

# Registration of violence against women in the state of Paraíba: observational study

Registro de violência contra a mulher no estado da Paraíba: estudo observacional

Registro de violencia contra la mujer en el estado de paraíba: estudio observacional

## RESUMO

Objetivo: Descrever os tipos de violência contra mulher registradas na Paraíba. Método: Trata-se de um estudo observacional, descritivo e transversal, com objetivo de determinar a distribuição de notificações de violência contra a mulher. Sistema de Informação de Agravos de Notificação do Estado da Paraíba, que são: os tipos de violência e dados sobre a escolaridade das mulheres. Ocorreu entre os anos de 2014 a 2017 coletados nos meses de Março e Abril de 2020. Resultados: Foram encontradas 3.890 notificações, 71% foram violências físicas, seguida da sexual com 11%, em 2016 obteve um aumento no número de suas notificações, observando uma equivalência entre a violência psicomorale e a violência sofrida por tortura com um percentual de 7%, tendo a psicomorale um elevado acréscimo em 2015. Conclusão: Este estudo contribuiu com informações que poderão ajudar na reflexão sobre medidas preventivas, atenção à saúde e melhorias para das mulheres em situação de violência.

**DESCRITORES:** Observação; Violência contra mulher; Perfil epidemiológico.

## ABSTRACT

Objective: To describe the types of violence against women registered in Paraíba. Method: This is an observational, descriptive and cross-sectional study, aiming to determine the distribution of notifications of violence against women. Information System for Notifiable Diseases of the State of Paraíba, which are: types of violence and data on women's education. It occurred between 2014 and 2017, collected in the months of March and April 2020. Results: 3,890 notifications were found, 71% were physical violence, followed by sexual violence with 11%, in 2016 there was an increase in the number of notifications, noting an equivalence between psychomoral violence and violence suffered by torture with a percentage of 7%, with psychomoral violence having a high increase in 2015. Conclusion: This study contributed information that may help in the reflection on preventive measures, health care and improvements for of women in situations of violence.

**DESCRIPTORS:** Note; Violence against women; Epidemiological profile.

## RESUMEN

Objetivo: Describir los tipos de violencia contra las mujeres registrados en Paraíba. Método: Se trata de un estudio observacional, descriptivo y transversal, con el objetivo de determinar la distribución de notificaciones de violencia contra la mujer. Sistema de Información sobre Enfermedades Notificables del Estado de Paraíba, que son: tipos de violencia y datos sobre educación de la mujer. Ocurrió entre 2014 y 2017, recolectados en los meses de marzo y abril de 2020. Resultados: se encontraron 3.890 notificaciones, 71% fueron violencia física, seguido de violencia sexual con 11%, en 2016 hubo un aumento en el número de notificaciones, constatando una equivalencia entre violencia psicomorale y violencia sufrida por tortura con un porcentaje de 7%, teniendo la violencia psicomorale un alto incremento en 2015. Conclusión: Este estudio aportó información que puede ayudar en la reflexión sobre medidas preventivas, asistenciales y mejoras para el mujeres en situación de violencia.

**DESCRIPTORES:** Observación; La violencia contra las mujeres; Perfil epidemiológico.

RECEIVED: 16/07/2021 APPROVED: 20/10/2021

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## INTRODUCTION

**V**iolence was defined worldwide as a public health problem only in 1990, due to the significant impacts caused to the individual in their physical, psychological, moral and quality of life aspects, making them in need of medical and hospital services, since then, violence against women has been highlighted in recent decades, through social movements where they started to denounce and make public the aggressions suffered. (1)

Violence against women is also considered gender violence, as it is related to unequal male and female behavior stereotypes socially constructed according to the culture of each location, with women being the main victim of gender violence. The murders of women in Brazil are, however, linked to the incidence of violence resulting from intimate relationships of affection, especially conjugal ones. (2-3)

Violence against women comprises a wide range of physical, psychological, sexual and patrimonial aggressions that can result in death by homicide, a fact that has been called femicide. (4) In Brazil, the rate of homicides against women reaches 4,645, which represents a rate of 4.5 homicides for every 100,000 Brazilian women, and in Paraíba, a homicide rate of 33.9, being the 18th most violent state in the country. (5)

In view of this alarming situation, one can see the great impact that violence has on women's lives, which is not only physical, but also psychological and social, where the victim of violence has their quality of life diminished, their autonomy shaken,

where they experience difficulties in relating, working with serious consequences for their personal, family and social structure.

The Federal Constitution of Brazil of 1988, in turn, condemns any form of violence according to its article 227, (6) however, it was only in 2003 that Law No. 10.778/03 came into force, which deals with the compulsory notification of violence against women assisted in health services, whether public or private, with violence against women being any action or conduct, based on gender, including due to discrimination or ethnic inequality, which causes death, damage or physical, sexual or psychological suffering to women, both in the public and private spheres. (7)

Compulsory notification of violence is carried out through data records by health professionals in the National Notification System when there is care for women victims of violence in public or private health establishments. (7) According to the Diseases Information and Notification System (SINAN), in 2014, Brazil registered about 223,796 health care services related to violence, of which 147,691 were in women, representing an alarming result of two women in every three visits, with spouses and boyfriends, current or former, the main aggressors. (8)

In 2006, Law nº 11.340/2006, known as the Maria da Penha law, was approved, which in its Article 8 emphasizes the assistance of women in situations of domestic and family violence, which will be provided, however, in an articulated manner and in accordance with the principles and the

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guidelines provided for in the Organic Law of Social Assistance, in the Unified Health System, in the Unified Public Security System, among other norms and public protection policies. (9)

Nursing care for victims of violence must be planned in a way that promotes reception, respect and satisfaction of their individual needs. Reflecting on its planning, based on basic nursing instruments, public health policies and current legislation is essential for the protection of victims and prevention of future injuries. (10) Given the importance of protecting and preventing victims of any form of violence possible, the study aims to characterize the epidemiological profile of notifications of violence against women in Paraíba, describing the target audience according to socio-demographic data and identifying patterns of occurrence and forms of violence against women.

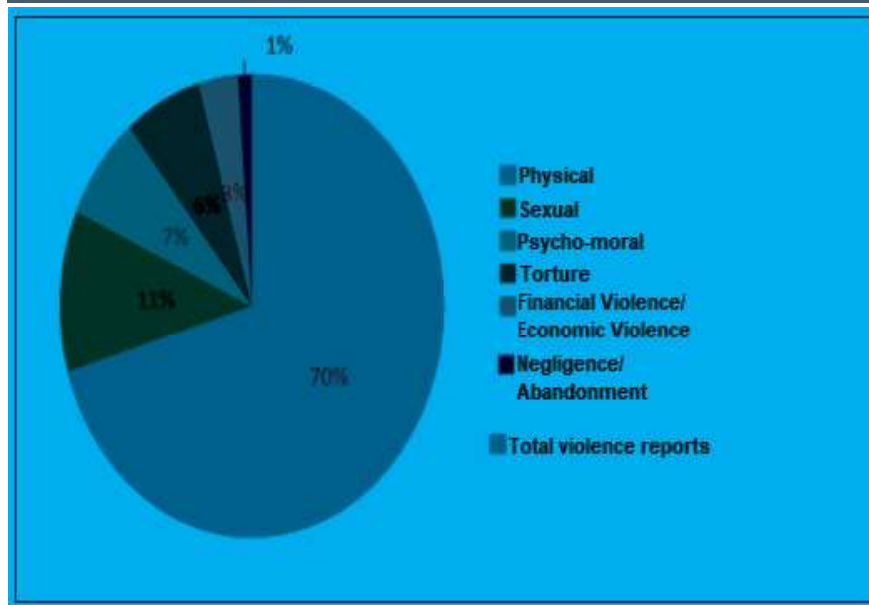
## METHOD

This is an observational, descriptive and cross-sectional study, with the aim of determining the distribution of reports of violence against women. Descriptive epidemiology can make use of secondary data (pre-existing data on mortality and hospitalizations, for example) and primary (data collected for the development of the study). (11) Cross-sectional research is the epidemiological study in which factor and effect are observed at the same historical moment and, currently, it has been the most used. (12)

Data collection was performed using the Notifiable Diseases Information System (SINAN) integrated with the Information Technology Department of the Unified Health System (DATASUS) and tabulated in the Office Excel program (Microsoft®), where the percentage calculations of each variable and the making of the graph were also performed.

It also presents a cross-section of notified cases of violence against women in the State of Paraíba, between the years 2014 to 2017. These data were collected between the period of March and April

GRAPH 1 – Types of violence suffered by women in the State of Paraíba between 2014-2017. João Pessoa, April, 2020.



Source: Health Ministry, 2018.

2020. I emphasize that the data collected are from this period, since there was no recent data available on the state platform, as there is a certain delay for these data to be released annually. The variables collected came from the Information System for Notifiable Diseases of the State of Paraíba, corresponding to the State Health Department, which are: types of violence and data on women's education. The sample consisted of notifications found in the SINAN of the state of Paraíba, under the inclusion criteria: complete notifications, in the period 2014 to 2017, which were the most recent available in the system and which were aimed at violence against women. Outdated notifications that were related to other gender groups were excluded. The collected data were presented in tables and graphs, and interpreted from descriptive analysis, in the light of relevant literature. The study was carried out according to ethical precepts. However, the evaluation of the Ethics Committee is waived as it is based on secondary data and freely accessible to the public.

## RESULTS

3890 notifications were found. The graphs below describe the types of violence that women suffered in Paraíba, the first in the period from 2014 to 2017 in general, and the second, in the same period, only by listing the types of violence per year.

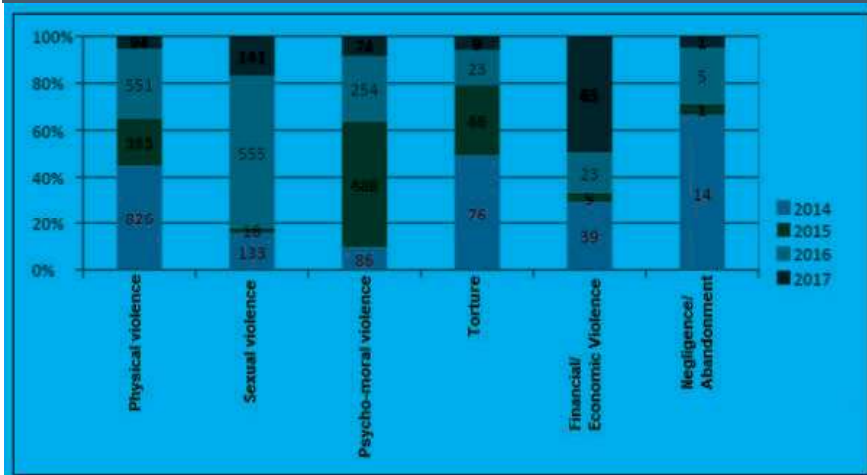
Sexual violence, in turn, in 2016 had a strong increase in the number of notifications followed by physical, psychomoral and torture-related violence. In 2017, however, it can be observed that the financial/economic violence had a great peak in its number of notifications, this shows the increase of victims being financially and economically exploited in the state. It is noteworthy that violence by torture is not only physical, it encompasses other types of violence, which will be further discussed in this article.

As shown in Graph 1, 71% of cases of violence against women notified between 2014 and 2017, and disclosed via SINAN, constitute the type of physical violence. This fact can be justified by the fact that physical violence is the one that, despite all social taboos, is the most percei-

# artigo

Coêlho, A. F. F. M., Medeiros, R. R. P., Albuquerque, L. S. S., Leite, T. B., Costa, M. C. R., Macedo, J. Q.  
Registration of violence against women in the state of Paraíba: observational study

Graph 2 – Types of violence suffered by women in the State of Paraíba per year, between 2014-2017. João Pessoa, April, 2020.



Source: Health Ministry, 2018.

TABLE 1 - Distribution of notifications of violence against women in Paraíba. João Pessoa, April, 2020.

	Physical		Sexual		Psycho-moral		Torture		Financ/Econ		Negli/Aband.		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
2014	826	70,35	133	11,32	86	7,32	76	6,47	39	3,32	14	1,19	1.174
2015	363	39,41	18	1,95	488	53	46	4,9	5	0,54	1	0,1	921
2016	551	39,05	555	39,33	254	18	23	1,63	23	1,63	5	0,3	1411
2017	94	24,47	141	36,71	74	19,27	9	2,34	65	16,92	1	0,2	384
Total	1834		847		902		154		132		21		

Source: Health Ministry, 2020.

TABLE 2- Distribution of notifications of violence against women in Paraíba, by level of education. João Pessoa, April, 2020.

Education	Physical		Sexual		Psycho-moral		Torture		Finan/Econ		Negli/Aband.	
	n	%	n	%	n	%	n	%	n	%	n	%
Illiterate	66	3,59	5	0,59	31	3,43	4	2,59	2	1,51	2	9,52
Incomplete Elementary School	206	11,23	10	1,18	91	10,08	2	1,29	2	1,51	0	0
Complete Elementary School	111	6,05	4	0,47	26	2,88	2	1,29	0	0	0	0
Incomplete Middle School	479	26,11	34	4,01	126	13,96	11	7,14	3	2,27	3	14,28
Ignored	2.249	122,62	22	2,59	695	77,05	18	11,68	1	0,75	1	4,76

Source: Health Ministry, 2020

ved and considered as a form of violence.

When the notifications of violence against women are presented, specifying it by year, an arrhythmic movement can be seen. So, physical violence was more re-

ported in 2014 (70.35%); sexual violence was significantly more reported in 2016 (39.33%); psychomoral violence in 2015 (53%); Torture in 2014 (6.47%); financial/economic violence in 2017 (16.92%);

and Negligence/abandonment in 2014 (1.19%).

According to (Table 1), the highest number of reported cases of violence against women in the State of Paraíba was registered in 2016 with 1411 notifications where sexual violence had its highest number of notifications, accounting for a total of 555 notifications, thus showing a significant number of 39.33% of the number of notifications of violence registered in that year.

As for the level of education, it is noted that low education is directly related to the notification of violence against women, since data on education are available only for women with incomplete primary education.

## DISCUSSION

The notification of violence is in itself a complex phenomenon, the protection bodies act to break the cycle of violence and

guarantee protection to the victim. In addition, notification makes it possible to map the characteristics of situations of violence and their prevalence, data that can be used in proposing prevention and confrontation policies. (13- 14) The state of Paraíba has 469 thousand women who suffered some type of violence in the year this study was carried out, that is, in 2019.

In 2014, the publication of Ordinance No. 1,271 established that mandatory notification should be carried out immediately or weekly. Domestic violence and other violence became weekly notification events and sexual violence and suicide attempt immediate notification events. (15)

According to Oliveira et al, (16) among the general forms of violence against women, physical violence by an intimate partner and sexual violence stand out. Domestic violence is associated with several factors, such as the woman's low educational level, unfavorable socioeconomic status, in addition to the use of alcohol or illicit drugs between partners, which can exacerbate the problem.

Decree 7,958/2013, in turn, establishes the guidelines for humanized care for victims of sexual violence, as well as the availability of private space to ensure trust and respect for the victim, the dissemination of reference services and availability of transport to them, in addition to the training of network professionals, among them, reception in reference services. The study points out that care for victims of sexual violence must rely on a multidisciplinary team, with immediate care, including diagnosis and treatment of injuries, collection of Deoxyribonucleic Acid (DNA), testing for Human Immunodeficiency Virus (HIV), in addition to prophylaxis for pregnancy and sexually transmitted diseases. (17)

Graph 1 among the types of violence suffered by women in the State of Paraíba listed in the study shows that physical violence had the highest number of notifications, totaling 71% of notifications. Physical violence as a form of aggression against women seems to be the most frequent form of violence. For physical violence it is, in fact, the most frequent, as the victim is

helpless and developing, the "disciplinary" character of the conduct exercised by the aggressor is a very relevant aspect, ranging from a "slapping" to beatings and even reaching homicides. (18)

Physical violence, in turn, has remained constant over time in terms of the number of notifications, thus evidencing the increa-

**Domestic violence is associated with several factors, such as the woman's low educational level, unfavorable socioeconomic status, in addition to the use of alcohol or illicit drugs between partners, which can exacerbate the problem**

se in the number of complaints by women victims of physical aggression. It is important to note, however, the 53% increase in notifications of psycho-moral violence in 2015, which is of great importance for the necessary measures to be taken, in addition to the inclusion of active public policies to

reduce cases, to the detriment of this situation, the small number of notifications by women who suffer violence due to negligence or abandonment can be seen.

According to the study, psycho-moral violence obtained 11% of the total number of notifications, (18) psychological violence is the most subjective form, although association with physical aggression is very frequent. Psycho-moral violence affects women's decisions, and constrains their psychological condition, it does not only act to weaken mental health, but to diminish the principles and values exercised by women. (18) It leaves deep marks on development, potentially compromising the victim's entire mental health. Also according to the authors, the damage caused by psychological violence is immediate and can be represented by repetitive nightmares, anxiety, anger, guilt, shame and fear of the aggressor.

Sexual violence and torture showed equal percentages of 7%, with sexual violence resulting from behaviors that force women to witness, maintain or engage in unwanted sexual intercourse, through threats, intimidation or even use of sudden force. As well as actions that tend to persuade the use or commercialization of their sexuality, which prevent these women from using condoms or any other means of contraception or even force marriage, pregnancy, abortion or prostitution. (13) Women in situations of sexual violence experience physical and psychological sequelae, making them more vulnerable to various health problems. (19)

Financial violence obtained 3% of the total number of notifications, followed by 1% of violence due to Negligence/Abandonment, low percentages of notifications, which implies that, given the situation, many cases still need to be notified.

Given this context,, Holanda et al (20) emphasize the incorporation of health promotion practices in primary health care services, articulating the whole of society in improving the quality of life of individuals. The strategies carried out in primary health care include reception, guidance, referrals and notification. Health care networks

## artigo

Coêlho, A. F. F. M., Medeiros, R. R. P., Albuquerque, L. S. S., Leite, T. B., Costa, M. C. R., Macedo, J. Q.  
Registration of violence against women in the state of paraíba: observational study

must, however, work intersectorally, linking health services at the primary level with other levels through actions linked to each other to offer continuous, quality, humanized and safe care to the population.

Torture violence, sometimes confused with physical violence, has a difference. This type of violence goes beyond physical issues, but includes psychological, financial, verbal violence, as torture can occur in different ways and even associated with one modality with another. (21) It is necessary, however, to encourage the notification of health professionals, and that, during care with the woman, they can identify signs of violence and act early. It is pertinent to guide the woman to the process of denunciation, ending the silence against the violence she suffered. (22-23-24)

Nursing is part of the process of caring for women in situations of violence.

Working in the Forensic specialty, this nurse performs the Systematization of Nursing Care applied to violence in its various types, in addition to offering qualified listening, acting with sensitivity, ensuring professional secrecy, analyzing signs of violence, notifying cases, and acting together to the multidisciplinary team, being essential in the care of women. (25)

### CONCLUSION

The results show that notifications of violence against women occur mainly in cases of physical violence, with the year 2016 being the one with the highest number of notifications, this year, where sexual violence had a significant number of 555 notifications out of a total of 1411. It is also noticeable, the increase in the number of notifications of psycho-moral type vio-

lence in 2015, which totaled a significant percentage of 53% of the total number of notifications.

Among the limitations of this study are the underreporting and unavailable from 2018 on SINAN. There was an increase in the number of notifications of violence between the years 2014 to 2017, however, it is still insufficient to overcome the underreporting of occurrences of violence against women in the State. This study contributes with information that can help in the reflection on health care for women in situations of violence, portraying the need to obtain an improvement in the quality of notification of situations of violence to women so that adequate assistance is provided. And for Nursing and other health professions, it gives visibility to the need for training focused on forensic issues and women's health, specifically.

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