

ISSN: 2230-9926

Available online at http://www.journalijdr.com



International Journal of Development Research Vol. 09, Issue, 09, pp.29967-29970, September, 2019



RESEARCH ARTICLE OPEN ACCESS

# VIOLENCE AGAINST WOMEN: ANALYSIS OF RECORDS IN BRAZILIAN INFORMATION SYSTEMS

¹Adriana Simplício de Araújo, ²Natália Santos Almeida, ³Alan Sidney Jacinto da Silva, ³Gutemberg dos Santos Chaves, ³Ana Priscila Marques Lima, ⁴Lydia Vieira Freitas dos Santos, ⁴Monaliza Ribeiro Mariano Grimaldi and ⁵Edmara Chaves Costa

<sup>1</sup>Master's student in Nursing, University of International Integration of Afro-Brazilian Lusophony (UNILAB) <sup>2</sup>Specialist in Obstetric Nursing, Master's student in Nursing, University of International Integration of Afro-Brazilian Lusophony (UNILAB)

<sup>3</sup>Master's student in Nursing, University of International Integration of Afro-Brazilian Lusophony (UNILAB)
<sup>4</sup>PhD in Nursing in Health Promotion, Professor at the University of International Integration of Afro-Brazilian Lusophony (UNILAB)

<sup>5</sup>PhD in Veterinary Sciences, Professor at the University of International Integration of Afro-Brazilian Lusophony

#### ARTICLE INFO

### Article History:

Received 14<sup>th</sup> June, 2019 Received in revised form 18<sup>th</sup> July, 2019 Accepted 20<sup>th</sup> August, 2019 Published online 30<sup>th</sup> September, 2019

## Key Words:

Violence Against Women; Disease Notification; Information Systems; Women's Health.

#### **ABSTRACT**

Information systems are essential for epidemiological analysis of violence against women in Brazil and worldwide. Objective: To analyze cases of violence against women in the Baturité Massif Region, located in the state of Ceará, Brazil, in two reporting systems. Methodology: Descriptive ecological study, using data from the Notification and Harm System and Observatory of Violence against Women. Data were organized and analyzed descriptively with the aid of the Microsoft® Office Excel program. Results: There is a discrepancy in the availability of information between the two databases. In the Observatory of Violence against Women, 406 cases of violence against women were registered in the Massif de Baturité Region, from 2012 to 2014, and only 31 cases were reported in the Reporting and Grievance System. Discussion: It is noteworthy that there are deficits in active search, compulsory notification, including violence against women. Conclusion: There is a need to develop training processes for health professionals preparing them to identify and report violence against women.

Copyright © 2019, Adriana Simplício de Araújo et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Adriana Simplício de Araújo, Natália Santos Almeida et al. 2019. "Violence against women: analysis of records in brazilian information systems", International Journal of Development Research, 09, (09), 29967-29970.

# INTRODUCTION

For the World Health Organization (WHO), violence is defined as the intentional use of physical force or real power or threatening against oneself, another person or a group or community that results in or has the potential to result in injury, death, psychological damage, developmental disability or deprivation (WHO, 2004). According to WHO, 35% of women worldwide are victims of violence, most of them perpetrated by their partners (WHO, 2004). The Ministry of Health (MS) showed that in 2014, in Brazil, of 52,957 reports of violence against women, 82.3% were committed by men

\*Corresponding author: Adriana Simplício de Araújo Master's student in Nursing, University of International Integration of Afro-Brazilian Lusophony (UNILAB)

with whom the victim has or had an affective bond (Waiselfisz 2015; Brazil 2016). Note that many of these cases end tragically. The National Policy against Violence against Women aims to establish actions to prevent and combat violence against women, as well as assistance and guarantee of rights to women in situations of violence (Brazil, 2011). The National Policy is also in line with the Law no 11.340/2006 designated - Maria da Penha Law which aims to curb violence against women in the country and categorizes the types of violence into: physical, psychological, sexual, patrimonial and moral (Brazil 2011; Brazil, 2006). Although there are public policies focused on this issue, women in situations of violence are inhibited and do not seek health and coping services, fearing the risk of being revitalized (Acosta et al., 2015). The Laws ensure the notification systems at the national level of registration of the main indicators of population health by

filling in the notification form whose data are entered into the Notification Disease Information System (SINAN), the national epidemiological surveillance system (Brazil 2003; Brazil 2014; Brazil; 2007). A study conducted in Belo Horizonte-Brazil revealed obstacles to reporting violence against women. Among these, the lack of knowledge about the notification itself from professionals, as well as failure to report violence for fear of retaliation, difficulties or constraints to fill in the form, or even overload in the service of everyday life (Delziovo et al., 2018). However, violence and may be masked since professionals are not notifying the cases of violence, resulting in underestimation of morbidity violence and feeding its invisibility (Delziovo et al., 2018; Kind et al., 2013). Health indicators still seem scarce when it comes to this problem, making it difficult to produce systematic statistics on this condition (Kind et al., 2013; Galindo, Souza 2013). Thus, knowing and pointing the data of violence against women can contribute to the strengthening of the network and surveillance system of this problem. Given the above, the objective was to analyze the cases of violence against women in the Massif de Baturité Region, located in the state of Ceará, in two notification systems.

# MATERIALS AND METHODS

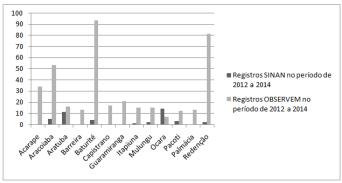
Descriptive ecological study. The research was conducted in May 2018 by investigating the notifications in the municipalities of Acarape, Aracoiaba, Aratuba, Barrier, Baturite, Capistrano, Guaramiranga, Itapiuna, Mulungu, Ocara, Pacoti, Palmacia and Redemption. This aggregate has an area of 3,707.30 km2 and, estimated in 2017, of a population of 242 thousand people (IPECE, 2015). In the state of Ceará, to perform the monitoring of violence against women and building a profile of the victims, the Observatory of Violence was created against Women (OBSERVEM), in order to monitor public policies for combating violence against women and the implementation of networks involved in the area through data provided by the Ceará State Secretariat of Public Security and Social Defense (Aquino, 2017; Brazil 2011). This mechanism of essential importance has been integrated into the state pact to address violence against women, as this state has a homicide rate higher than the national average rate (Aquino, 2017; Brazil 2011; Brazil, 2016). Regarding data collection, information was obtained on cases of violence against women in two secondary databases, the first one recorded in the SINAN databases, which is fed by the notifications and investigations of cases of diseases and injuries listed in list of diseases and events of compulsory notification according to Ordinance 104/2011 and made exclusively by health professionals and the second on the data contained OBSERVEM, which are provided by the Secretariat of Public Security and Social Defense of the State of Ceará through Occurrence Bulletins and Circumstantial Occurrence Terms, where anyone can make the notification (Brazil, 2011; Barroso et al., 2013).

The analysis period was the triennium from 2012 to 2014 as it corresponded to the years with data between the SINAN and OBSERVEM information systems during the collection period. The research variables were established based on the available information: recorded cases of violence by municipality / year; relationship with the victim and / or relationship with the person served. Also included was the gender of the accused, data that is recorded only in OBSERVEM, with the understanding that this data is not fed

into SINAN. Data were tabulated and analyzed with the support of IBM SPSS Statistics v. 20.0, where the prevalence formulas were applied, proportional masculinity ratio of the indicted among reported cases of violence against women (which provides for the number of male residents divided by the female variable multiplied by one hundred).

# RESULTADOS

While OBSERVEM registered 406 cases of violence against women in the Massif de Baturité Region, from 2012 to 2014, SINAN registered only 31 cases for the same period (Figure 1). There is a discrepancy in the availability of information between databases. During the period 2012-2014, through OBSERVEM all municipalities had records of cases, while in SINAN, eight municipalities obtained some records. Baturité was the municipality where the highest number of cases of violence against women was recorded during the sampling period (Figure 1). Regarding the gender of the indicted person. that is, the probable perpetrator of the aggression between reported cases of violence against women, the percentage of cases associated with the male gender is noted. However, it should be noted that there are inconsistencies, as in some cases the rate is over 100%, which indicates a lapse in the platform (Table 1). The tendency that more than 30% of cases are associated with the spouse / partner. Based on OBSERVEM, the average occurrence of spouse-related violence is 35.6% among the municipalities. Regarding SINAN, it is found that the average occurrence of spousal-related violence is 28.6% among the municipalities (Table 2).



Source: SINAN; OBSERVEM, 2018.

Figure 1. Record of cases of violence against women from 2012 to 2014, in the municipalities of Massif de Baturité-CE, Brazil - 2019

# **DISCUSSÃO**

Considering the data analyzed, it is noteworthy that the service network for women in Ceará has little coverage, because services are concentrated in the capital and the metropolitan region, because of this, services are unable to answer the whole question of the population (Azevedo, 2018). This fact points to the fragility of the local network in situations of violence against women in the region. Health provides assistance through multiprofessional care with a view to offering specialized services to deal with cases of violence, and quality information enhances the structuring of these services. However, there is a practice of underreporting of records in primary care, studies (Garbin *et al.*, 2015; Delziovo *et al.*, 2018; Kind *et al.*, 2013) indicate that underreporting may result from lack of service organization, work overload, the effect of denunciation, the technical dimension of the

Table 1. Proportional masculinity ratio (RM) of the indicted among reported cases of violence against women from 2012 to 2014 in the municipalities of Massif de Baturité-CE, Brazil

| County       | Masculinity Ratio - RM [%] |      |      | Total Cases | Sexual Affairs of the | RM [%] |
|--------------|----------------------------|------|------|-------------|-----------------------|--------|
|              | 2012                       | 2013 | 2014 | [2012-2014] | Indictor [MALE]       | TOTAL  |
| Acarape      | 0,80                       | 1,44 | 0,45 | 34          | 26                    | 0,76   |
| Aracoiaba    | 0,96                       | 1,18 | 0,53 | 53          | 45                    | 0,85   |
| Aratuba      | 1,00                       | 1,09 | 0,64 | 27          | 23                    | 0,85   |
| Barreira     | 1,00                       | 1,00 | 1,22 | 13          | 15                    | 1,15   |
| Baturite     | 0,93                       | 1,03 | 0,50 | 93          | 75                    | 0,81   |
| Capistrano   | 1,00                       | 1,00 | 0,78 | 17          | 15                    | 0,88   |
| Guaramiranga | 1,00                       | 1,14 | 1,10 | 21          | 23                    | 1,10   |
| Itapiúna     | 1,00                       | 1,00 | 0,50 | 15          | 9                     | 0,60   |
| Mulungu      | 1,86                       | 1,25 | 0,50 | 17          | 21                    | 1,24   |
| Ocara        | 1,00                       | 1,00 | 0,67 | 07          | 06                    | 0,86   |
| Pacoti       | 0,67                       | 1,00 | 1,00 | 12          | 11                    | 0,92   |
| Palmácia     | 1,00                       | 1,00 | 0,88 | 16          | 15                    | 0,94   |
| Redenção     | 1,09                       | 0,69 | 0,56 | 81          | 64                    | 0,79   |

Caption: RM [%] YEAR or TOTAL - Number of male cases in relation to total cases for the period.

Table 2. Occurrence of cases of violence against women according to the relationship with the victim among reported cases from 2012 to 2014 in the municipalities of Massif de Baturité-CE, Brazil, SINAN and OBSERVEM – 2018

| County       | SINAN                | TCACC |      | OBSERV EM          | TCACC |      |
|--------------|----------------------|-------|------|--------------------|-------|------|
|              | Cases<br>2012 - 2014 | n     | %    | Cases<br>2012-2014 | N     | %    |
| Acarape      | -                    | -     | -    | 34                 | 11    | 32,4 |
| Aracoiaba    | 05                   | 01    | 20,0 | 53                 | 18    | 34,0 |
| Aratuba      | -                    | -     | -    | 27                 | 12    | 44,4 |
| Barreira     | -                    | -     | -    | 13                 | 05    | 38,5 |
| Baturite     | 04                   | 02    | 50,0 | 93                 | 32    | 34,4 |
| Capistrano   | -                    | -     | -    | 17                 | 02    | 11,8 |
| Guaramiranga | -                    | -     | -    | 21                 | 06    | 28,6 |
| Itapiúna     | 01                   | 00    | 0,00 | 15                 | 05    | 33,3 |
| Mulungu      | 02                   | 00    | 0,00 | 17                 | 07    | 41,2 |
| Ocara        | 14                   | 04    | 28,6 | 07                 | 01    | 14,3 |
| Pacoti       | 03                   | 02    | 66,7 | 12                 | 07    | 58,3 |
| Palmácia     | -                    | -     | -    | 16                 | 10    | 62,5 |
| Redenção     | 02                   | 00    | 0,00 | 81                 | 24    | 29,6 |

Caption: TCACC: Total Cases Associated with Spouse-Mate

Source: OBSERVE, 2018.

professional categories, the disarticulation between health equipment and services from other sectors. It is noticeable that there are still deficits in the active search and registration of diseases and diseases of compulsory notification, including violence against women. The literature shows that, as in other regions of the country, there is a record of underreporting of cases of violence against women mainly by the health sector (Delziovo et al., 2018; Kind et al., 2013; Silva et al., 2013). In addition, it appears that professionals find it difficult to approach women in situations of violence, a priori by the number of items in the notification form, and women feel uncomfortable and embarrassed when talking about the subject (Kind et al., 2013). This fact is caused either by misinformation about the theme, lack of openness in the service to speak, or even the fear of reporting to professionals what happened (Delziovo et al., 2018; Kind et al., 2013). It is necessary to understand this information so that professionals overcome fragility through qualification offered by new skills and attitudes that meet the social and health interests of the population, such as violence against women (Cordeiro et al., 2015). It is noteworthy that OBSERVEM records cases reported by anyone, while SINAN records cases reported only by health professionals, so it is evident that there is a discrepancy between the data found. This does not detract from the importance of SINAN with information system, but stresses that we must evolve in the form and volume of notifications we make. As for spouse-derived violence, it has been gaining more prominence in discussions, moving from being part of a couple's problems to being a public health

target. Despite the legal attribute aimed at preventing, punishing and eradicating the phenomenon in the country, recurring cases are still frequent as the data in this article indicate and other studies that have taken place (Delziovo *et al.*, 2018; Kind *et al.*, 2013; Silva, 2012). Femicide in Brazil increased by 252% between 1980 and 2013, thus there is a shortage of mechanisms in services to identify violence against women and the risk of death, pointing to the need to implement social tools such as specialized services. can protect these women (Meneghel, Portella 2017). Among the limitations found in the study, there are deficiencies in the availability of records with greater temporality in the databases, and there are gaps in the records, which precludes a better conception of the actual situation of violence in the Massif de Baturité Region.

#### Conclusion

It is noteworthy that the results found here reveal a specific reality of the region, from 2012 to 2014. The data show that the challenge lies in the recognition of violence against women and in the notification process as a step of attention and caution in networking. In addition, it emphasizes the need for training for health professionals in order to prepare them to identify and notify violence against women. Further studies covering more regions are recommended to guide interventions in the support network for women victims of violence.

# Thanks

To the Cearense Foundation for Supporting Scientific and Technological Development for their financial support through the award of scholarships.

# REFERENCIAS

- Acosta, D.F. *et al* 2015. Violência contra a mulher por parceiroíntimo: (in) visibilidade do problema. Textocontexto enferm. 24,pp.121-127.Disponível em http://www.scielo.br/scielo.php?script=sci\_arttext&pid = \$010407072015000100121&lng=en&nrm=iso.
- Aquino, RO. 2017. Estudo das políticaspúblicas de enfrentamento à violência contra a mulher a partir do observatório do centro de referência da mulher Francisca Clotilde.MestradoemSociologia. UniversidadeEstadual do Ceará. Fortaleza. Brasil.
- Azevedo, LA 2008. Abrindo a Caixa de Pandora: umaavaliação das estratégias do enfrentamento à violência contra as mulheresem Maracanaú-CE. Mestradoem Avaliação de PolíticasPúblicas. Universidade Federal do Ceará.Fortaleza.Brasil.
- Brasil. (2011) Secretaria Nacional de Enfrentamento à Violência contra as Mulheres. Secretaria de Políticas para as Mulheres. Política Nacional de Enfrentamento à Violência Contra as Mulheres. Brasília.
- Brasil. (2014) Presidência da República. Portaria nº 1271, de 6 de junho de 2014. Define a Lista Nacional de NotificaçãoCompulsória de doenças, agravos e eventos de saúdepúblicanosserviços de saúdepúblicos e privados emtodo o territórionacional. Brasília.
- Brasil. 2003. Presidência da República. Lei nº 10.778, de 24 de novembro de 2003. Estabelece a notificação compulsória, no territórionacional, do caso de violência contra a mulher que for atendidaemserviços de saúdepúblicosou privados. Brasilia.
- Brasil. 2006. Presidência da República. Lei nº 11.340, de 7 de agosto de 2006. Criamecanismos para coibir a violênciadoméstica e familiar contra a mulher. Brasília.
- Brasil. 2007. Secretaria de VigilânciaemSaúde. Departamento de VigilânciaEpidemiológica. Sistema de Informação de Agravos de Notificação Sinan: normas e rotinas. Brasilia.Ministério da Saúde.
- Brasil. 2011. Presidência da República. Portaria nº 104, de 25 de janeiro de 2011. Define as terminologiasadotadasemlegislaçãonacional, a relação de doenças, agravos e eventosemsaúdepública de

- notificaçãocompulsóriaemtodoterritórionacional e estabelecefluxos, critérios, responsabilidades e atribuiçõesaosprofissionais de saúde. Brasília.
- Brasil. 2016. Panorama da violência contra as mulheres no Brasil: indicadoresnacionais e estaduais. Brasília: Senado Federal, Observatório da Mulher contra a Violência.Brasilia
- Cordeiro, K.C.C., *et al* 2015. Formaçãoprofissional e notificação da violência contra a mulher. RevistaBaiana de Enfermagem, v. 29, n. 3, pp. 209-217
- Costa, B.H., et al 2013. A Violência contra a Mulherem Fortaleza: quatroanos de OBSERVEM. Anais do SeminárioInternacionalFazendoGênero 10 Florianópolis.16 a 20 de setembro; pp 01-09.
- DelziovoC.R. *et al.* 2018 Qualidade dos registros de violência sexual contra a mulher no Sistema de Informação de Agravos de Notificação (Sinan) em Santa Catarina, 2008-2013. Epidemiol. Serv. Saude., v. 27, p. e20171493,
- Galindo, S.L.W; Souza, M.R. 2013. O perfilepidemiológico dos casosnotificados por violênciadoméstica, sexual e/ououtrasviolênciasinterpessoaisemChapadão do Sul (MS). Boletim do Instituto de Saúde, v. 14, n. 3, pp. 296-302, 2013.
- Garbin C.A.S *et al.*, 2015. Desafios do profissional de saúdenanotificação da violência: obrigatoriedade, efetivação e encaminhamento. Ciênc. saúdecoletiva.v. 20, n. 6, p. 1879-1890.
- Instituto de Pesquisa e EstratégiaEconômica do Ceará. 2015 As regiões de planejamento do estado do Ceará. Texto para Discussão nº 111.
- Kind, L *et al.*, 2018. Subnotificação e (in)visibilidade da violência contra mulheresnaatençãoprimária à saúde. Cad. Saúde. v. 29, n. 9, pp. 1805-1815.
- Meneghel, S.N, Portella, A.P 2017. Feminicídios: conceitos, tipos e cenários. Ciênc. saúdecoletiva v. 22, n. 9, p. 3077-3086.
- Silva, M.C.M *et al.*, 2018. Caracterização dos casos de violênciafísica, psicológica, sexual e negligências notificadosem Recife, Pernambuco, 2012. Epidemiologia e Serviços de Saúde. Brasília, v. 22, n. 3, p. 403-412,
- Waiselfisz J.J 2015. Mapa da violência 2015: homicídio de mulheres no Brasil. FlacsoBrasil.Brasilia.
- World Health Organization 2013. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. WHO. Geneva. Switzerland

\*\*\*\*\*