Recurrent violence against women: analysis of reported cases

Violência recorrente contra mulheres: análise dos casos notificados

Violencia recurrente contra mujeres: análisis de los casos notificados

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Abstract

Objective: To identify the frequency of recurrence of violence against women in different life cycles and to verify associated factors.

Methods: This is a cross-sectional study carried out with data on report of violence against women in the state of Espírito Santo from 2011 to 2018. Data from the Notifiable Diseases Information System were used, through the Interpersonal and Self-Inflicted Violence Reporting/Investigation Form. Statistical analyzes were performed using Poisson regression and the chi-square test.

Results: The frequency of recurrence of violence in females was 58.9% (95%CI 58.2-59.5). Repeated violence was 1.26 times more prevalent among elderly women and 32% more frequent among those with disabilities, and reports in urban areas were 8% higher. As for the aggressor, males prevailed (Prevalence Ratio of 1.37; 95%CI 1.28-1.46), and the most frequent age group was over 25 years (Prevalence Ratio of 1.07; 95%CI 1 03-1.11). Recurrent violence was 3.28 times more committed by acquaintances and by a single perpetrator (Prevalence Ratio of 1.24). Reports of recurrent violence were 55% more prevalent in the household.

Conclusion: The high frequency of recurrent violence and the associations with the characteristics studied reflect the need for attention to this public as well as the importance of actions aimed at the early detection of violence and adequate assistance to victims and family aggressors, in order to avoid the perpetuation of aggression in women's daily lives.

Resumo

Objetivo: Identificar a frequência de recorrência da violência contra mulheres nos diferentes ciclos de vida e verificar os fatores associados.

Métodos: Estudo transversal realizado com dados de notificação de violência contra o sexo feminino do estado do Espírito Santo no período de 2011 a 2018. Utilizaram-se dados do Sistema de Informação de Agravos de Notificação, por meio da Ficha de Notificação/Investigação de Violência Interpessoal e Autoprovocada. Foram realizadas análises estatísticas por meio da regressão de Poisson e do teste do qui-quadrado.

Resultados: A frequência de recorrência de violência no sexo feminino foi de 58,9% (IC95% 58,2-59,5). A violência de repetição foi 1,26 vez mais prevalente nas idosas e 32% mais frequente entre aquelas com deficiência; as notificações em área urbana foram 8% maiores. Quanto ao agressor, o sexo masculino prevaleceu (razão de prevalência de 1,37; IC95% 1,28-1,46), e faixa etária mais frequente foi mais de 25 anos (razão de prevalência de 1,07; IC95% 1,03-1,11). A violência recorrente foi 3,28 vezes mais cometida por conhecidos e por um agressor único (razão de prevalência de 1,24). As notificações de violência recorrente foram 55% mais prevalentes na residência.

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Conclusão: A alta frequência da violência de repetição e as associações com as características estudadas refletem a necessidade de atenção a esse público, bem como a importância de ações que visem à detecção precoce da violência e à adequada assistência às vítimas e aos agressores familiares, a fim de evitar a perpetuação das agressões no cotidiano das mulheres.

Resumen

Objetivo: Identificar la frecuencia de recurrencia de la violencia contra mujeres en los diferentes ciclos de la vida y verificar los factores asociados.

Métodos: Estudio transversal realizado con datos de notificación de violencia contra el sexo femenino del estado de Espírito Santo, en el período de 2011 a 2018. Se utilizaron datos del Sistema de Información de Agravios de Notificación, por medio de la Ficha de Notificación/Investigación de Violencia Interpersonal y Autoprovocada. Se realizaron análisis estadísticos mediante la regresión de Poisson y la prueba χ^2 de Pearson.

Resultados: La frecuencia de recurrencia de violencia en personas de sexo femenino fue de 58,9 % (IC95 % 58,2-59,5). La violencia de repetición fue 1,26 veces más prevalente en mujeres mayores y 32 % más frecuente entre aquellas con discapacidad. Hubo un 8 % más de notificaciones en área urbana. Respecto al agresor, el sexo masculino prevaleció (razón de prevalencia de 1,37; IC95 % 1,28-1,46), y el grupo de edad más frecuente fue más de 25 años (razón de prevalencia de 1,07; IC95 % 1,03-1,11). La violencia recurrente fue 3,28 veces más cometida por conocidos y por un único agresor (razón de prevalencia de 1,24). Las notificaciones de violencia recurrente fueron un 55 % más prevalentes en la residencia.

Conclusión: La alta frecuencia de violencia de repetición y las asociaciones con las características estudiadas reflejan la necesidad de atención a este público, así como la importancia de acciones que busquen la detección temprana de la violencia y la atención adecuada a las víctimas y a los agresores familiares, a fin de evitar la perpetuación de las agresiones en la vida cotidiana de las mujeres.

Introduction

Violence against women, in addition to being a serious violation of human rights, is also a serious global public health concern.[1] Violence perpetrated by intimate partners is the most frequent type, as the intimate relationship established between the woman and the aggressor corroborates that behaviors that cause physical, sexual or psychological harm to women end up making them hostage to a relationship of gender inequality and power.[2–4]

Violence against women is a historical, complex and experienced phenomenon throughout many women's lives, with a prevalence of psychological, physical and sexual violence, bringing serious repercussions, both in the health-disease process of women and for society as a whole.[5–7]

Estimates reveal that the cost of violence against women can reach 2% of the world's Gross Domestic Product, which is equivalent to US$1.5 trillion. In Uganda, the annual cost of staffing women victims of violence is US$1.2 million, and in New Guinea, private sector employees miss 11 days of work a year due to gender-based violence.[8]

In the context of violence against women, the phenomenon of recurrence of episodes of violence must be taken into account, since studies show that the greater the recurrence of violent acts against women, the greater the impacts on their health and on the pattern of use of health services, associated with high socioeconomic costs. This exposes how fragile the care and protection networks are in terms of comprehensive, qualified and timely care for victims.[8]

Considering the posed problem, the present study sought to answer the following guiding question: What is the frequency of recurrent violence among reports of violence against women in Espírito Santo? Is this phenomenon associated with the characteristics of the victim, the aggressor and the event?

Therefore, this study aimed to identify the frequency of recurrent violence against women in Espírito Santo in different life cycles and to verify the associated factors.

Methods

This is a cross-sectional study carried out with violence report data from the state of Espírito Santo, following the STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) recommendations for cross-sectional studies.

Espírito Santo is located in the Southeast, with a territorial extension of 46,074.444km^2 and a population of 3,514,952 people, of which 50.75% (1,783,735) are women. It has a demographic density of 76.25 inhabitants/km^2 and a Human Development Index of 0.740.[9]

The study population consisted of all reported cases of violence against women in Espírito Santo

from 2011 to 2018. The database for carrying out this research was the Notifiable Diseases Information System (SINAN - *Sistema de Informação de Agravos de Notificação*), through the Interpersonal and Self-Inflicted Violence Reporting/Investigation Form.[10] This form is divided into ten chunks, in which the profile of the victim and the aggressor, violence characteristics, and the actions and referrals made by the service that provided care are recorded.

Before the analysis, the database was qualified to correct possible errors and inconsistencies, in accordance with the Ministry of Health guidelines.[10] As an inclusion criterion, all reports of violence against women in Espírito Santo from 2011 to 2018 were considered cases, excluding those with blank or ignored data.

Recurrent violence (yes; no) was the outcome under analysis. As independent variables, the following were included: victim's age group (zero to 9 years; 10 to 19 years; 20 to 59 years; 60 years and over); race/color (white; black/brown); presence of disabilities/disorders (no; yes); area of residence (urban/peri-urban; rural); aggressor's age group (zero to 24 years and 25 and over); aggressor's sex (male; female; both sexes); link between the aggressor and the victim (known; unknown); suspected alcohol use by the aggressor (no; yes); number of people involved (one; two or more); and place of occurrence (home; public road; others).

The analysis took place using the Stata 14.1 program. Relative and absolute frequencies of variables were calculated, and, in the bivariate analysis, Pearson's chi-square test was performed. Multivariate analysis was performed using Poisson regression with robust variance, and the results were expressed as Prevalence Ratios. Variables that reached a value of $p < 0.20$ in the bivariate analysis entered the multivariate model, except for the referral variable, since this is an event after the violence. In the hierarchical model, the variables that represented the victim's characteristics were inserted in the first level and, in a second level, those related to the aggressor and the aggression. The permanence of the variable in the model occurred when it reached a value of $p < 0.05$.

The present study was approved by the Research Ethics Committee of the *Universidade Federal do Espírito Santo*, under opinion 2.819.597 (Certificate of Presentation of Ethical Appreciation: 88138618.0.0000.5060).

Results

The frequency of recurrence of violence against females was 58.9% (95%CI 58.2-59.5). As for victims characterization, approximately 71.0% were in the adult age group (20 to 59 years); 68.1% were of black/brown race/color; 82.1% did not have a disability or disorder; and approximately 92.0% lived in urban areas. As for the aggressor, about 67.0% were over 25 years old and male; 98.2% of aggressors were acquainted with the victim; 58.0% had no suspicion of alcohol use during the aggression; and in 90.0% of cases, the aggression was committed by one person. The residence was the space in which there was the most recurrence of violence (85.0%), and in 87.0% of cases, there was a referral (Table 1).

In the bivariate analysis, it was noticed that the recurrence of violence was related to the following victim characteristics: age group, disability/disorder and area of residence. With regard to the aggressor characteristics, there was a relationship with all the variables under study. As for the event, recurrent violence was related to the number of people involved and place of occurrence ($p<0.005$) (Table 2).

Table 3 presents unadjusted and adjusted analysis, after controlling for confounding factors. The female group aged 60 years and over had about 1.26 times more prevalence of being victims of recurrent violence when compared to the group aged 10 to 19 years. Disabled female victims had a 32% higher prevalence of recurrence when compared to the non-disabled group. The occurrence of recurrent violence in females was 8% more prevalent in urban areas, with aggressors aged 25 years or older being more frequent (Prevalence Ratio of 1.07; 95%CI 1.03-1.11), of both sexes (Prevalence Ratio of 1.60; 95%CI 1.43-1.79), and males (Prevalence Ratio of 1.37; 95%CI 1.28-1.46) were the main perpetrators.

Recurrent violence was 3.28 times more committed by acquainted perpetrators and only one

Table 1. Characteristics of reported cases of recurrent violence against women in different life cycles

Variables	n(%)	95%CI
Age group, years, n=12,553		
0-9	603(4.8)	4.4-5.2
10-19	2422(19.3)	18.6-20.0
20-59	8872(70.7)	69.9-71.5
60 or over	656(5.2)	4.9-5.6
Race/color, n=11,363		
White	3621(31.9)	31.0-32.7
black/brown	7742(68.1)	67.3-69.0
Disabilities/disorders, n=11,395		
No	9351(82.1)	81.4-82.8
Yes	2044(17.9)	17.2-18.7
Area of residence, n=12,245		
Urban/peri-urban	11238(91.8)	91.3-92.3
Rural	1007(8.2)	7.8-8.7
Aggressor's age group, years, n=8,717		
0-24	2847(32.7)	31.7-33.7
25 or more	5870(67.3)	66.4-68.3
Aggressor's sex, n=12,286		
Male	8282(67.4)	66.6-68.2
Female	3626(29.5)	28.7-30.3
Both	378(3.1)	2.8-3.4
Relationship with the victim, n=9.451		
Acquainted	9191(97.2)	96.9-97.6
Not acquainted	260(2.8)	2.4-3.1
Suspected alcohol use, n=9,645		
No	5598(58.0)	57.1-59.0
Yes	4047(42.0)	41.0-43.0
Number of people involved, n=12,327		
One	11112(90.1)	89.6-90.7
Two or more	1215(9.9)	9.3-10.4
Place of occurrence, n=12,006		
Residence	10211(85.0)	84.4-85.7
Public road	1057(8.8)	8.3-9.3
Others	738(6.2)	5.7-6.6
Referral, n=12,275		
No	1662(13.5)	13.0-14.2
Yes	10613(86.5)	85.8-87.1

95% CI: 95% Confidence Interval

Table 2. Bivariate analysis of distribution of characteristics according to the occurrence of reports of recurrent violence against women in different life cycles

Variables	n(%)	95%CI	p-value
Age group, years, n=12,553			<0.001
0-9	603(57.9)	54.8-60.8	
10-19	2422(51.1)	49.6-52.5	
20-59	8872(61.0)	60.2-61.8	
60 and over	656(65.9)	62.9-68.8	
Race/color, n=11,363			0.575
White	3621(58.7)	57.4-59.9	
Black/brown	7742(59.1)	58.3-59.9	
Disabilities/disorders, n=11,395			<0.001
No	9351(56.2)	55.4-56.9	
Yes	2044(74.3)	72.6-75.9	
Area of residence, n=12,245			<0.001
Urban/peri-urban	11238(59.0)	58.3-59.7	
Rural	1007(54.7)	52.5-57.0	
Aggressor's age range, years, n=8,717			<0.001
0-24	2847(55.1)	53.8-56.5	
25 or more	5870(62.3)	61.3-63.3	
Aggressor's sex, n=12,286			<0.001
Male	8282(63.0)	62.1-63.8	
Female	3626(52.2)	51.1-53.4	
Both	378(64.6)	60.7-68.4	
Relationship with the victim, n=9,451			<0.001
Acquainted	9191(66.0)	65.2-66.8	
Not acquainted	260(14.4)	12.8-16.1	
Suspected alcohol use, n=9,645			<0.001
No	5598 (57.6)	56.6-58.6	
Yes	4047(64.1)	62.9-65.3	
Number of people involved, n=12,327			<0.001
One	11112(60.9)	60.2-61.6	
Two or more	1215(48.9)	46.9-50.8	
Place of occurrence, n=12,006			<0.001
Residence	1021(65.7)	64.9-66.4	
Public road	1057(35.6)	33.9-37.3	
Others	738(39.6)	37.4-41.8	
Referral, n=12,275			0.079
No	1662(60.4)	58.5-62.2	
Yes	10613(58.6)	57.9-59.3	

95%CI: 95% Confidence Interval

perpetrator (prevalence ratio 1.24). Reports of recurrent violence were 55% more prevalent in the household.

Discussion

From 2011 to 2018, the frequency of recurrence of violence against women was high, with elderly women, women with disabilities or disorders and residents of urban/peri-urban areas being more victimized. As for the aggressor, both sexes prevailed. There was also a prevalence of the age group over 25 years old, only one aggressor, acquainted with the victim and the residence where the injury occurred.

The high report of recurrent violence against women in Espírito Santo corroborates the analysis of a cohort study published in 2021, in which approximately 36% of cases of violence presented characteristics of recurrence.[11] In a 2010 survey, it is noted that, of the approximately 2.500 cases, in about 39% there was recurrence and, in 19.5%, the presence of a lot of recurrence.[7] The occurrence of violence has short- and long-term consequences for physical and psychological health, including depression,

Table 3. Bivariate analysis with the unadjusted prevalence ratio and the multivariate model with the adjusted prevalence ratio of variables associated with cases of recurrent violence against women in different life cycles

Variables	Unadjusted analysis			Adjusted analysis		
	PR	95%CI	p- value	PR	95%CI	p-value
Age group, years			<0.001			<0.001
0-9	1.13	1.07-1.20		1.17	1.10-1.24	
10-19	1.0			1.0		
20-59	1.20	1.16-1.23		1.18	1.14-1.22	
60 and over	1.29	1.22-1.36		1.26	1.19-1.33	
Disabilities/disorders			<0.001			<0.001
No	1.0			1.0		
Yes	1.32	1.29-1.36		1.32	1.28-1.35	
Area of residence			0.001			0.001
Urban/peri-urban	1.08	1.03-1.13		1.08	1.04-1.13	
Rural	1.0			1.0		
Aggressor's age range			<0.001			<0.001
0-24 years	1.0			1.0		
25 years and over	1.13	1.10-1.16		1.07	1.03-1.11	
Aggressor's sex			<0.001			<0.001
Male	1.21	1.17-1.24		1.37	1.28-1.46	
Female	1.0			1.0		
Both	1.24	1.16-1.32		1.60	1.43-1.79	
Relationship with the victim			<0.001			<0.001
Acquainted	4.59	4.10-5.14		3.28	2.77-3.88	
Not acquainted	1.0			1.0		
Suspicion of alcohol use			<0.001			0.103
No	1.0			1.0		
Yes	1.11	1.09-1.14		1.03	0.99-1.07	
Number of people involved			<0.001			<0.001
One	1.25	1.20-1.30		1.24	1.16-1.33	
two or more	1.0			1.0		
Place of occurrence			<0.001			<0.001
Residence	1.66	1.57-1.76		1.55	1.43-1.69	
Public road	0.90	0.84-0.97		1.08	0.97-1.19	
Others	1.0			1.0		

PR: Prevalence Ratio; 95% CI: 95% Confidence Interval

anxiety, unwanted pregnancy and sexually transmitted infections. [12,13]

There is greater victimization among elderly women, a finding similar to that of Pampolim and Leite, for whom 72.2% of elderly women suffered some type of violence.[14] It is understood that as age advances, injuries tend to appear, and this makes elderly people feel more frail, dependent and, consequently, more vulnerable, making it difficult to break the cycle of violence.[13,14]

It is important to consider the presence of victimization among children. A study recently carried out in Espírito Santo describes that girls aged between 6 and 9 years had a prevalence of 1.35 times more of suffering from recurrent violence.[15] The high frequency of recurrence of violence against children points to a high social vulnerability in which this group and their families find themselves and demonstrates how important child protection measures are.[16] It is worth noting that children are one of the most vulnerable groups to suffer from the violation of their rights, which directly and indirectly affects their development, growth and physical, mental and emotional health.[17]

With regard to victims' health condition, recurrent violence was more prevalent in people who had some type of disability. A study carried out in Brazil from 2011 to 2017 showed that the presence of revictimization was approximately 52% higher in reported cases of people with disabilities.[18] Thus, disability is considered as a risk factor, since this condition usually makes the person – as well as children and elderly people – see themselves in a scenario of dependence and vulnerability.[14]

Urban/peri-urban areas were the scenarios with the highest report of recurrent violence, similar to

a study carried out in Rio Grande do Sul between 2010 and 2014.[19] It is believed that there is a greater agglomeration of people in these areas compared to the rural area, in addition to the ease of access to health and safety services, as there are more of them, which would supposedly facilitate condition reporting in these regions.[20]

The high prevalence of male perpetrators is similar to that of a study carried out with elderly people, in which a higher prevalence of male perpetrators was observed compared to victims of psychological violence (prevalence ratio of 2.92), with four times more frequency of recurrence of violence (Prevalence Ratio of 4.31).[21] The results suggest the patriarchal ideology, in which women may suffer from male domination, submission, domination of the domestic space and their bodies through men's authority, which serves to maintain the situation of violence.[22] The main perpetrators of violence against women are men so that women often suffer from violence, experiencing a vicious cycle.[23,24]

Another point to discuss is the proximity of the relationship between victim and aggressor. In the study, it was observed that recurrent violence was more committed by acquainted perpetrators, who could be family members, friends and/or partners. Revictimization can signal a woman's non-perception about the violence experienced, the expectation of a change in the partner's attitude, financial dependence and lack of income contribute to the maintenance of this phenomenon and make it difficult to make a decision about leaving the relationship.[25,26] Furthermore, the fear of reporting the aggressors to the authorities and losing the affective bond is one of the factors for recurrence of what happened, especially when the aggressor is a family member.[27]

The greater recurrence of violence in victims' homes reinforces the idea that the domestic space of protection for women is not real, since it is the most frequent environment of violence.[28] A study carried out from 2011 to 2017 describes the predominance of the home as the main place of occurrence of violence, although it should be a welcoming environment and refuge from violence.[29] For most women in situations of violence, home is not a safer place, but a space of fear, tension and aggression.[25,29]

Regarding the number of aggressors, the highest prevalence was of a single aggressor, a finding corroborated by recent studies that report a higher prevalence, in terms of the number of people involved in physical violence, of a single aggressor.[14,21] Several authors highlight males as the main aggressors, especially husbands, ex-husbands, boyfriends and ex-boyfriends.[6,12,14,16] However, it is worth noting that the completeness of violence reporting for filling in the variable number of aggressors is poor, demonstrating the irregularity in the time of reporting, even though filling in this variable is essential for episode analysis and characterization.[12,30]

With regard to the limitation of this study, data incompleteness in the report form is pointed out, since the analyzes were carried out using secondary data registered in SINAN and the underreporting of cases of violence. The main cause of underreporting is the lack of professional training in dealing with suspected cases. The absence of official data and information makes it difficult to plan surveillance actions. As an effective instrument of public policy, reporting is one of the Ministry of Health's primary strategies, contributing to implementing public surveillance policies. [31,32]

Finally, this study presents an overview of recurrent violence against women in Espírito Santo as well as the groups most vulnerable to victimization and the perpetration of this injury. These data contribute to a better understanding of this complex phenomenon as well as to the elaboration of public policies to combat violence.

This study reflects the need for attention to this public as well as the importance of actions aimed at the early detection of violence and adequate assistance to victims and family aggressors, in order to avoid the perpetuation of aggression in women's daily lives.

Conclusion

The frequency of recurrent violence against women in Espírito Santo was high, being more prevalent among

elderly women, those with disabilities or disorders and residents of urban/peri-urban areas. Regarding the aggressor, both sexes and males prevailed, aged over 25 years and acquainted with the victims. The aggression, in most cases, was committed by one person, and the residence was the space of occurrence.

Collaborations

Leite FMC, Garcia MTP, Cavalcante GR, Venturin B, Pedroso MRO, Souza EAG and Tavares FL declare that they contributed to the project design, data analysis and interpretation, article writing, relevant critical review of the intellectual content and approval of the final version to be published.

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