

Analysis of reported cases of repeated violence in Espírito Santo

Análise dos casos notificados de violência de repetição no Espírito Santo

Análisis de casos de violencia repetida denunciados em Espirito Santo



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ABSTRACT

Objectives: Identify the frequency of recurrent violence in cases reported in Espírito Santo and the associated factors.

Methods: Cross-sectional study. Which included data on violence in Espírito Santo from 2011 to 2018, from the Notifiable Diseases Information System, and, Statistical analyzes were performed using the chi-square test and Poisson regression.

Results: 54.2% (N:14.966) of reported cases of violence are repeated, and higher prevalences were associated with female sex (PR:1.54), child (PR: 1.29) or elderly victims (PR: 1.25), the presence of disabilities/disorders (PR:1.42) and occurrence in urban/peri-urban areas (PR: 1.10). Furthermore, there is a greater frequency of injuries caused by a single aggressor (PR: 1.20), man (PR: 1.28), aged 25 or over (PR: 1.09), known to the victim (PR: 2.81) and at home (PR: 1.69).

Conclusion: The reported cases of violence showed a high frequency of recurrence, and were associated with the studied characteristics of the victim, the aggressor and the event.

Keywords: Violence; Notification; Cross-Sectional Studies; Health Services; Public Health.

RESUMO

Objetivos: Identificar a frequência de violência recorrente nos casos notificados no Espírito Santo e os fatores associados.

Métodos: Estudo transversal. Foram incluídos os dados de violência no Espírito Santo no período de 2011 a 2018, do Sistema de Informação de Agravos de Notificação, e, realizadas análises estatísticas por meio do teste do qui-quadrado e regressão de Poisson.

Resultados: 54,2% (N:14.966) dos casos de violências notificadas são de repetição, e, maiores prevalências estiveram associadas ao sexo feminino (RP:1,54), a vítima criança (RP:1,29) ou idosa (RP:1,25), a presença de deficiências/transtornos (RP:1,42) e a ocorrência em zona urbana/periurbana (RP:1,10). Além disso, nota-se maior frequência do agravo por agressor único (RP:1,20), homem (RP:1,23), com 25 anos e mais (RP:1,09), conhecido da vítima (RP:2,81) e na residência (RP:1,69).

Conclusão: Os casos notificados de violência apresentaram uma alta frequência de recorrência, e estiveram associados às características estudadas da vítima, do agressor e do evento.

Palavras-chave: Violência; Notificação; Estudos Transversais; Saúde Pública; Serviços de Saúde.

RESUMEN

Objetivos: Identificar la frecuencia de violencia recurrente en los casos reportados en Espírito Santo y los factores asociados.

Métodos: Estudio transversal. Incluyó datos sobre violencia en Espírito Santo de 2011 a 2018, del Sistema de Información de Enfermedades De Declaración Obligatoria, y, Los análisis estadísticos se realizaron mediante la prueba de chi-cuadrado y regresión de Poisson.

Resultados: 54,2% (N:14.966) de los casos de violencia reportados son repetidos, y las mayores prevalencias se asociaron con el sexo femenino (RP:1,54), víctimas infantiles (RP:1,29) o adultas mayores (RP:1,25), la presencia de discapacidades/trastornos (RP:1,42) y la ocurrencia en áreas urbanas/periurbanas (RP:1,10). Además, existe una mayor frecuencia de lesiones provocadas por un solo agresor (RP:1,20), hombre (RP:1,28), de 25 años o más (RP:1,09), conocido de la víctima (RP:2,81) y en su domicilio (RP:1,69).

Conclusión: Los casos de violencia denunciados mostraron una alta frecuencia de recurrencia, y estuvieron asociados con las características estudiadas de la víctima, el agresor y el hecho.

Palabras clave: Violencia; Notificación; Estudios Transversales; Salud Pública; Servicios de Salud.

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INTRODUCTION

Violence has been a serious public health problem in several countries since the beginning of the 21st century, not only due to the high number of people affected, but also because of the physical and emotional consequences it produces⁽¹⁾. This offense is considered repetitive violence when it occurs repeatedly, practiced by the aggressor against the victim, and the violence may be sexual, domestic, financial, psychological and/or physical in nature. It is worth noting that revictimization tends to become progressively more serious^(2,3).

According to 2018 WHO estimates, the global prevalence of intimate partner violence among women aged 15 and over was 26%, rising to 27% among those aged 15–49 years⁽⁴⁾. A more recent analysis reveals regional variations, with 33% in Africa, 25% in the Americas and 22% in Europe and high-income countries⁽⁴⁾. In 53 low- and middle-income countries, 37.2% of women experienced some form of intimate partner violence in the last year⁽⁵⁾. An international study of hospital records revealed a frequency of almost 40% of violence perpetrated by recurrent intimate partners⁽⁶⁾.

Children are among the groups most vulnerable to violence, due to their stage of development and their dependence on adult care and protection. Studies reveal high rates of revictimization in different contexts, such as an emergency department in Australia (51% of recurrent aggressions⁽⁸⁾) and among institutionalized men and women in England (54.5% of revictimization due to mistreatment⁽⁹⁾). Data from the state of Espírito Santo show high rates of repeated violence in different age groups, including children (32.5%)⁽¹¹⁾, adolescents (43.6%)^(12,13), adults (57%)⁽¹⁴⁾ and the elderly (50.1%)⁽¹⁵⁾.

There is a lack of comprehensive studies on the frequency and factors associated with repeated violence. In Brazil, some common patterns include predominance among women, black race/skin color, disability and/or disorder, urban or peri-urban residence, and the place of occurrence being frequently the home and the violence committed by a family member or acquaintance^(11,12,14).

A key public health strategy to confront violence is notification, since the data generated from this system not only contributes to measuring the severity of the problem and understanding its associated factors, but is also capable of continually assisting public management in defining priorities in care and implementing public policies for monitoring and assisting victims^(16,17).

However, although revictimization deserves attention due to the negative impacts on the social, physical and/or emotional aspects that it causes to victims, family and community, the phenomenon is still little addressed and

discussed in the literature, as well as its interventions. This scenario causes concern due to the severity of the problem⁽¹¹⁾. Therefore, it is extremely important to analyze reports of recurrent violence using continuous data from services.

In view of the above, the following guiding question is asked: what is the frequency of reports of recurrent violence and the factors associated with this event? Thus, the present study aimed to identify the frequency of recurrent violence in cases reported in Espírito Santo and the associated factors.

METHODS

Cross-sectional study, following the recommendations of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist for this design. Reported cases of violence that occurred in Espírito Santo between 2011 and 2018 were used. According to IBGE data, the state of Espírito Santo is located in the southeast region and has an area of 46,074.448 km² and a population of 4,108,508 people⁽¹⁸⁾.

All notifications of violence in Espírito Santo between 2011 and 2018, excluding those that contained blank or ignored data, were considered as inclusion criterion. The data used in the study was provided by the State Department of Health and is included in the Notifiable Diseases Information System (SINAN). Prior to the analyses, the database qualification process was carried out, where the consistencies between the responses provided were analyzed (e.g., the specific field indicating sexual violence was ignored, but the variables detailing this offense were filled in).

The dependent variable of the study was repeated violence, based on the field in the form that indicates whether the violence occurred other times (yes/no), regardless of its typology. The independent variables are the characteristics of the victims: age group (0-9, 10-19, 20-59 and 60 or more), sex (female/male), color (white; black/brown), disability and/or disorders, including physical, intellectual, visual or auditory disabilities, and mental and behavioral disorders, among others not specified (according to the fields present in the notification form) (no; yes); and area of residence (urban/peri-urban; rural); characteristics of the aggressor: age range (0-24; 25 or more), sex (female/male/both), relationship with the victim (known; unknown) and suspicion of alcohol use (no; yes); and characteristics of the event. Information was collected about the location of the incident (residence, public road or other) and the number of people involved (one; two or more).

Descriptive analysis was performed using frequency distribution (absolute and relative) of the variables and their respective confidence intervals. In bivariate analysis, Pearson's

Chi-Square test was used; the variables that reached a p value lower than 0.20 in this analysis were entered into the multivariate model. Multivariate analysis was performed using Poisson Regression with robust variance and the results were expressed using Prevalence Ratios (PR). The hierarchical model was used, where variables representing characteristics of the victim were inserted at the first level and, at a second level, those related to the aggressor and the aggression. The variable remained in the model when it reached a p-value less than 0.05. All analyses were performed using Stata® software version 14.1.

The study was approved by the Research Ethics Committee of Universidade Federal do Espírito, Santo identified by registration number 2,819,597 and CAAE:88138618.0.0000.5060.

■ RESULTS

In the 2011-2018 period, in the state of Espírito Santo, there were 27,606 notifications of violence, of which 14,966 notifications of violence were repeated, which refers to a frequency of more than half of the reported cases being recurrent violence (P:54, 2% (95% CI = 53.6-54. 8)).

Most victims were women (83.9%), aged 20-59 years (66.3%), black/brown race/color (67.9%), without disabilities/disorders (80.5%), living in urban areas (91.1%). Regarding

the profile of the aggressor, there was a prevalence of males (68.1%), adults aged 25 or over (66.9%), with ties to the victim (95.9%) and without suspicion of alcohol use (58.8%). Regarding the characteristics of the occurrence, in most cases there was only one person involved at the time of the incident (88.1%) and most incidents occurred in their residences (83%). Most cases (86.5%) were referred to other sectors (Table 1).

In bivariate analysis it can be seen that the victim's sex, age group, disabilities/disorders, and area of residence were related to repeated violence. Regarding the characteristics of the aggressor, as well as the event, all variables were significant ($p < 0.05$) (Table 2).

As shown in Table 3, after adjustments for confounding factors, it can be seen that females had a higher prevalence of recurrent violence when compared to males. In addition, recurrent violence was higher against children and the elderly. The presence of disabilities/disorders was also associated with the repetition of this condition, as well as notification in urban/peri-urban areas.

Regarding the characteristics of the aggressor, those aged 25 and over, both sexes and men were the most prevalent perpetrators. Being known to the victim was also associated with the occurrence of repeated violence, as well as a single aggressor and violence occurring at home ($p < 0.05$).

Table 1 – General characteristics of repeated violence concerning victims, aggressors and the event in the 2011-2018 period in Espírito Santo (n=14.996). Vitória, Espírito Santo. 2023

| Variables | N | % | CI 95% |
|--------------------------------------|-------|------|-----------|
| Characteristics of the victim | | | |
| Sex | | | |
| Male | 2413 | 16.1 | 15.5-16.7 |
| Female | 12553 | 83.9 | 83.3-84.5 |
| Age range | | | |
| 0- 9 years | 1002 | 6.7 | 6.3-7.1 |
| 10-19 years | 3094 | 20.7 | 20.0-21.3 |
| 20-59 years | 9933 | 66.3 | 65.6-67.1 |
| 60 years and over | 937 | 6.3 | 5.9-6.7 |
| Race/Color | | | |
| White | 4344 | 32.1 | 31.3-32.9 |
| Black/Brown | 9178 | 67.9 | 67.1-68.7 |

Table 1 – Cont.

| Variables | N | % | CI 95% |
|---|-------|------|-----------|
| Disabilities/Disorders | | | |
| No | 10922 | 80.5 | 79.8-81.1 |
| Yes | 2652 | 19.5 | 18.9-20.2 |
| Area of residence | | | |
| Urban/Peri-urban | 13329 | 91.1 | 90.6-91.5 |
| Rural | 1309 | 8.9 | 8.5-9.4 |
| Characteristics of the aggressor | | | |
| Age range of the aggressor | | | |
| 0 – 24 years | 3453 | 33.1 | 32.3-34.1 |
| 25 years or over | 6964 | 66.9 | 65.9-67.8 |
| Sex of the aggressor | | | |
| Male | 9923 | 68.1 | 67.3-68.8 |
| Female | 4083 | 28.0 | 27.3-28.8 |
| Both | 570 | 3.9 | 3.6-4.2 |
| Relationship with the victim | | | |
| Known | 10574 | 95.9 | 95.6-96.3 |
| Unknown | 447 | 4.1 | 3.7-4.4 |
| Suspected alcohol use | | | |
| No | 6673 | 58.8 | 57.9-59.7 |
| Yes | 4670 | 41.2 | 40.3-42.1 |
| Characteristics of the event | | | |
| Number of people involved | | | |
| One | 12887 | 88.1 | 87.6-88.6 |
| Two or more | 1737 | 11.9 | 11.4-12.4 |
| Place of occurrence | | | |
| Residence | 11877 | 83.0 | 82.4-83.6 |
| Public road | 1471 | 10.3 | 9.8-10.8 |
| Others | 957 | 6.7 | 6.3-7.1 |

n: absolute frequency
 %: relative frequency
 CI 95%: confidence interval of 95%
 Source: SINAN, 2011-2018

Table 2 – Bivariate analysis of notifications of victims, aggressors and the event in the 2011- 2018 period in Espírito Santo. Vitória, Espírito Santo. 2023

| Variables | N | % | CI 95% | p-value |
|---|-------|------|-----------|---------|
| Characteristics of the victim | | | | |
| Sex | | | | |
| Male | 2413 | 38.4 | 37.2-39.6 | <0.001 |
| Female | 12553 | 58.9 | 58.2-59.5 | |
| Age range | | | | |
| 0-9 years | 1002 | 55.3 | 53.0-57.5 | <0.001 |
| 10-19 years | 3094 | 46.4 | 45.2-47.6 | |
| 20-59 years | 9933 | 56.7 | 56.0-57.5 | |
| 60 years and over | 937 | 58.1 | 55.7-60.5 | |
| Race/Color | | | | |
| White | 4344 | 54.0 | 52.9-55.1 | 0.574 |
| Black/Brown | 9178 | 54,4 | 53.6-55.1 | |
| Disabilities/Disorders | | | | |
| No | 10922 | 51,2 | 50.5-51.8 | <0.001 |
| Yes | 2652 | 71.4 | 70.0-72.9 | |
| Area of residence | | | | |
| Urban/ Peri-urban | 13329 | 54.6 | 54.0-55.3 | <0.001 |
| Rural | 1309 | 47.9 | 46.0-49.7 | |
| Characteristics of the aggressor | | | | |
| Age range of the aggressor | | | | |
| 0-24 years | 3453 | 50.8 | 49.6-52.0 | <0.001 |
| 25 years and over | 6964 | 58.3 | 57.4-59.1 | |
| Sex of the aggressor | | | | |
| Male | 9923 | 55.9 | 55.2-56.7 | <0.001 |
| Female | 4083 | 51.9 | 50.8-53.0 | |
| Both | 570 | 64.6 | 61.4-67.7 | |
| Relationship with the victim | | | | |
| Known | 10574 | 62,0 | 61.3-62.7 | <0.001 |
| Unknown | 447 | 15.5 | 14.2-16.9 | |

Table 2 – Cont.

| Variables | N | % | CI 95% | p-value |
|-------------------------------------|-------|------|-----------|---------|
| Suspected alcohol use | | | | |
| No | 6673 | 53.9 | 53.0-54.8 | <0.001 |
| Yes | 4670 | 58.6 | 57.5-59.7 | |
| Characteristics of the event | | | | |
| Number of people involved | | | | |
| One | 12887 | 56.9 | 56.2-57.5 | <0.001 |
| Two or more | 1737 | 44.5 | 43.0-46.1 | |
| Place of occurrence | | | | |
| Residence | 11877 | 62.4 | 61.7-63.1 | <0.001 |
| Public road | 1471 | 31.7 | 30.4-33.0 | |
| Others | 957 | 35.6 | 33.8-37.4 | |

(SINAN)/Espírito Santo, 2011-2018.
n: absolute frequency
%: relative frequency
CI 95%: 95% confidence interval
Source: SINAN, 2011-2018

Table 3 – Multivariate analysis of notifications of victims, aggressors and the event from 2011 to 2018 in Espírito Santo. Vitória, Espírito Santo. 2023

| Variables | Crude analysis | | | Adjusted analysis | | |
|--------------------------------------|----------------|-----------|---------|-------------------|-----------|---------|
| | PR | CI 95% | p-value | PR | CI 95% | p-value |
| Characteristics of the victim | | | | | | |
| Sex | | | | | | |
| Male | 1.0 | | <0.001 | 1.0 | | <0.001 |
| Female | 1.53 | 1.48-1.59 | | 1.54 | 1.48-1.59 | |
| Age range | | | | | | |
| 0- 9 years | 1.19 | 1.13-1.25 | <0.001 | 1.29 | 1.23-1.36 | <0.001 |
| 10-19 years | 1.0 | | | 1.0 | | |
| 20-59 years | 1.22 | 1.19-1.26 | | 1.14 | 1.11-1.18 | |
| 60 years and over | 1.25 | 1.19-1.32 | | 1.25 | 1.19-1.32 | |
| Disabilities/Disorders | | | | | | |
| No | 1.0 | | <0.001 | 1.0 | | <0.001 |
| Yes | 1.40 | 1.36-1.43 | | 1.42 | 1.38-1.45 | |

Table 3 – Cont.

| Variables | Crude analysis | | | Adjusted analysis | | |
|---|----------------|-----------|---------|-------------------|-----------|---------|
| | PR | CI 95% | p-value | PR | CI 95% | p-value |
| Area of residence | | | | | | |
| Urban/Peri-urban | 1.14 | 1.10-1.19 | <0.001 | 1.10 | 1.05-1.15 | <0.001 |
| Rural | 1.0 | | | 1.0 | | |
| Characteristics of the aggressor | | | | | | |
| Age range of the aggressor | | | | | | |
| 0-24 years | 1.0 | | <0.001 | 1.0 | | <0.001 |
| 25 years and over | 1.15 | 1.12-1.18 | | 1.09 | 1.06-1.13 | |
| Sex of the aggressor | | | | | | |
| Male | 1.08 | 1.05-1.10 | <0.001 | 1.23 | 1.17-1.29 | <0.001 |
| Female | 1.0 | | | 1.0 | | |
| Both | 1.24 | 1.18-1.31 | | 1.51 | 1.38-1.66 | |
| Relationship with the victim | | | | | | |
| Known | 4.0 | 3.67-4.36 | <0.001 | 2.81 | 2.46-3.22 | <0.001 |
| Unknown | 1.0 | | | 1.0 | | |
| Suspected alcohol use | | | | | | |
| No | 1.0 | | <0.001 | 1.0 | | 0.083 |
| Yes | 1.09 | 1.06-1.12 | | 1.03 | 0.99-1.07 | |
| Characteristics of the event | | | | | | |
| Number of people involved | | | | | | |
| One | 1.28 | 1.23-1.33 | <0.001 | 1.20 | 1.13-1.28 | <0.001 |
| Two or more | 1.0 | | | 1.0 | | |
| Place of occurrence | | | | | | |
| Residence | 1.75 | 1.67-1.85 | <0.001 | 1.69 | 1.57-1.83 | <0.001 |
| Public road | 0.89 | 0.83-0.95 | | 1.11 | 1.01-1.22 | |
| Others | 1.0 | | | 1.0 | | |

PR: prevalence ratio
n: absolute frequency
%: relative frequency
CI 95%: confidence interval of 95%
Source: SINAN, 2011-2018

DISCUSSION

Cases of recurrent violence (interpersonal and self-inflicted) appeared in more than half of the notifications (P: 54.2%; 95% CI = 53.6-54.8), a finding that corroborates the literature where it can be seen that repeated violence is frequent among victims, since the repetition event presupposes close coexistence with the aggressor⁽¹⁰⁾. The findings also show that women experience more repeated violence compared to men. Violence against women is undoubtedly a historical and structural problem that emphasizes the existing inequality between men and women⁽¹⁹⁾. These findings represent an enormous challenge for health services, and, consequently, for professionals who are called upon to pay more attention to the issue of violence, which is an increasingly present social phenomenon that entails a great risk⁽²⁰⁾ and serious threat to the lives of the population⁽²¹⁾.

Regarding the age group of victims, with recurrence being higher among children and elderly people, a recent study on reported repeated violence against children provided an epidemiological outline on this topic, showing a 1.42 times higher prevalence of recurring violence in children aged 3-5 years and a 1.35 times higher prevalence of recurring violence in those aged 6-9 years⁽¹¹⁾.

In some of the reported cases of repeated violence, the aggressor was known to the victims, and the cases of violence occurred at home, which facilitates the maintenance of the cycle of violence. It is worth noting that the elderly and children tend to have a higher degree of dependence and live with the aggressor for longer, having more difficulty accessing health services and/or reporting violence and thus breaking free from this cycle of violence. Moreover, a person's home that should be a place of safety and security, as the literature points out, for many victims is the main space where situations of repeated violence occur^(23,24).

The presence of disabilities/disorders was 1.42 times more prevalent among victims of recurrent violence. A recently published study shows that interpersonal violence against people with disabilities reported by health services in Espírito Santo is high, and that approximately 70% of cases are recurrent⁽²⁵⁾. Therefore, it is essential to screen this population regarding victimization, since the description and evaluation of these cases by health services can contribute to the formulation of public policies to cope with this crucial problem^(26,27).

Repetitive violence was predominant in urban/peri-urban areas, which is similar to another study⁽¹⁵⁾. This can be explained by the easier access of this population to various

health services compared to people living in rural areas, who have greater difficulty accessing these spaces, which increases underreporting^(28,29).

Regarding the characteristics of the aggressors, the prevalent age group was 25 years or over, and with regard to gender, men stand out among the most prevalent perpetrators. This leads to reflections on social representations, with men been perceived as the powerful and dominant figure in a relationship. This reinforces the mistaken model of male domination that minimizes women, contributing to an asymmetrical relationship, which is a key factor in the generation of violence^(30,31).

In view of these results, health services are an important tool for tracking violence, as well as an essential space for providing care to victims, contributing to breaking the cycle of violence⁽³²⁾. Therefore, health professionals are essential in identifying, notifying and managing people in situations of violence, for their inclusion in the care and protection network of the Unified Health System (SUS).

However, to achieve this, it is necessary to understand the notification process as a tool for monitoring, confronting and constructing public policies to confront violence⁽³³⁾. Therefore, it is essential to incorporate the theme of violence into the curricular plans of future professionals, training them to work in the entire line of care.

CONCLUSION

Reporting of repeated violence was very frequent in Espírito Santo between 2011 and 2018, being more prevalent among women, children, elderly people, people with disabilities/disorders, and in urban/peri-urban areas. There is a higher prevalence of cases of repeated violence that occurred at home, by a single aggressor, male, aged 25 or over, and known to the victim.

These findings reinforce the importance of addressing the issue of violence more closely, by training health professionals for screening, aiming to enable the inclusion of the victims in the protection network as soon as possible, blocking the cycle of violence, and seeking to reduce the negative impact of this harm on the lives of victims.

A limitation of this study is the underreporting of cases of violence, as it only addresses the cases of victims assisted in health services, and therefore the magnitude and frequency of the data presented here must be greater. In addition, problems were faced in filling out the notification forms, which generated many blank and/or ignored fields in the analyzed data, but this situation was minimized with the training process carried out before the analyses.

REFERENCES

- Rosa R, Boing AF, Schraiber LB, Coelho EBS. Violência: conceito e vivência entre acadêmicos da área da saúde. *Interface - Comun Saúde Educ* [Internet]. 2010 [cited 2022 Jan 22];14(32):81–90. Available from: <https://www.scielo.br/j/ics/a/Cbr3ChY6bdPSc7kNvwN5Ltk/abstract/?lang=pt>
- Comissão de Direitos Humanos de Passo Fundo (CDHPF). Instrumentos Internacionais de Direitos Humanos [Internet]. Passo Fundo: CDHPF; Berthier; 2006 [cited 2022 Jan 22]. Available from: <https://bvsm.saude.gov.br/bvs/publicacoes/InstrumentosDH.pdf>
- Heise L. Violence against women: the hidden health burden. *Rapp Trimest Statist Sanit Mond* [Internet]. 1993 [cited 2024 Jan 22];46(4). Available from: http://apps.who.int/iris/bitstream/handle/10665/48688/WHSQ_1993_46_No.1_p78-85_eng.pdf;jsessionid=89AD71BE85A76EDCDF12BFB002EBC276?sequence=1
- World Health Organization (WHO). Violence against women [Internet]. 2021 [cited 2024 Jan 22]. Available from: <https://brasil.un.org/pt-br/115652-oms-uma-em-cada-3-mulheres-em-todo-o-mundo-sofre-viol%C3%Aancia>
- Ma N, Chen S, Kong Y, Chen Z, Geldsetzer P, Zeng H, et al. Prevalence and changes of intimate partner violence against women aged 15 to 49 years in 53 low-income and middle-income countries from 2000 to 2021: a secondary analysis of population-based surveys [Internet]. 2023 [cited 2022 Jan 22];11:e1863-73. Available from: <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2823%2900417-5>
- Muthulingam T, Edirisinghe PAS, Wijewardhane HP, Thivaharan Y, Jayasundara MMS, Borukgama N, et al. A study on victims of intimate partner violence reported to Colombo North Teaching Hospital, Sri Lanka during 2019-2021. *Acad Forensic Pathol*. 2022;12(3):95–111. <https://doi.org/10.1177/19253621221119074>
- World Health Organization (WHO). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence: executive summary [Internet]. Geneva: World Health Organization; 2013 [cited 2022 Jul 22]. Available from: <https://apps.who.int/iris/handle/10665/85241>
- Ghafournia N, Healey SJR. Identifying domestic violence and sexual assault presentations at a regional Australian hospital emergency department: comparative analysis of domestic violence and sexual assault cases. *Womens Health*. 2022;18:174550572211039. <https://doi.org/10.1177%2F17455057221103992>
- Hamilton CE, Falshaw L, Browne KD. The link between recurrent maltreatment and offending behaviour. *Int J Offender Ther Comp Criminol*. 2002;46(1):75–94. <https://doi.org/10.1177/0306624x02461006>
- Mascarenhas MDM, Tomaz GR, Meneses GMSD, Rodrigues MTP, Pereira VODM, Corassa RB. Análise das notificações de violência por parceiro íntimo contra mulheres, Brasil, 2011-2017. *Rev Bras Epidemiol*. 2020;23(suppl 1):e200007. SUPL.1. <https://doi.org/10.1590/1980-549720200007.supl.1>
- Pedroso MRDO, Leite FMC. Violência recorrente contra crianças: análise dos casos notificados entre 2011 e 2018 no Estado do Espírito Santo. *Epidemiol Serv Saúde*. 2021;30(3):e2020809. <https://doi.org/10.1590/S1679-49742021000300003>
- Leite FMC, Pinto IBA, Luis MA, Ilthenco Filho JH, Laignier MR, Lopes-Júnior LC. Recurring violence against adolescents: an analysis of notifications. *Rev Latino-Am Enfermagem*. 2022;30(spe):e3682. <https://doi.org/10.1590/1518-8345.6277.3681>
- Pereira TFA, Santos DF, Luis MA, Leite FMC. Violência interpessoal contra adolescentes: análise dos casos notificados no estado do Espírito Santo. *Cogitare Enferm*. 2023;28:e87742. <https://doi.org/10.1590/ce.v28i0.87742>
- Fiorotti KF, Lopes-Júnior LC, Letourneau N, Leite FMC. Prevalence and factors associated with recurrent violence in a southeastern Brazilian state: cross-sectional study. *Medicine (Baltimore)*. 2023;102(38):e35283. <https://doi.org/10.1097/md.00000000000035283>
- Pampolim G, Leite FMC. Analysis of repeated violence against older adults in a Brazilian State. *Aquichan*. 2021;21(1):1–14. <https://doi.org/10.5294/aqui.2021.21.1.8>
- Minayo MCDS, Souza ERD, Silva MMAD, Assis SGD. Institucionalização do tema da violência no SUS: avanços e desafios. *Ciênc Saúde Coletiva*. 2018;23(6):2007–16. <https://doi.org/10.1590/1413-81232018236.04962018>
- Veloso MMX, Magalhães CMC, Dell'Aglio DD, Cabral IR, Gomes MM. Notificação da violência como estratégia de vigilância em saúde: perfil de uma metrópole do Brasil. *Ciênc Saúde Coletiva*. 2013;18(5):1263–72. <https://doi.org/10.1590/S1413-81232013000500011>
- Instituto Brasileiro de Geografia e Estatística (IBGE). Cidades: panorama Espírito Santo [Internet]. 2020 [cited 2024 Jan 22]. Available from: <https://cidades.ibge.gov.br/brasil/es/panorama>
- Jayachandran S. The roots of gender inequality in developing countries. 2015 [cited 2024 Jan 22];7:63-88. Available from: <https://www.annualreviews.org/doi/pdf/10.1146/annurev-economics-080614-115404>
- Berger SMD, Giffin KM. Serviços de saúde e a violência na gravidez: perspectivas e práticas de profissionais e equipes de saúde em um hospital público no Rio de Janeiro. *Interface - Comun Saúde Educ*. 2011;15(37):391–405. <https://doi.org/10.1590/S1414-32832011005000003>
- Garbin CAS, Dias IDA, Rovida TAS, Garbin AJ. Desafios do profissional de saúde na notificação da violência: obrigatoriedade, efetivação e encaminhamento. *Ciênc Saúde Coletiva*. 2015;20(6):1879–90. <https://doi.org/10.1590/1413-81232015206.13442014>
- Marques ES, Moraes CLD, Hasselmann MH, Deslandes SF, Reichenheim ME. A violência contra mulheres, crianças e adolescentes em tempos de pandemia pela COVID-19: panorama, motivações e formas de enfrentamento. *Cad Saúde Pública*. 2020;36(4):e00074420. <https://doi.org/10.1590/0102-311X00074420>
- Navas-Martínez MJ, Cano-Lozano MC. Differential profile of specialist aggressor versus generalist aggressor in child-to-parent violence. *Int J Environ Res Public Health*. 2022;19(9):5720. <https://doi.org/10.3390/ijerph19095720>
- Stochero L, Pinto LW. Prevalência e fatores associados à violência contra as mulheres rurais: um estudo transversal, Pesquisa Nacional de Saúde, 2019. *Ciênc Saúde Coletiva*. 2024;29(1):e20452022. <https://doi.org/10.1590/1413-81232024291.20452022>
- Portes Ribeiro LE, Leite FMC. Violência interpessoal contra pessoas com deficiência no Espírito Santo. *Av Enferm*. 2023;41(2). <https://doi.org/10.15446/av.enferm.v41n2.104497>
- Malihi ZA, Fanslow JL, Hashemi L, Gulliver PJ, McIntosh TKD. Prevalence of nonpartner physical and sexual violence against people with disabilities. *Am J Prev Med*. 2021;61(3):329–37. <https://doi.org/10.1016/j.amepre.2021.03.016>
- Mello NFD, Pereira ÉL, Pereira VODM, Santos LMP. Casos de violência contra pessoas com deficiência notificados por serviços de saúde brasileiros, 2011-2017. *Epidemiol Serv Saúde*. 2021;30(3):e2020747. <https://doi.org/10.1590/S1679-49742021000300007>
- Bernardino ÍDM, Barbosa KGN, Nóbrega LMD, Cavalcante GMS, Ferreira EFE, d'Ávila S. Violência contra mulheres em diferentes estágios do ciclo de vida no Brasil: um estudo exploratório. *Rev Bras Epidemiol*. 2016;19(4):740–52. <https://doi.org/10.1590/1980-5497201600040005>
- Rocha TAH, Silva NC, Amaral PV, Barbosa ACQ, Rocha JVM, Alvares V, et al. Access to emergency care services: a transversal ecological study about Brazilian emergency health care network. *Public Health*. 2017;153:9–15. <https://doi.org/10.1016/j.puhe.2017.07.013>

30. Li X, Wheeler BE, James SL, LeBaron-Black AB, Holmes EK, Yorgason JB. For richer, for poorer: financial behaviors, power (im)balance, and relational aggression among different-gender newlyweds in the U.S. *Fam Process*. 2023;63(1):176–91 <https://psycnet.apa.org/doi/10.1111/famp.12886>
31. Nóbrega VKDM, Pessoa Júnior JM, Nascimento EGCD, Miranda FAND. Renúncia, violência e denúncia: representações sociais do homem agressor sob a ótica da mulher agredida. *Ciênc Saúde Coletiva*. 2019;24(7):2659–66. <https://doi.org/10.1590/1413-81232018247.16342017>
32. Leite FMC, Santos DF, Ribeiro LA, Tavares FL, Correa ES, Ribeiro LEP, et al. Análise dos casos de violência interpessoal contra mulheres. *Acta Paul Enferm*. 2023;36:eAPE00181. <http://dx.doi.org/10.37689/acta-ape/2023A0001811>
33. Paula AMD, Moreira MC, Carmo HC, Farias MC, Moreira LS. Concepções e práticas dos enfermeiros da estratégia saúde da família acerca da violência infantil. *Nurs São Paulo*. 2022;24(283):6935–48. <https://doi.org/10.36489/nursing.2021v24i283p6935-6948>

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