

Violence against women: characterization of cases registered in the state of Maranhão/Brazil, 2011-2019

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Abstract

Violence against women is considered a public health problem due to its magnitude and transcendence in the world. Thus, studies on the subject are relevant to support the creation of actions toward prevention, the reduction of cases, and care for victims. The objective of this study was to analyze cases of violence against women in the state of Maranhão, from 2011 to 2019. This is a descriptive, cross-sectional, ecological study with a quantitative approach, carried out from secondary data of notifications of violence against women of reproductive age (10 to 49 years old), obtained from the Notifiable Diseases Information System of the Department of Informatics of the Unified Health System. A total of 12,275 cases were registered in the state, with a predominance of victimization episodes among women aged 20 to 29 years ($n=3,863$; 31.5%), of mixed race ($n=8,883$; 72.4%), and with an education between the 5th and 8th grades of elementary school ($n= 3,200$; 26.1%). There was a predominance of violence against women perpetrated repeatedly ($n= 4,784$; 39.0%), occurring in the victim's residence ($n= 8,374$; 68.2%), practiced mainly in the form of physical violence ($n= 8,239$; 67.1%), and having an intimate partner as the main perpetrator. In addition, there was a high number of blank fields in the information regarding the referral of the victim to the healthcare sector. The results presented show the relevance of violence against women, its prevalence, recurrence, and severity in the state of Maranhão, highlighting the need for more effective interventions.

Keywords: Violence against Women. Women's Health. Ecological Studies.

INTRODUCTION

Violence Against Women (VAW) is a challenge for global public health, constituting an important cause of morbidity and mortality in the female population¹. It comes in different forms and has different names depending on the environment in which the violence occurs and the relationship between the aggressor and the victim².

As one of the main forms of gender violence, VAW can be defined as any act or conduct based on gender that causes physical, sexual, psychological suffering, deprivation of liberty,

or that which culminates in the woman's death, whether in the public or private realm^{3,4}. This problem is a global problem, based on power and gender inequality, which is reproduced by historically learned behaviors that reinforce the idea of male supremacy^{5,6,7}.

According to the World Health Organization (WHO), it is estimated that 35% of women in the world are victims of physical or sexual violence at some point in their lives¹. In Brazil, a survey carried out with women aged 15 years or older showed that 43% of

Brazilian women had already suffered some type of violence, with the Northeast region presenting the highest rate in 2013, with 6.90/100,000 women^{8,9}.

VAW affects women of all social classes and ethnicities. However, some characteristics are associated with a greater probability of a woman being a victim of violence, such as low education, experience of previous violence, having witnessed violence between parents, and those who have economic and social vulnerabilities¹. In addition, young age, marital status, beliefs, occupation, drug use, and the presence of weapons at home have been identified as risk factors for the occurrence of VAW¹⁰.

The repercussions caused by exposure to violent episodes can last for years or even reach generations, with effects on health, education, work, as well as within economic, family, and social sectors, causing concern for Brazilian society, as a result of physical and emotional traumas which even lead to death. VAW can result in unwanted pregnancies, miscarriages, sexually transmitted infections, gynecological problems, post-traumatic stress, anxiety, sleep disorders, and suicide attempts^{7,11}. Among pregnant women, violence can trigger abortion, stillbirth, perinatal mortality, and pre-

term delivery^{1,12}.

The magnitude and transcendence of the problem highlights the importance of coping actions, which include the organization of a healthcare network that adds devices around health and public safety, encouraging actions for prevention, and management of the problem in groups through activities from different sectors, such as education, healthcare, social work, and justice^{13,14}.

In order for communication between the different sectors to occur effectively concerning VAW, it is important to know the landscape of the problem and the characteristics of the victims, in order to subsidize the planning of strategies to reduce cases. However, the insufficient amount of information about this condition in some regions makes it difficult to identify vulnerable groups, making it impossible to carry out actions that enable the prevention of new cases and care for women. In addition, the data often vary, depending on the sociocultural context in which the woman is inserted^{1,15,16}.

Therefore, it is necessary to investigate cases of violence against women in the state of Maranhão. Thus, the present study aimed to analyze cases of violence against women in the state of Maranhão, from 2011 to 2019.

METHODS

This is a descriptive study using secondary data from the Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação* (SINAN)) of the Department of Informatics of the Unified Health System (*Departamento de Informática do Sistema Único de Saúde* (DATASUS)).

Defining this period was decided to have a broader view of the problem researched, emphasizing that in 2011 all forms of violence became part of the National List of Diseases and Injuries of Required Notification after the publication of Ordinance no. 104 January 25, 2011,

with 2019 being the last year available for collection on the platform¹⁷.

The following variables were evaluated: socio-demographic (age group, race/color, education); characteristics of the violence (repeated violence, types of violence, place of occurrence); characteristics of the aggressor (suspicion of alcohol use, relationship between the aggressor and the victim), and referral and closure of the case (referral to the healthcare sector, case evolution).

Secondary data obtained through individual notification/investigation forms of interpersonal/self-inflicted violence were used, which is

a form of Violence and Accident Surveillance (Vigilância de Violências e Acidentes (VIVA)) and is analyzed by SINAN, available on the website of the Department of Informatics of the Unified Health System (DATASUS). In carrying out this research, official sources were used on cases of VAW notified and made available by the Ministry of Health, through the DATASUS website, more specifically, in the SINAN net database. SINAN net is powered by information collected when completing the individual notification/investigation form for domestic, sexual, and/or other violence. It is a continuous surveillance collection instrument that must be used to report any suspected or confirmed case of violence. In turn, this form is composed of a set of variables and categories that portray the violence perpetrated against oneself (self-inflic-

ted violence), against another person, or against population groups (interpersonal violence)¹⁸.

After collection in the database on the DATASUS website, the data obtained were all transferred to Microsoft Excel® spreadsheets. Then, the data were analyzed using the Statistical Package for Social Sciences (SPSS) version 20.0, where the calculations related to descriptive statistics were performed, with absolute frequency (n) and percentage (%). The results were synthesized and presented in graphs and in absolute and relative frequency distribution tables.

There was no need to submit the project to the Research Ethics Committee (REC), according to Resolution No. 510 of April 7, 2016, of the National Council of Health, because this study used secondary data, without the identification of subjects¹⁸.

RESULTS

A total of 12,275 cases of VAW were registered in the period from 2011 to 2019 in the state of Maranhão. There was a 455% increase in the number of registered cases in the analyzed period (463 in 2011 to 2,573 cases in 2019) (Figure 1).

Table 1 presents the sociodemographic profile of women of reproductive age victims of violence. It was noted that VAW was more frequent in women aged 20 to 29 years old (n=3,863; 31.5%), brown (n= 8,883; 72.4%), and with education between the 5th and 8th grades (n= 3,200; 26.1%).

There was a high percentage of repeat victimization (n= 4,784; 39.0%) and most violent episodes occurred in the victims' homes (n= 8,374; 68.2%). It was noted that the most perpetrated types of VAW were physical (n= 8,239; 67.1%), followed by psychological/moral (n= 5,087; 41.4%) and sexual (n= 2,579; 21.0%). However, cases of torture, human trafficking, neglect and abandonment, child labor, financial and economic violence, and others were also identified (Table 2).

Table 3 presents characteristics of perpetra-

tors of violence against women of reproductive age. It was noted that the use of alcohol was observed in a proportion of the perpetrators of VAW (n= 3,757; 30%). As for the aggressor's relationship with the victim, it was noted that the intimate partners were those who most performed VAW. Thus, it was observed that the spouse was the one who most perpetrated VAW (n= 2,639; 21.5%), followed by the ex-spouse (n= 1,183; 9.6%), boyfriend (n= 615, 5.0%), and ex-boyfriend (n= 346; 2.8%). In the other categories of aggressors, it was verified that most cases of VAW were proven by the brother (n=313; 2.5%), followed by the father (n= 241; 2.0%), mother (n= 162 ; 1.3%), and child (n= 100; 0.8%), as well as by friends and/or acquaintances (n= 2,029; 16.5%) in terms of family and other categories, respectively.

Table 4 presents cases of violence against women of reproductive age by referral and closure of the case. It was found that most referrals in the health sector were outpatient (n= 1,464; 11.9%) and that cases were closed in the system due to the discharge (n= 3,477; 28.3%).

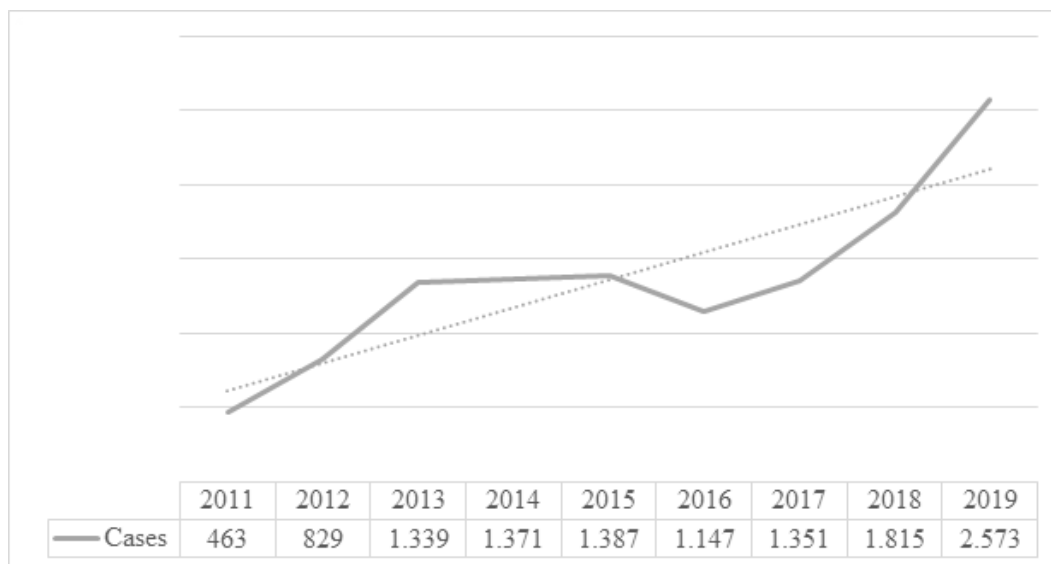


Figure 1 – Cases of violence against women of reproductive age, by year, in Maranhão, northeastern Brazil, 2011-2019.

Source: BRAZIL. Ministry of Health/Secretariat of Health Surveillance (SHS) - Notifiable Diseases Information System - Sinan Net, 2019.

Table 1 – Sociodemographic profile of women of reproductive age victims of violence in Maranhão, northeastern Brazil, 2011-2019.

Variables	n	%
Age Range (in years)		
10-14	1.926	15.7
15-19	2.138	17.4
20-29	3.863	31.5
30-39	3.051	24.9
40-49	1.297	10.6
Race		
Ign ¹ /White	546	4.4
White	1.513	12.3
Black	1.160	9.5
Yellow	89	0.7
Brown	8.883	72.4
Indigenous	84	0.7
Education		
Ign ¹ /White	2.456	20.0
Illiterate	187	1.5
Incomplete 1 st to 4 th grade PS2	873	7.1
Complete 4 th grade PS	553	4.5
Incomplete 5 th to 8 th grade PS	3.200	26.1
Complete primary school	1.062	8.7

to be continued...

...continuation table 1

Variables	n	%
Incomplete high school	1.459	11.9
Complete high school	1.917	15.6
Incomplete higher education	302	2.5
Complete higher education	236	1.9
Not applicable	30	0.2

Caption: 1Ign- Ignored; 2PS- Primary School
Source: Brazil. Ministry of Health/SHS - Information System for Notifiable Diseases - Sinan Net

Table 2 – Characteristics of violence perpetrated against women of reproductive age in Maranhão, northeastern Brazil, 2011-2019.

Variables	n	%
Repeat violence		
Yes	4.784	39.0
Place of occurrence		
Residence	8.374	68.2
Collective Housing	67	0.5
School	125	1.0
Sports practice venue	37	0.3
Bar or similar	499	4.1
Public highway	1.837	15.0
Commerce/Services	150	1.2
Industries/construction	19	0.2
Others	635	5.2
Ignored	442	3.6
In blank	90	0.7
Types of violence		
Physical		
Yes	8.239	67.1
Psychological/moral		
Yes	5.087	41.4
Torture		
Yes	689	5.6
Sexual		
Yes	2.579	21.0
Human trafficking		
Yes	25	0.2
Financial/economic		
Yes	264	2.2
In blank	232	1.9
Neglect/abandonment		
Yes	225	1.8
Child labor		
Yes	20	0.2

to be continued...

...continuation table 2

Variables	n	%
Other types		
Yes	964	7.9

Source: Brazil. Ministry of Health/SHS - Notifiable Diseases Information System - Sinan Net, 2019.

Table 3 – Characteristics of perpetrators of violence against women of reproductive age in Maranhão, northeastern Brazil, 2011-2019.

Variables	n	%
Suspected use of alcohol		
Yes	3.757	30.6
No	6.294	51.3
Ignored	1.860	15.2
In blank	364	3.0
Relationship between the aggressor and the victim		
Family		
Father		
Yes	241	2.0
Mother		
Yes	162	1.3
No	11.441	93.2
Brother		
Yes	313	2.5
Child		
Yes	100	0.8
Intimate partner		
Spouse		
Yes	2.639	21.5
Ex-spouse		
Yes	1.183	9.6
Boyfriend		
Yes	615	5.0
Ex-boyfriend		
Yes	346	2.8
Others		
Friend/Acquaintance		
Yes	2.029	16.5
Unknown		
Yes	1.355	11.0
Other relationships		
Yes	1.116	9.1

Source: Brazil. Ministry of Health/SHS - Notifiable Diseases Information System - Sinan Net, 2019.

Table 4 – Cases of violence against women of reproductive age by referral and closure of the case in Maranhão, northeastern Brazil, 2011-2019.

Variables	n	%
Referral in the healthcare sector		
Outpatient referral	1.464	11.9
Hospitalization	516	4.2
Not applicable	464	3.8
Ignored	542	4.4
Blank	9.289	75.7
Case evolution		
Discharge	3.477	28.3
Evasion/escape	55	0.4
Death by violence	51	0.4
Death from other causes	2	0.0
Ignored	96	0.8
Blank	8.594	70.0

Source: Brazil. Ministry of Health/SHS - Information System for Notifiable Diseases - Sinan Net.

DISCUSSION

This study provides updated information on violence against women in the state of Maranhão, from 2011 to 2019, with an observed increase in the absolute number of cases. The increase in the number of VAW cases over the study period in Maranhão corroborates with another study. In Brazil, in 2013, 61.5% of the municipalities registered an increase in the number of VCM notifications in SINAN¹⁹. The increase in the number of reported cases may be related to greater adherence to reporting cases, reduced fear, initiative to seek help, and complaints made by women, as well as greater effectiveness in surveillance services in the face of this problem²⁰.

The results of the present study show a predominance of violence in young, brown women with low education, which is a pattern found in most studies^{21,22,23}. The predo-

minance of violence among young women was also observed in other national and international studies^{24,25,26}. Research carried out in Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Tanzania, Samoa, Serbia, Montenegro, and Thailand found that young women are more likely to be victims of violence²⁴. Similar results were observed in a survey carried out in Rio de Janeiro, between 2003 and 2008, which observed that about 65% of women in situations of violence were aged between 20 and 39 years old²⁵. Young women are more frequently attacked as a result of age vulnerability, as they are still very immature and often unable to understand the violence they had suffered²⁶. In addition, the occurrence in this age group may be associated with the concomitant presence of other risk factors such as low education and unemployment²¹.

Brown skin color was the most frequent trait among the victims in the present study. Brown skin color is associated with the racial predominance of the population, and this may differ between studies from different states and municipalities²⁷. Against this result, studies suggest that black women are more vulnerable to the occurrence of victimization, as they are the population with the most unfavorable socioeconomic conditions^{22,28,29}.

In the current study, a higher proportion of VAW notifications was observed among those with low education. The data found here corroborate with other studies, such as the one carried out in Fortaleza, Ceará, between the years 2006 to 2008, which showed a positive association between low education and women having been victims of two or more types of VAW³⁰. Data from a study carried out in Piauí, from 2009 to 2016, highlight that women with low education have greater difficulty in identifying and stopping violent behavior, thus being more susceptible to suffering violence. It is also noteworthy that despite being a factor considered inconsistent in other countries, in Brazil, several studies point to the relationship between low education and VAW^{25,23}. Victims with this profile tend to be more vulnerable because they are very young and are completely dependent on their aggressors. Low education levels leave women without information about their rights and, therefore, they are the most common victims to be easily manipulated by their aggressors²³.

A large number of cases registered in Maranhão were of recurrent violence and had the victim's home as the place of occurrence. Similar to this finding, a study carried out in Santa Catarina, between 2008 and 2013, showed that recurrent violence mostly occurs in the victim's own home as a result of aggressions that come from the spouse or close family members with whom the victim shares the house. This approxi-

mation favors the occurrence of violence, considering that the aggressor feels safer in practicing violence since it occurs in a private place³¹. According to data from a study carried out throughout Brazil in the period from 2011 to 2017, the home, which should be the place where the victim should be safe, is one of the points where VAW most occurs based upon the high number of cases of aggressions coming from people who have a close relationship with the victim³².

With regards to typology, it was observed that the most prevalent was physical violence, followed by psychological/moral and sexual violence. Corroborating this finding, WHO data presented in a study carried out in Santa Catarina, in the period from 2008 to 2013, show that about 35.0% of the women interviewed generally reported having already been victims of physical and/or sexual violence³¹. A study carried out in another state, considering the period between 2011 and 2017, reported that of a total of 454,984 cases of VAW, physical abuse corresponded to 86.6% of cases³².

In Piauí, a study conducted between 2009 and 2016, pointed out that physical violence tends to occur more frequently as a consequence of the traditional patriarchal belief that women should be submissive to men, assuming the role of caregivers of the home and children. Furthermore, from the moment the woman tries to overcome this vision, the partner's frustration and the disagreement between the couple tend to lead to extreme acts as a way for the aggressor to force the victim to fulfill the expectations of what he believes to be the role of a woman²³.

Although physical and sexual violence are observed in most studies as the most prevalent, VAW tends to start from verbal aggression and then progress to physical violence, making psychological abuse a more neglected violence. As psychological abuse is hardly recognized, this factor may be associated with the fact that women, in

most cases, only seek professional assistance when the violence goes beyond the psychological damage and starts to leave marks resulting from physical violence^{33,29}. Due to the complexity of recognizing psychological violence, it is suggested that the risk of underreporting psychological violence may be high.

According to the analyses and corroborating the study carried out in the municipality of Vitória do Santo Antão, state of Pernambuco and the National Health Survey, in 2019 most cases of violence were perpetrated by their intimate partner^{34,35}. The greater predominance of the intimate partnership as the main perpetrator is related to the asymmetry between men and women present in society, historically patriarchal, financial and emotional dependence on the part of women, as well as the association with other vulnerability markers such as young age, lesser education and income, unemployment, and having children with the aggressor^{21,26}.

It was noted that the use of alcohol by the perpetrator of violence composes the profile of violence in the state of Maranhão, with the intimate partner being the main aggressor. Similar to this finding, data from Belém found that most aggressors use alcoholic beverages (51.3%) and illicit drugs (12%)³⁶. According to a study carried out in Piauí, from 2009 to 2016, it is observed that when women consume alcoholic beverages, they are three times more likely to be victims of physical aggression, while this number rises to 5 times when it is the aggressors who consume alcoholic beverages abusively²³. A study carried out in Brazil from 2011 to 2017 shows that alcohol plays an important role even when the partner does not use it abusively, which is a result of the physiological disinhibition caused by the consumption of the substance associated with the expectation of acceptance, where the user believes that their actions must be accepted without

question by those around them, which usually leads to more violent behavior³².

Most of the victims in the present study have the field for referral to the health sector blank. Healthcare services are of great importance for the detection of VAW, in theory, they have coverage and contact with women, and are able to recognize and accept the case before more serious incidents occur; thus, the identification of VAW is extremely important. However, the health sector does not always provide a satisfactory solution to this problem, which ends up spreading to other problems. Thus, the non-identification of VAW by health professionals contributes to perpetuating the cycle of violence, reducing the effectiveness of health services, and the consumption of financial resources. With this understanding, healthcare professionals have a very important role in detecting violence and reporting cases, as this is often the only place sought by women in this situation of vulnerability³⁷.

It is worth noting that VAW notifications are important, since their absence is worrying, as it hinders the development of measures quickly and assertively based on what is the victim's greatest need and raises questions about whether the woman is really being properly assisted in care services³¹.

This study has some limitations that need to be considered, firstly, those inherent to the use of secondary data from the notification forms of cases of interpersonal/self-inflicted violence. Due to poor completion, there are many variables with high proportions of fields "ignored," "others," and "not applicable," or even "blank". Therefore, improving the quality of information is one of the fundamental elements needed to give greater precision to the decision-making processes. It is necessary to train healthcare professionals to correctly fill in the notification forms, such a factor would make the healthcare information systems safer, more effective, and up to date.

CONCLUSION

The women victims of VAW in Maranhão are young adults, brown, with a low education. Most events of violent episodes against women were in the form of recurrent violence, at the victim's home, with physical violence being the most practiced type against women in the state. The perpetrators were mostly intimate partners of the victims, and it was noted that alcohol use was common among them.

The results demonstrate fragility in the data on VCM present in DATASUS, since a high number of blank and/or ignored fields is notable, including on the management of violence in the health sector. This highlights the need to improve the quality of the information collected in the notification forms

and registered in SINAN. Therefore, investment in training for the recording of information, as well as for the management of cases of violence, is fundamental so that the evaluation of this problem in Maranhão may be carried out in a reliable way, in order to guarantee the planning of prevention, reduction, and quality care actions for victims of violence in Maranhão.

Consequently, it is expected that the information offered by this study will contribute to making healthcare managers and professionals aware of and approaching this issue with greater commitment, and to giving greater visibility to the VAW problem, working together to carry out the tracking and prevention of this grievance.

Author Statement CREdIT

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