

PHYSICAL, PSYCHO/MORAL AND SEXUAL VIOLENCE IN THE BRAZILIAN CONTEXT

VIOLÊNCIAS FÍSICA, PSICO/MORAL E SEXUAL NO CONTEXTO BRASILEIRO

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ABSTRACT

Violence is a public health problem that causes morbidity and mortality of different populations. In this sense, it is of paramount importance to know the characteristics of the most recurrent violence in Brazil to thus expand and elaborate prevention and coping strategies. This study aims to analyze the occurrence and temporal trend of notifications of physical, psycho/moral and sexual violence registered throughout the Brazilian territory in the years from 2009 to 2021. This is a quantitative, descriptive study, mediated by the Datasus database, from the “Epidemiological diseases and morbidity” tab, with emphasis on “Interpersonal violence/self-harm”. The following variables were used: physical, sexual and psycho/moral violence, reported between 2009 and 2021, in all Brazilian regions, by sex, age group, race and place of occurrence. It was observed that the notifications of the types of violence analyzed have grown in the last 11 years, except in the first year of pandemic. Physical violence has the most notifications. In addition, women represent the most prevalent cases, occurring between 10 and 39 years, in white and brown races and residence is the main place of occurrence. In this sense, it is questioned whether these characteristics refer to the population that suffers the most or who most reports the occurrence of violence. Moreover, it is important to develop studies and public policies in favor of the most vulnerable population, thus reducing underreporting of violence and occurrence rates.

Keywords: Violence, Public Health, Nursing.

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RESUMO

A violência é um problema de saúde pública que ocasiona a morbimortalidade de diferentes públicos. Nesse sentido, é de suma importância conhecer as características das violências mais recorrentes no Brasil para, desse modo, ampliar e elaborar estratégias de prevenção e enfrentamento. O presente estudo objetiva analisar a ocorrência e a tendência temporal de notificações de violências físicas, psico/morais e sexuais registradas em todo o território brasileiro entre os anos de 2009 a 2021. Trata-se de um estudo de caráter quantitativo, descritivo, mediado pelo banco de dados do DataSUS, a partir da aba de “Doenças epidemiológicas e morbidade”, com ênfase em “Violência interpessoal/autoprovocada”. Utilizou-se as variáveis: violência física, sexual e psico/moral, notificados entre 2009 a 2021, em todas regiões do Brasil, por sexo, faixa etária, raça e local de ocorrência. Observou-se que as notificações das tipologias de violências analisadas cresceram nos últimos 11 anos, exceto no primeiro ano de pandemia. A violência física é a que mais possui notificações. Além disso, os casos mais prevalentes são do sexo feminino, ocorridos entre 10 e 39 anos, nas raças branca e parda e a residência é o principal local de ocorrência. Neste sentido, questiona-se se essas características se referem ao público que mais sofre ou o que mais notifica a ocorrência de violência. Além do mais, enfatiza-se a importância do desenvolvimento de estudos e políticas públicas em prol do público mais vulnerável para, dessa forma, diminuir a subnotificação de violências e reduzir os índices de ocorrência.

Palavras-chave: *Violência, Saúde Pública, Enfermagem.*

INTRODUCTION

According to the World Health Organization (WHO), violence is considered any act with the use of force or intentional threats that result or may cause physical, psychological, developmental, deprivation damage and even death, against oneself or others (WHO, 2002). Violence manifests itself through unequal relationships and usually affects those who are most vulnerable or disadvantaged in society, whether in the institutional sphere or in interpersonal relationships. Due to the magnitude of violence in society, it entered the list of health policies in Brazil from the promulgation of the National Policy for Reducing Morbidity and Mortality from Accidents and Violence (PNRMAV - *Política Nacional de Redução da Morbimortalidade por Acidentes e Violências*). The policy, established in 2001, defends health as a fundamental and essential right for social and economic development, emphasizing respect for life and ethical values of culture and health (BRAZIL, 2005).

The phenomenon of violence, present in different forms of interaction, has consequences for victims, aggressors and community, affecting people of all ages, classes, genders and race/ethnicity in a distinct way. Regarding interpersonal violence, this is divided into two subcategories: the family/intimate partner that covers abuse and maltreatment of children and adolescents, aggression between intimate partners and abuse of the elderly; and the community that includes juvenile violence, sexual abuse, robberies, assaults and maltreatment in schools, workplaces, prisons and long-term institutions (RIO GRANDE DO SUL, 2023). Moreover, there is gender violence, which is discussed due to the power relationship, especially the submission of women present in patriarchal society (VIGANO; LAFFIN, 2019).

Therefore, in all subcategories of violence, there are those manifested from physical, psychological and sexual acts, whether concomitant or not. Physical violence involves acts that aim to injure, cause pain and suffering; psycho/moral violence encompasses forms of rejection, discrimination, disrespect, excessive charge and humiliation that damage the self-esteem and development of the victim. In addition, sexual violence, characterized by a person's position of power over another, occurs from non-consented sexual interactions, with or without sexual penetration (RIO GRANDE DO SUL, 2023). In this sense, the Law n. 11,340, of August 7, 2006, was established, which characterizes physical, psycho/moral and sexual violence, in addition to patriarchal violence, as forms of domestic and family violence against women, mechanisms to curb and prevent such violence and ensure women conditions for the effective exercise of their rights (BRAZIL, 2006).

Victims of violence need health care, since these acts, in addition to compromising the quality of life of the individual, can cause permanent injuries that deprive the development of the human being. This reflects the need for psychological support and health care. Therefore, in order to promote appropriate measures and assistance to the population in situations of violence, in order to preserve physical, mental and moral health, it is necessary to notify and denounce these acts, to give visibility to the problem, services and public policies (FLÓRIDO *et al.*, 2020). Thus, health notification systems play an important role in the line of care, giving perceptibility to the problem of violence, subsidizing services and public policies, in addition to providing embracement, assistance, care, monitoring in the network and social protection.

In this perspective, it is worth noting that with the restrictions implemented by the authorities due to the Covid-19 pandemic and the need for social isolation, in the perspective of reducing cases of contamination, the confinement provided a more susceptible environment for the development of stress situations and, consequently, caused an increase in situations of violence in the family environment (FORNARI *et al.*, 2021). Nevertheless, despite the incidence of cases of aggression occurring in homes during this period, the number of reports of crimes related to domestic and family violence, since the beginning of the pandemic, has decreased, since this period influenced the search for help of victims and the registration of violence (LORENTE-ACOSTA, 2020).

Faced with the obstacles in the search for interventions in the face of cases of violence during the pandemic, the need for joint effort of actions and continuous public policies that promote conditions for access to justice and preserve the constitutional rights of society is emphasized (FLÓRIDO *et al.*, 2019). Accordingly, it is essential to observe the demands of society for the planning and organization of actions that meet the needs of the population and establish conditions of equity in social interaction (PLATT *et al.*, 2022).

In this sense, it is important to know the characteristics and variables associated with the violence reported in Brazil. For professionals and managers of health services, social assistance and public policies to expand knowledge about the phenomenon and, consequently, have subsidies to de-

velop strategies for prevention and coping with violence in the country. Given the above, the following question arises: What are the characteristics of physical, psycho/moral and sexual violence reported in the national scenario between 2009 and 2021?

Therefore, the present study aims to analyze the occurrence and temporal trend of notifications of physical, psycho/moral and sexual violence registered throughout the Brazilian territory in the years 2009 to 2021.

METHODOLOGY

This is a descriptive epidemiological study, of the quantitative type, carried out from the collection of secondary data, from the public domain, available on the website of the Department of Informatics of the Unified Health System (DATASUS - *Departamento de Informática do Sistema Único de Saúde*). The quantitative studies developed in the health area aim to explain, list and measure the frequency of variables occurring in a given time interval, allowing the knowledge of past events or the observation of events that supposedly occur so that they provide subsidies for planning and interventions about these variables (TURATO, 2005).

Data collection occurred in October 2022, from the following search strategy: “Epidemiological (TABNET)”, followed by the tab ‘Diseases and Notifiable Complications - 2007 onwards (SINAN)’, with emphasis on “Interpersonal/self-harm violence > Geographic coverage > Brazil by Region, FU and City”. The following filters were used: geographical coverage of all regions of Brazil (North, Northeast, Southeast, South and Midwest), sex (Female and Male), age groups (0-9 years, 10-19 years, 20-29 years, 30-39 years, 40-49 years, 50-59 years and 60 or more), race (white, black, yellow, brown and indigenous) and place of occurrence (residence, collective housing, school, sports venue, bar or similar, public road, commerce/services and industries/construction). The data show a period corresponding to the years from 2009 to 2021. This period was defined from the availability of data in its entirety.

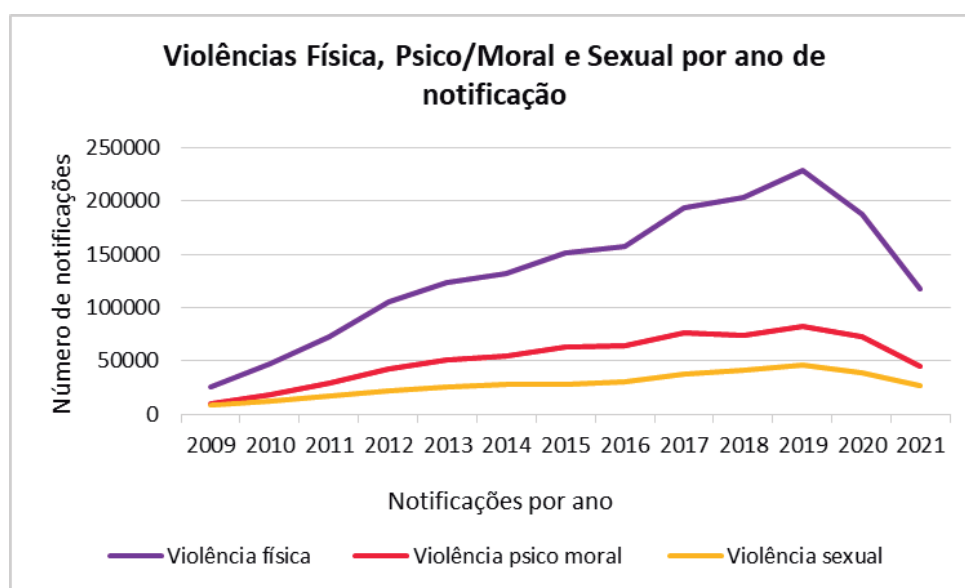
The collected data were organized and grouped in the Microsoft Excel 2016 program. For data analysis, the statistical technique of descriptive analysis was used, presenting the variables from absolute and relative frequency. This method of analysis allows the description of the observed data, enabling the distribution of these variables in a clear, organized and objective way (HUOTX, 2002).

Considering that the present study conducted the collection of information through DATASUS, which is a tool of public access, there was no need for submission to the Research Ethics Committee (REC), in accordance with Resolution 510, April 2016 (BRAZIL, 2016).

RESULTS

Between 2009 and 2021, in the Brazilian scenario, 1,745,855 cases of physical violence, 684,377 cases of psycho/moral violence and 365,447 cases of sexual violence were reported. Graph 1 shows the temporal trend of the notifications of these types of violence registered.

Graph 1 - Temporal trend in notifications of Physical, Psycho/Moral and Sexual Violence in Brazil from 2009 to 2021.



Source: DATASUS, 2023.

Figure translation: Title - Physical, Psycho/Moral and Sexual Violence by year of notification. X Axis - Notification by year. Y Axis - Number of notifications. Caption - Purple: Physical violence; Red: Psycho/moral violence; Yellow: Sexual violence.

The numbers about the notifications of the three types of violence analyzed increased in this 11-year period. Regarding the annual average of reported cases of violence, in the period from 2009 to 2021, physical violence presents an annual average of 134,296 reported cases, psycho/moral violence 52,644 reported cases and sexual violence 28,111 notifications. The standard deviation of violence indicates that physical violence presents 61.24, psycho/moral violence 22.87 and sexual violence 11.19.

The number of cases reported for 2020 and 2021 decreased. From the correlation with the years 2009 to 2019 and linear regression, the notification of 808,739 cases of violence for 2020 and 2021 was estimated, however, 489,364 notifications were recorded. In Graph 2, reports of physical violence were classified by gender and age of the victims.

Graph 2 - Notifications of Physical Violence occurring in the Brazilian scenario between 2009 and 2021, stratified by age group and sex of the victims.

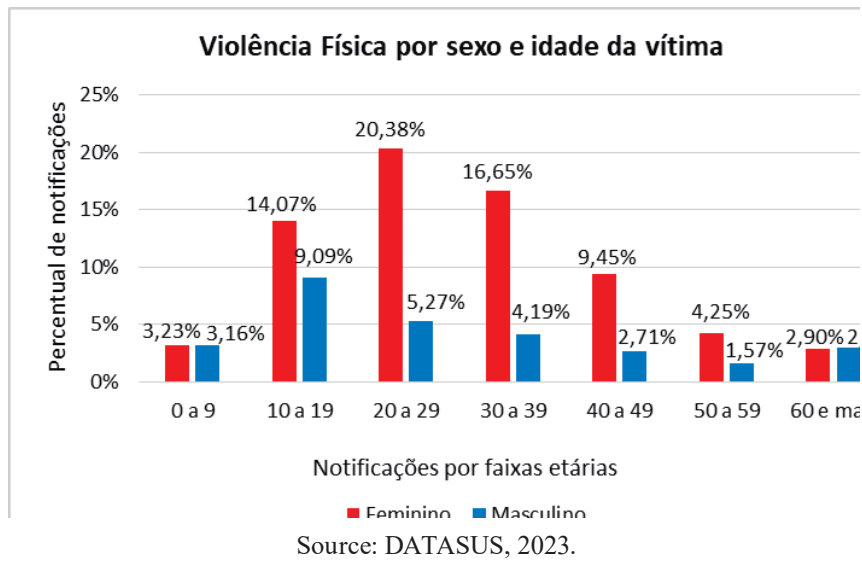


Figure translation: Title - Physical Violence by the victim's sex and age. X Axis - Notification by age groups. Y Axis - Percentage of notifications. Caption - Red: Female; Blue: Male.

When analyzing physical violence, by age of the victim, the highest percentage of notifications is in the age group of 20 to 29 years for the female sex and, referring to the male sex, the age group from 10 to 19 years had the highest percentage of notifications for this type of violence. In psycho/moral violence, the female sex represents more than 80% of the notifications, being one fifth of the total occurred in the age group of 20 to 29 years. In Graph 3, reports of sexual violence were stratified through the sex and age of the victims.

Graph 3 - Reports of Sexual Violence occurring in the Brazilian scenario between 2009 and 2021, stratified by age group and sex of the victims.

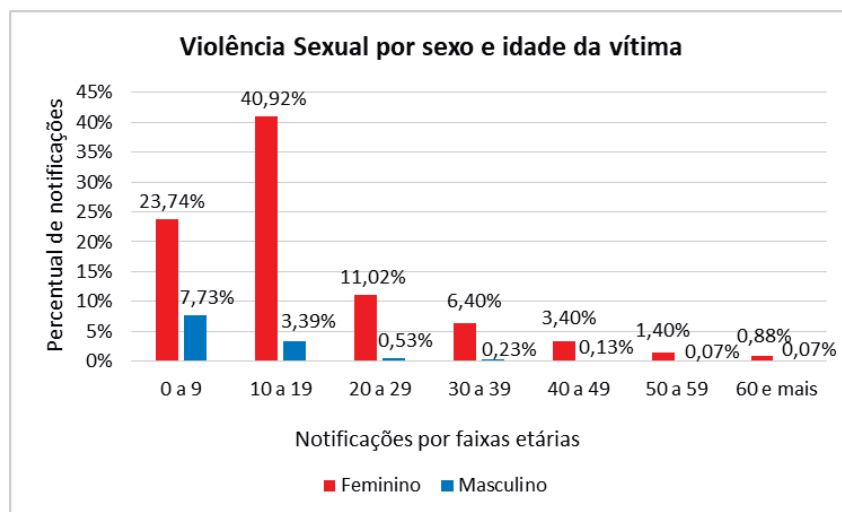


Figure translation: Title - Sexual Violence by the victim's sex and age. X Axis - Notification by age groups. Y Axis - Percentage of notifications. Caption - Red: Female; Blue: Male.

It was noticed that 75.7% of the reports of cases of sexual violence occurred in childhood and adolescence (0 to 19 years). When analyzing only notifications for males, 91% of these notifications are in the age group from 0 to 19 years. Regarding the races of the victims, brown and white have notifications in the three types of violence, as shown in Table 1.

Table 1 - Notifications of Physical, Psycho/moral and Sexual Violence stratified by race in Brazil, 2009 to 2021.

Type of violence	Brown	White	Black	Indigenous	Yellow	Ign/white
Physical Violence	38.4%	38.4%	8.5%	1.1%	0.7%	12.9%
Psycho/moral Violence	38.7%	42.0%	9.5%	0.8%	0.7%	8.3%
Sexual Violence	43.8%	36.3%	8.8%	1%	0.8%	9.3%

Source: DATASUS, 2023.

Table 2 shows the notifications of the three types of violence analyzed by region.

Table 2 - Notifications of Physical, Psycho/moral and Sexual Violence stratified by regions of Brazil, 2009 to 2021.

Type of Violence	Southeast	South	Northeast	North	Midwest
Physical Violence	54.12%	16.55%	16.80%	7.04%	5.49%
Psycho/moral Violence	49.77%	20.52%	15.62%	8.06%	6.03%
Sexual Violence	38.80%	19.10%	17.20%	15.30%	9.60%

Source: DATASUS, 2023.

Table 3 shows the place of occurrence of the reported violence.

Table 3 - Notifications of Physical, Psycho/Moral and Sexual Violence stratified by place of occurrence in Brazil, 2009 to 2021.

Place of Occurrence	Physical Violence	Psycho/moral Violence	Sexual Violence
Residence	58.77%	71.14%	60.80%
Public way	17.50%	12.18%	12.30%
Commerce/Service	1.24%	1.63%	1.20%
School	1.73%	1.63%	2.10%
Bar or similar	2.66%	1.52%	1%

Source: DATASUS, 2023.

Regarding the scenario of occurrence of violence, residence stands out as the main place of occurrence of reported violent acts. In view of this, residence as a place of occurrence of violence, this variable was stratified through the type of violence and sex. The data are distributed in Table 4.

Table 4 - Reported cases of Psycho/Moral, Physical and Sexual Violence, in residences by sex, Brazil, 2009 to 2021.

Type of Violence	Female sex	Male sex
Physical Violence	77.14%	22.86%
Psycho/moral Violence	85.91%	14.09%
Sexual Violence	88.48%	15.52%

Source: DATASUS, 2023.

In this sense, cases of violence are a problem historically present in the Brazilian context with high numbers of reported cases.

DISCUSSION

According to surveys conducted by the Brazilian Institute of Geography and Statistics (IBGE - *Instituto Brasileiro de Geografia e Estatística*), estimates for 2021 were that the Brazilian population would exceed 213 million inhabitants (AGÊNCIA IBGE, 2021). In the same year, in Brazil, there were 117,670 cases of physical violence against men and women, 27,038 cases of sexual violence and 45,112 notifications of psycho/moral violence. In this perspective, there is a significant number of cases of violence, however, it is noteworthy that different types of violence may have been reported by the same person.

Therefore, these notifications do not reflect the actual number of cases of violence that occur in the Brazilian context, since underreporting is a present problem. Underreporting of cases of violence can occur due to the sense of guilt, fear and inferiority of the victim before the aggressor, due to the patriarchal character present in violence and society. In addition, obstacles to access reporting services in the pandemic period also potentiated underreporting (FERREIRA JÚNIOR *et al.*, 2021).

The numbers about the notifications of the three types of violence analyzed increased in this 11-year period. Therefore, there is a marked increase in notifications between the years 2018 and 2019. Divergent to this, in 2020 and 2021, these numbers decreased. This characteristic is related to the COVID-19 pandemic, which made it difficult to move the victims to the reporting sites. The United Nations Incentive Fund (UNICEF, 2020), through research conducted in the state of São Paulo, stated that, as the pandemic and the protection measures imposed by the authorities progressed, there was a significant reduction in notifications of violence, however, it was evidenced that, despite this reduction, the cases of violence, mainly occurring inside the residences, increased.

Due to the measures restricting social contact, there was the interruption of face-to-face activities of social spaces such as schools, churches and even support and social protection services. Concerning domestic violence, the period provided more time and contact between victim and aggressor (MARQUES *et al.*, 2020). In this sense, it is justified the reduction of reports of violent acts.

Physical violence was the most reported between 2009 and 2019. This aspect can be explained by the fact that physical violence is easier to identify, since, in most cases, it leaves marks such as abrasions and bruises due to aggression (SOBRINHO *et al.*, 2020). This violence is characterized by physical aggression, corporal punishment from physical force such as slap, punch, kick, cut, push or burn, and threaten or attack with cold weapon or firearm (BONAMIGO *et al.*, 2022).

In physical violence, the highest percentage of notifications occurs in the adolescent, young and young-adult age groups. The lowest percentage of reports of physical violence is in the age groups of 50 to 60 years, 60 and over and 0 to 9 years, respectively. The decline in notifications in these age groups is also noticeable in psycho/moral violence. Faced with this characteristic, it is hypothesized that this drop in reports relates to characteristics of the population of children and elderly people, because they may have difficulties to identify cases of violence and seek help, since they are more fragile, and, in most cases, depend on someone to move and be responsible for them. Moreover, the author of the violence situations, in many cases, is responsible for this population and, therefore, the victims are helpless to report (SANTOS *et al.*, 2020; MARQUES *et al.*, 2020).

The female sex is the main victim of psycho/moral violence notifications. Psychological violence is silent, characterized by acts of humiliation, devaluation, threats and that undermine the self-esteem of those who suffer, and can lead to other types of violence - such as physical and sexual (SIQUEIRA; ROCHA, 2019). Feelings such as jealousy associated with patriarchal culture are associated with the high number of women as victims, as well as with other violence studied. Therefore, this type of violence directly affects the victim's mental health, causing feelings of guilt, social isolation, sadness, depressive episodes and even aggression (VÁZQUEZ *et al.*, 2020; SIQUEIRA; ROCHA, 2019). Furthermore, it should be noted that recurrent cases of violence against women can culminate in femicide, which is characterized by female homicide simply because it is a woman (RODRÍGUEZ; PORRA; LECOMPTE, 2021).

Sexual violence occurs in forms of abuse through power relations, intimidation, manipulation or threat and victimization, especially those between 0 and 19 years of age. In this perspective, it can be estimated that sexual violence has fewer notifications when compared to physical and psychological violence, since the largest population of victims are children and adolescents. In addition, children and adolescents are more vulnerable both to violence and underreporting, due to their fragility, since most of the aggressors are caregivers/responsible (TRAJANO *et al.*, 2021). Thus, there is a violation of the rights of children and adolescents, as well as the consequences that can affect the lives of these victims.

When analyzing only notifications for males, 91% of these notifications are in the age group from 0 to 19 years. Nevertheless, the prevalence of female victims occurs in all age groups. This aspect reinforces the cultural and historical characteristics of the position of men over women, therefore, the low rates of sexual violence against men can also be associated with the figure of masculinity and the fear of being seen as vulnerable for seeking help (GASPAR; PEREIRA, 2018).

According to the data presented, there are more reports by white and brown people victims of the three types of violence, suggesting that it is consistent with their respective populations, since the brown race constitutes 47% of the Brazilian population and the white race totals 43% of Brazilians (IBGE, 2022). In addition, when the notifications of the other races with their respective populations

are analyzed, they also do not present a discrepancy between the numbers of notifications and their populations. Moreover, another factor that influences the high notifications of violence against the brown race is related to the persistence of the inheritance of slavery and racial discrimination in the Brazilian territory, since, during most of Brazilian history, racial inequality was recognized, preserved and guaranteed against certain ethnic-racial groups (OSÓRIO, 2021).

Equivalent to the populations of the different regions of Brazil, according to IBGE (2019), the Southeast region is the most populous, covering 42% of the Brazilian population, followed by the Northeast (27.2%), South (14.3%), North (8.6%) and Midwest (7.7%). Concomitant to this, in the three types of violence analyzed in this study, the Southeast geographic region was the one that most reported. Then, the South region refers to psycho/ moral and sexual violence, and the Northeast region, physical violence. Given the above, it can be noted that the South region is one of the regions that has more notifications of violence, as it is the third most populous Brazilian region. However, it is not possible to say whether these regions are the ones that present the most situations of violence or are the ones that most denounce.

The study showed residence as the main scenario of violent acts, however it should be a place of protection and well-being for individuals, especially for women. The findings of the present study corroborate the historical data, since it affirms the idea of women's frailty, since these indicate more than 70% of the notifications of violence occurred in the household (VIGANO; LAFFIN, 2019). From the perspective of the prevalence of notifications by female victims, it is also possible to point out that these, throughout history, are building their independence and breaking the paradigms of patriarchal society, since they are gaining more visibility. In this sense, an interprofessional look at the aspects associated with different types of violence becomes important to, thus, build policies and interventions for the reduction of cases of violence and punishment of aggressors.

FINAL THOUGHTS

Considering the analyses performed, it was noticed that the female sex is more susceptible to violence in all types, races and age groups studied. Therefore, it is seen that the residence, place of care and safety, is the place where the victims are most exposed. Therefore, it is identified the violation of human rights and the impediment of their freedoms in their means of living due to acts harmful to their entirety.

Violence against women is a serious social and public health problem. Therefore, it is questioned whether the male sex does not really suffer violence or these fail to notify them, thus, the importance of public actions that envision to support, identify and prevent violence for both sexes.

In the same sense, it is important to monitor children and the elderly from the professionals linked to primary health care, as well as from municipal and governmental public social services, for being spaces for care that should welcome this population. Therefore, it is suggested to strengthen a broad network of support and attention to victims, involving different sectors of society, such as health, education, public security and social assistance. In addition, debates on the theme of violence should be promoted and strengthened in order to increase citizens' knowledge of their social rights and in the search for guidance on the possibilities of reports and notifications, seeking to combat the phenomenon of violence. Furthermore, it is important to work strategies for recovery and rehabilitation of the health of victims.

A limitation of the study concerns the data resulting from secondary notifications, and may not represent the actual numbers of victims of violence, since many of these do not have access or autonomy to seek help or report.

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