristics of the victim, the aggressor and the event of negligence.

The characteristics of the victim of negligence were analyzed as follows:

- a) gender (male; female);
- b) age group (in years old: 0 to 9; 10 to 19;

20 to 59; 60 or over - according to life cycles);

- c) race/color (white, black and brown);
- d) disabilities/disorders (no; yes);
- e) area of residence (urban/peri-urban; rural).

Regarding the aggressor, the following variables were considered:

- a) age range of the aggressor (in years old: 0 – 24; 25 or over - according to the division of the notification form);
- b) gender of the aggressor (male; female; both genders - according to the division of the notification form);
- c) bond with the victim (father/mother/stepfather/stepmother/both parents; child; social contact);
- d) suspected alcohol use (no; yes); number of people involved (one; two or more).

Regarding the event, the following variables were observed:

- a) occurred at home (no; yes);
- b) repeated violence (no; yes);
- c) referral (no; yes).

The blank or ignored cases in each of the variables did not enter the analysis, so the total quantity may vary. The data have undergone a qualification process, according to the guidelines of the instructions for notifications of interpersonal violence and self-harm⁽²⁾. This step was performed in the Microsoft Excel spreadsheet manager and the data were subsequently analyzed using the statistical program Stata version 14.1. The results were expressed by means of absolute and relative frequency, as well as 95% confidence intervals

(95%CI). For the bivariate analysis, Pearson's chi-square test was performed. The variables that reached $p < 0.20$ in the bivariate analysis followed the next step. In the multivariate analysis, to obtain the association between cases of negligence and exposure variables, the prevalence ratios (PR), crude and adjusted, and their 95%CI were calculated, according to the Poisson regression model with robust variance, variables with p value < 0.05 .

The study was approved by the Research Ethics Committee of the Federal University of Espírito Santo under the Opinion N 2,819,597/2018 (CAAE 88138618.0.0000.5060). The ethical criteria defined by Resolution N 499/2012 of the National Health Council were respected.

RESULTS

In Espírito Santo, 1621 cases of negligence were reported between 2011 and 2018, corresponding to a percentage of 4.5% (95%CI: 4.3-4.7) of the total number of reports of interpersonal and self-inflicted violence registered in the State (N total = 35,839). Regarding the characteristics of the victim, 70.6% were black/brown, 59.2% were between 0 and 9 years old and 92.9% were residents in the urban/periurban area. The aggressor in 80.9% of cases was 25 or older, and 74.8% were not suspected of alcohol use at the time of aggression. In 81% of the notifications, neglect occurred at home and 70.5% were recurrent (Table 1).

Table 1. Characteristics of reported cases of negligence. Espírito Santo, 2011-2018 (N = 1621)

Variables	N	%	95% CI*
Sex			
Masculine	819	50.5	48.1-53.0
Feminine	802	49.5	47.0-51.9
Age range (in years)			
0 - 9	960	59.2	56.8-61.6
10 to 19	242	14.9	13.3-16.8
20 to 59	71	4.4	3.5-5.5
60 or more	348	21.5	19.5-23.5
Race/Color			
White	401	29.4	27.0-31.9
Black/Brown	964	70.6	68.2-73.0
Disabilities/Disorders			
No	1189	81.7	79.6-83.6
Yes	267	18.3	16.4-20.4
Residence zone			
Urban/Periurban	1473	92.9	91.5-94.0
Rural	113	7.1	6.0-8.5
Age range of the aggressor (in years)			

0 – 24	131	19.1	16.3-22.3
25 or more	554	80.9	77.8-83.7
Sex of the attacker			
Masculine	219	14.4	12.7-16.3
Feminine	685	45.0	42.5-47.5
Both sexes	618	40.6	38.2-43.1
Bond with the victim			
Father/Mother/Stepfather/Stepmother/Both parents	1046	67.4	65.0-69.7
Son	183	11.8	10.3-13.5
Known	323	20.8	18.9-22.9
Suspected alcohol use			
No	606	74.8	71.7-77.7
Yes	204	25.2	22.3-28.3
Number of people involved			
One	806	51.6	49.1-54.0
Two or more	757	48.4	46.0-50.9
Occurred at the residence			
No	280	19.0	17.1-21.1
Yes	1195	81.0	78.9-82.9
Repeated violence			
No	270	29.5	26.6-32.6
Yes	645	70.5	67.5-73.4
Forwarding			
No	306	19.1	17.3-21.1
Yes	1296	80.9	78.9-82.8

*95%CI: 95% confidence interval.

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

In the bivariate analysis, cases of neglect notification were related to the following variables: gender, age group of the victim, presence of disabilities/disorders, area of residence, age group of the aggressor, gender of the aggressor, link of

the aggressor with the victim, suspected alcohol use by the aggressor, number of people involved in the occurrence, whether the occurrence was at home, repeated violence and referral of the case ($p<0.001$) (Table 2).

Table 2. Distribution of characteristics of negligence notifications (N=1621). Espírito Santo, 2011-2018

Variables	N	%	95% CI*	p-value
Sex				
Masculine	819	9.1	8.5-9.7	<0.001
Feminine	802	3.0	2.8-3.2	
Age range (in years)				
0 to 9	960	31.0	29.4-32.7	<0.001
10 to 19	242	2.8	2.4-3.1	
20 to 59	71	0.3	0.2-0.4	
60 or more	348	17.9	16.2-19.6	
Race/Color				
White	401	4.2	3.8-4.6	0.219
Black/Brown	964	4.5	4.2-4.8	
Disabilities/disorders				
No	1189	4.7	4.4-4.9	<0.001
Yes	267	5.9	5.3-6.6	
Residence zone				
Urban/Periurban	1473	4.6	4.4-4.9	<0.001
Rural	113	3.3	2.8-4.0	
Age range of the aggressor (in years)				
0-24	131	1.6	1.3-1.9	<0.001
25 or more	554	3.9	3.6-4.2	
Sex of the attacker				
Masculine	219	1.0	0.9-1.2	<0.001
Feminine	685	6.6	6.2-7.1	
Both sexes	618	48.5	45.8-51.3	
Bond with the victim				

Father/Mother/Stepfather/Stepmother/Both parents	1046	33.6	32.0-35.3	<0.001
Son	183	20.5	18.0-23.2	
Known	323	1.9	1.8-2.2	
Suspected alcohol use				
No	606	4.4	4.1-4.8	<0.001
Yes	204	2.3	2.0-2.7	
Number of people involved				
One	806	2.9	2.7-3.1	<0.001
Two or more	757	15.7	14.7-16.7	
Occurred at the residence				
No	280	3.2	2.8-3.6	<0.001
Yes	1195	5.3	5.0-5.6	
Repeated violence				
No	270	2.2	1.9-2.4	<0.001
Yes	645	4.4	4.1-4.8	
Forwarding				
No	306	5.6	5.0-6.2	<0.001
Yes	1296	4.6	4.3-4.8	

*95%CI: 95% confidence interval.

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

Na análise multivariada (Tabela 3), nota-se que o sexo masculino apresentou uma prevalência de casos de negligência aproximadamente 1,5 vezes maior. Nesse mesmo sentido, crianças (RP = 89,3), que incluem indivíduos de 0 a 9 anos, segundo a OMS, e pessoas idosas (RP= 40), que incluem as pessoas com mais de 60 anos, segundo o Estatuto da Pessoa Idosa⁽⁹⁾, foram os mais vulneráveis a esse agravo. Ainda, apresentar deficiência/transtorno representa uma prevalência

cerca de duas vezes maior (RP= 2,25), assim como residir em zona urbana/periurbana (RP= 1,40). Quanto ao agressor, a faixa etária mais frequente foi 25 anos ou mais (RP: 1,32), e do sexo feminino (RP= 6,10). Possuir vínculo paterno/materno com a vítima apresentou-se como mais prevalente (RP= 3,51). Verifica-se a maior frequência de dois ou mais envolvidos (RP= 2,04), a ocorrência na residência (RP= 1,40) e de repetição (RP= 1,23).

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

Variables	Raw analysis			Adjusted analysis		
	PR*	CI 95%†	p-valor	RP	IC 95%	p-valor
Sex						
Masculine	3,02	2,75-3,32	<0,001	1,52	1,38-1,67	<0,001
Feminine	1,0			1,0		
Age range (in years)						
0 to 9	95,98	75,65-121,79	<0,001	89,30	69,95-114,01	<0,001
10 to 19	8,51	6,54-11,07		7,41	5,61-9,78	
20 to 59	1,0			1,0		
60 or more	55,29	43,02-71,06		40,02	30,50-52,52	
Disabilities/Disorders						
No	1,0		<0,001	1,0		<0,001
Yes	1,26	1,11-1,44		2,25	1,98-2,56	
Residence zone						
Urban/Periurban	1,40	1,16-1,69	<0,001	1,40	1,17-1,68	<0,001
Rural	1,0			1,0		
Age range of the aggressor (in years)						
0-24	1,0		<0,001	1,0		0,008
25 or more	2,45	2,03-2,96		1,32	1,07-1,62	
Sex of the attacker						
Masculine	1,0		<0,001	1,0		<0,001
Feminine	6,36	5,48-7,40		6,10	4,70-7,92	
Both sexes	46,52	40,30-53,69		5,29	3,72-7,51	
Bond with the victim						
Father/Mother/Stepfather/Stepmother/Both	17,20	15,28-19,37	<0,001	3,51	2,63-4,69	<0,001

parents						
Son	10,47	8,85-12,39		2,09	1,55-2,82	
Known	1,0			1,0		
Suspected alcohol use						
No	1,89	1,62-2,21	<0,001	1,01	0,83-1,23	0,942
Yes	1,0			1,0		
Number of people involved						
One	1,0		<0,001	1,0		<0,001
Two or more	5,43	4,94-5,97		2,04	1,57-2,66	
Occurred at the residence						
No	1,0		<0,001	1,0		0,012
Yes	1,66	1,46-1,89		1,40	1,08-1,81	
Repeated violence						
No	1,0		<0,001	1,0		0,019
Yes	2,06	1,79-2,37		1,23	1,03-1,47	

* PR: prevalence ratio; †95% CI: 95% confidence interval.

Source: Disease Information and Notification System (SINAN), 2011 to 2018

DISCUSSION

The prevalence of negligence in this study accounted for 4.5% of all reported cases of violence in the State of Espírito Santo, highlighting the higher occurrence among victims in the age group of children and the elderly. Although the prevalence was just below that recorded in the survey conducted with the 2017 VIVA Survey, 7.0% in 2014 and 6.6% in 2017, the higher occurrence of neglect among children and the elderly was also identified, care dependence of these groups⁽¹⁵⁾.

Another literature with data on complaints made in the "Dial Human Rights" points to negligence as the most frequent among the types of violence reported in Brazil, accounting for 60% of the total⁽⁴⁾. This reinforces the need for greater visibility and discussion of the theme in order to better record and identify cases⁽¹⁰⁾.

It is noted that most of the victims were male, in line with data reporting violence from the State of Maranhão, and reflects the social conception of gender, which, by imposing socio-cultural patterns of masculinity on boys, leaves them vulnerable to neglect, the naturalization of violence⁽¹⁶⁾.

In the same sense, the higher prevalence of neglect among children may be based on the statement that infants are more vulnerable to violence, since they are more dependent on their parents⁽¹⁷⁾. This data is in accordance with the analysis performed with SINAN data of people assisted by the Unified Health System because of maltreatment, neglect and abandonment in the years 2015 to 2018, in Natal-RN, which found the

majority of victims in the age group of 0 to 9 years old⁽¹⁸⁾.

Among the elderly, the prevalence of neglect was also significant, with a 39 times higher occurrence of this condition. Data from SINAN in the city of Porto Alegre (RS) showed that negligence was in the first position among the forms of interpersonal violence committed against elderly people⁽¹⁹⁾. Considering that the risk of dependence may increase with advancing age, there is a greater need for care by the elderly; thus, the chances of this public being a victim of neglect, especially when added to the stress and lack of preparation of the caregiver⁽²⁰⁾.

It is important to mention that both life cycles are ensured by the Statute of the Child and Adolescent and the Statute of the Elderly, in which, under no circumstances, these populations should become victims of this health problem that culminates in so many negative effects on health and development. The guarantee of basic life rights should be prioritized, including safer access to various environments, both family and external to it, which will directly influence the development and physical well-being of an individual⁽⁸⁻⁹⁾.

Another data to highlight was the higher prevalence of victims of negligence with some disorder or disability. The 2021 Violence Atlas brings negligence as the third most reported type of violence among people with some type of disability, corresponding to 30% of cases⁽²¹⁾. It is recognized the greater degree of dependence on care of people with disabilities due to their limitations that can influence perceptions of negligent attitudes and still increase the burden of

stress and overload of their caregivers. It is notorious the great difficulty of these in most cases in understanding disability, and this directly influences the attitudes of care⁽²²⁾.

The findings also show a higher prevalence of aggressors belonging to the parental nucleus, which is similar to other Brazilian studies^(16,18,23). Some factors lead parents to neglect their children, such as social isolation, negative experiences of parents in childhood, lack of knowledge and skills, use of psychoactive substances, among others⁽²²⁾. It is worth noting that parental neglect is not limited to only intra-family consequences, but also to large social and pathological proportions to the neglected individual, impacting the whole society⁽²⁴⁾. Still, some authors bring that negligence should always be analyzed by the socioeconomic context and even associated with financially more vulnerable conditions⁽²⁵⁾.

Regarding the characteristics of the aggressors, 45.0% were female (PR = 6.10; 95%CI: 3.72-7.51), similarly to that found in a municipality in the State of Rio de Janeiro in 2019, which identified 50.8% of the aggressors as women⁽²⁵⁾. As for the age group, another survey conducted in Espírito Santo found 30.7% of the aggressors being 20 years old or over and higher frequency of women as the perpetrators of the disease⁽¹⁷⁾.

The family bond with the victim mentioned earlier may explain this finding. In general, women are the most responsible within the family and cultural dynamics in relation to the provision of care to dependents, as is the case of children, the elderly and people with disabilities, placing them in a role of caregivers and that, by not fulfilling this condition, become more vulnerable to become perpetrators of negligence^(3,10,21).

In addition, they usually accumulate household tasks and high workload, generating overload, stress and favorable environments for violence⁽³⁾.

The higher prevalence of negligence within the home is also recognized in the literature⁽²³⁾, a fact that can be understood as a consequence of the victim's long stay inside the home, as is the case of children, that should find refuge and protection within the home, but this is not applicable to all contexts⁽²⁶⁾. Another possible basis would be intra-family coexistence, often

permeated by conflicts of interest between generations⁽²⁷⁾.

Reported cases of negligence are noteworthy for their recurrence profile, also found in a survey conducted in Northeastern Brazil from 2015 to 2018⁽¹⁸⁾. It is important to reflect on this repetition, given the various negative impacts on the physical, mental and social health of the victims⁽¹⁰⁾, directly influencing their autonomy and quality of life⁽²⁷⁾.

Although the various negative impacts of the experience of neglect in people's lives are recognized, their discussion has not yet been sufficiently effective in training spaces and health services, weakening care and bringing greater vulnerability to services with regard to the screening of victims⁽²⁸⁾.

It is important, therefore, that health professionals are prepared to recognize and carry out the referral of these aggressions. Therefore, it is crucial that the multiprofessional team delves into the concepts of negligence, so as to know how to proceed and be able to serve the population victim of this disease⁽²⁹⁻³⁰⁾.

Among the limitations of the study, underreporting of cases of violence is presented, taking into account the use of secondary data tracked only among people who accessed health services. In any case, this limitation does not imply the importance and relevance of this study, which highlights negligence as an important type of violence experienced in people's lives, and its associated factors and prevalence are widely disseminated among health professionals, community and public managers so that they can contribute to the disruption of the cycle of violence in its various instances, or promoting the creation of health policies, prevention of violence, health promotion and assistance and recovery of victims.

CONCLUSION

The results of this study allowed the identification of factors associated with negligence reported in Espírito Santo from 2011 to 2018. Thus, it is possible to analyze that they have an important prevalence and have as more vulnerable populations those belonging to the male gender, children from 0 to 9 and elderly over 60, who have some disorder/ disability and

inhabit urban/ peri-urban areas. The perpetrators, in turn, are mostly women, aged 25 or over and belonging to the parental nucleus. The aggression happened mainly by two or more aggressors, in the residence of the victim and with character of repetition.

The data of this study reinforce the need to broaden the debate about negligence and understand the variables that make the occurrence of violence favorable. Although health professionals report it, a high rate of underreporting is estimated. Therefore, we see the need for these workers to be able to identify the different types of violence that occur in their territory, as well as to carry out the necessary procedures to protect the victim.

In addition to the professionals, members of civil society should also be included in discussions on this issue as a measure to spread the importance of preventing neglect and also encourage the adoption of new preventive health policies as a way to ensure the legal formalization on the combat neglect in different life cycles.

Therefore, the results presented here support the improvement of services in the form of preventive actions that effectively control the prevalence of this disease. It becomes known, then, that new research should be carried out in order to assist in the dissemination of the subject, expand knowledge about associated factors and prevention measures, and better track the problem between different populations.

FATORES ASSOCIADOS AOS CASOS DE NEGLIGÊNCIA NOTIFICADOS NO ESPÍRITO SANTO: ESTUDO TRANSVERSAL

RESUMO

Objetivo: identificar os fatores associados aos casos de negligência notificados no estado do Espírito Santo no período de 2011 a 2018. **Método:** estudo epidemiológico, do tipo transversal, onde foram analisados os casos de negligência notificados no Espírito Santo no período de 2011 a 2018, por meio do programa estatístico Stata versão 14.1, onde foram feitos os testes Qui-quadrado de Pearson e Regressão de Poisson com apresentação da Razão de prevalências (RP) e intervalo de confiança de 95%. **Resultados:** No período em estudo, foram notificados no estado 1621 casos de negligência, correspondentes a 4,5% do total de notificações de violência interpessoal e autoprovocadas registradas no estado. Os casos notificados apresentaram associação significativa com vítimas do sexo masculino, crianças, idosos e pessoas com alguma deficiência/transtorno. Quanto ao agressor, a maioria era do sexo feminino, tinha 25 anos ou mais de idade, possuía vínculo paterno/materno com a vítima. A negligência ocorreu principalmente na residência, em zona urbana/periurbana, com dois ou mais envolvidos e tendo caráter de repetição. **Conclusão:** os casos de negligência analisados apresentaram associação com as características da vítima, do agressor, e do evento.

Palavras-chave: Exposição à violência. Notificação de abuso. Notificação. Violência doméstica. Maus tratos infantis.

FACTORES ASOCIADOS A LOS CASOS DE NEGLIGENCIA NOTIFICADOS EN ESPÍRITO SANTO/BRAZIL: ESTUDIO TRANSVERSAL

RESUMEN

Objetivo: identificar los factores asociados a los casos de negligencia notificados en el estado de Espírito Santo/Brasil en el período de 2011 a 2018. **Método:** estudio epidemiológico, del tipo transversal, donde fueron analizados los casos de negligencia notificados en Espírito Santo/Brasil en el período de 2011 a 2018, por medio del programa estadístico Stata versión 14.1, donde fueron hechas las pruebas Chi-cuadrado de Pearson y Regresión de Poisson con presentación de la Razón de prevalencias (RP) e intervalo de confianza del 95%. **Resultados:** en el período en estudio, fueron notificados en el estado 1621 casos de negligencia, correspondientes al 4,5% del total de notificaciones de violencia interpersonal y autoinfligidas registradas en el estado. Los casos notificados presentaron asociación significativa con víctimas del sexo masculino, niños, ancianos y personas con alguna discapacidad/trastorno. En cuanto al agresor, la mayoría era del sexo femenino, tenía 25 años o más de edad, poseía vínculo paterno/materno con la víctima. La negligencia ocurrió principalmente en la residencia, en zona urbana/periurbana, con dos o más involucrados y teniendo carácter de repetición. **Conclusión:** los casos de negligencia analizados presentaron asociación con las características de la víctima, del agresor, y del evento.

Palabras clave: Exposición a la violencia. Notificación de abuso. Notificación. Violencia doméstica. Maltrato infantil.

REFERENCES

1. Azevedo EA, Rodrigues MP, Honorato M, Kokudai RLN. Violence against the elderly and nursing assistance in identification and prevention. *RMNM* [Internet]. 2023. 10(1). Doi: <https://doi.org/10.61164/rnm.v10i1.1529>
2. BRASIL. Ministério da Saúde. Viva: Instrutivo da Ficha de Notificação de Violência Interpessoal e Autoprovocada. Brasília: Ministério da Saúde. 2016. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/viva_instrutivo_violencia_interpessoal_autoprovocada_2ed.pdf. Acesso em 20 mai. 2023.
3. Silva FG, Fonseca PCSB, Dantas JSOM, Silva CC, Carvalho CTC. Child abuse in Brazil: overview of notifications and indicators of this phenomenon. *Conjecturas* [Internet]. 2021. 21(5), 146–165. Doi: <https://doi.org/10.53660/CONJ-178-705>
4. BRASIL. Ministério dos Direitos Humanos e da Cidadania. Painel de dados da Ouvidoria Nacional de Direitos Humanos. Brasília: Ministério dos Direitos Humanos e da Cidadania. 2024. Disponível em: <https://www.gov.br/mdh/pt-br/ondh/painel-de-dados>. Acesso em 15 mai. 2024.
5. Nunes PF, Queija CCS, Dias PPM, Oliveira MASL, Ribeiro LAC, Rocha JS, et al. Negligência infantil e seu impacto no desenvolvimento psicossocial. *Rev. FT* [Internet]. 2023. Vol. 27, Número 127, p. 80. Zenodo. <https://doi.org/10.5281/zenodo.10045680>
6. Raposo MF, Soares JS, Araújo-Monteiro GKN, Santos RC, Braga JEF, Souto RQ, et al. Risk of violence and quality of life among the elderly in the community: cross-sectional study. *Rev Rene* [Internet]. 2021. 22:e60966. Doi: <https://doi.org/10.15253/2175-6783.20212260966>
7. Malta DC, Antunes JT, Prado RR DO, Assunção AA, Freitas MI. Factors associated with family violence against adolescents based on the results of the National School Health Survey (PeNSE). *Ciênc. Saúde Colet* [Internet]. 2019. 24(4):1287–98. Doi: <https://doi.org/10.1590/1413-81232018244.15552017>
8. Sartori LRM, Oliveira KAS, Moura KF, Soares PO, Matos VVG, Karam SA. Notifications of physical, sexual and emotional violence and neglect against children in Brazil, 2011–2019: an ecological time-series study. *Epidemiol. Serv. Saúde* [Internet]. 2023. v. 32, n. 3, e2023246. Doi: <https://doi.org/10.1590/S2237-96222023000300016.en>
9. BRASIL. Lei federal nº 10.741, de 01 de outubro de 2003. Brasília, DF: Secretaria Especial dos Direitos Humanos. Ministério da Justiça. 2003. Disponível em: [https://www.planalto.gov.br/ccivil_03/leis/2003/110/741.htm#:~:text=LEI%20n%2010.741%2C%20DE%201%2C%20BA%20DE%20OUTUBRO%20DE%202003.&text=Disp%C3%B5e%20sobre%20o%20Estatuto%20do%20Idoso%20e%20d%C3%A1%20outras%20provid%C3%A7%C3%A7es.&text=Art.%2060%20\(sessenta\)%20anos.&text=Art.%2060%20\(sessenta\)%20anos](https://www.planalto.gov.br/ccivil_03/leis/2003/110/741.htm#:~:text=LEI%20n%2010.741%2C%20DE%201%2C%20BA%20DE%20OUTUBRO%20DE%202003.&text=Disp%C3%B5e%20sobre%20o%20Estatuto%20do%20Idoso%20e%20d%C3%A1%20outras%20provid%C3%A7%C3%A7%C3%A7es.&text=Art.%2060%20(sessenta)%20anos.&text=Art.%2060%20(sessenta)%20anos). Acesso em: 20 mai. 2024.
10. BRASIL. Ministério da Saúde. Linha de cuidado para a atenção integral à saúde de crianças, adolescentes e suas famílias em situação de violências: orientação para gestores e profissionais de saúde. Brasília: Ministério da Saúde, 2010. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/linha_cuidado_crianças_famílias_violências.pdf. Acesso em 30 jul. 2023
11. Cuschieri S. The STROBE guidelines. *Saudi J Anaesth* [Internet]. 2019. 13(Suppl 1): S31. Doi: https://doi.org/10.4103/2Fsj.SJA_543_18
12. IBGE – Instituto Brasileiro de Geografia e Estatística. IBGE - Cidades - Panorama Espírito Santo. 2024. Disponível em: <https://cidades.ibge.gov.br/brasil/es/panorama>. Acesso em 15 mai. 2024.
13. BRASIL. Ministério da Saúde. Portaria nº 104, de 25 de janeiro de 2011. Brasília, DF: Ministério da Saúde. 2011. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt0104_25_01_2011.html. Acesso em 05 jun. 2023.
14. BRASIL. Sistema de Informação de Agravos de Notificação (SINAN). Portal do Governo Brasileiro. SINANWEB [Internet]. 2023. Disponível em: <https://portalsinan.saude.gov.br/>. Acesso em 27 mai. 2023.
15. Pinto IV, Bevilacqua PD, Ribeiro AP, Santos AP, Bernal RTI, Malta DC. Aggressions in urgency and emergency care in Brazilian capitals: perspectives of 2011, 2014 and 2017 VIVA Survey. *Rev. Bras. Epidemiol* [Internet]. 2020. 23:e200009.SUPL.1. Doi: <https://doi.org/10.1590/1980-549720200009.supl.1>
16. Silva VEO, Ribeiro MRC, Marques MTS, Almeida JS, Gomes JA, Silva DPA, et al. Differences between violence against children and adolescents in Maranhão, Brazil, 2009–2019. *Rev. Bras. Saúde Mater. Infant* [Internet]. 2023. 23:e20210431. Doi: <https://doi.org/10.1590/1806-9304202300000431-en>
17. Pedroso MRO, Leite FMC. Prevalence and factors associated child neglect in a Brazilian state. *Esc. Anna Nery* [Internet]. 2023. 27:e20220128. Doi: <https://doi.org/10.1590/2177-9465-EAN-2022-0128pt>
18. Silva AJC, Medeiros EB, Basilio ICS, Barbosa JKA, Silva RE. Vítimas de maus-tratos, negligência ou abandono em estado do Nordeste Brasileiro. *Nursing (Ed. brasileira)* [Internet]. 2021. v. 24, n. 273, p. 5289–98. Doi: <https://doi.org/10.36489/nursing.2021v24i273p5289-5298>
19. Figueiredo MC, Bassôa MPG, Potrich ARV, Gouvêa DB. Prevalência da violência contra crianças, adolescentes, mulheres e idosos no município de Porto Alegre de 2017 a 2019. *Rev. Baiana de Saúde Pública* [Internet]. 2021. v. 45, n. 1, p. 166–183. Doi: <https://doi.org/10.22278/2318-2660.2021.v45.n1.a3377>
20. Santos MAB, Moreira RS, Faccio PF, Gomes GC, Silva VL. Factors associated with elder abuse: a systematic review of the literature. *Ciênc. Saúde Colet* [Internet]. 2020. Jun;25(6):2153–75. Doi: <https://doi.org/10.1590/1413-81232020256.25112018>
21. Cerqueira D. (Coordenador) et al. Atlas da Violência 2021. São Paulo: Fórum Brasileiro de Segurança Pública. 2021. Disponível em: <https://www.ipea.gov.br/atlasviolencia/arquivos/artigos/1375-atlasdaviolencia2021completo.pdf>. Acesso em 20 jun. 2023.
22. Legano LA, Desch LW, Messner SA, Et Al. AAP Council on child abuse and neglect, AAP council on children with disabilities. *Maltreatment of Children With Disabilities. Pediatrics* [Internet]. 2021. 147(5):e2021050920. Doi: <https://doi.org/10.1542/peds.2021-050920>
23. Pampolim G, Leite FMC. Neglect and psychological abuse of older adults in a Brazilian state: analysis of reports between 2011 and 2018. *Rev. Bras. Geriatr. Gerontol.* 2020. 23(6):e190272. Doi: <https://doi.org/10.1590/1981-22562020023.190272>
24. Ferreira CLS, Côrtes MCJW, Gontijo ED. Promotion of children's rights and prevention of child abuse. *Ciênc. Saúde Colet* [Internet]. 2019. 24(11):3997–4008. Doi: <https://doi.org/10.1590/1413-812320182411.04352018>
25. Silva JCF, Gonçalves SMM. Profile of violence against children and adolescents according to complaints of the Child Service in a city of Baixada Fluminense. *R. Mos* [Internet]. 2019. v. 10 n. 2, p. 1–9. Doi: <https://doi.org/10.21727/rm.v10i2.1931>
26. Leite FMC, Garcia MTP, Paulucio MD, Ferrari B, Pedroso MRO, Santos DF. Influence of the characteristics of the victim, aggressor, and aggravation on the frequency of negligence against women. *Reme, rev. min. enferm* [Internet]. 2022. 26: e-1459. Doi: <http://dx.doi.org/10.35699/2316-9389.2022.38630>
27. QUEIROZ ZPV, LEMOS NFD, RAMOS LR. Factors potentially associated to domestic negligence among elders assisted in home assistance program. *Ciênc. Saúde Colet* [Internet]. 2010. 15(6):2815–24. Doi: <https://doi.org/10.1590/S1413-81232010000600019>
28. Macedo DM, Lawrenz P, Hohendorff JV, Freitas CPP, Koller SH, Habigzang LF. Characterization of Child Maltreatment Cases Identified in Health Services. *Paidéia (Ribeirão Preto)* [Internet].

2020. 30:e3018. Doi: <https://doi.org/10.1590/1982-4327e3018>

29. Sousa RS, Dourado MG. Health professionals view of parents neglect of their children. *Serv. Soc. Rev* [Internet]. 2020. v. 23, n. 2, p. 410-424. Doi: <http://dx.doi.org/10.5433/1679-4842.2020v23n2p410>

30. Leite FMC, Santos DF, Ribeiro LA, Tavares FL, Fiorotti KF, Ferreira LS, et al. Physical violence against women in Espírito Santo. *Ciênc. Cuid. Saúde* [Internet]. 2023. 22:e63874. Doi: <https://doi.org/10.4025/ciencuidsaude.v22i0.63874>

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