

Analysis of cases of interpersonal violence against women

Análise dos casos de violência interpessoal contra mulheres

Análisis de casos de violencia interpersonal contra mujeres

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Abstract

Objective: To analyze the reported cases of interpersonal violence against women in the state of Espírito Santo.

Methods: This is an analytical, cross-sectional study, which analyzed the reported cases of violence against women from 2011 to 2018 in Espírito Santo. The data that were analyzed in this study are the result of the Reporting Forms/Investigation of Interpersonal and Self-inflicted Violence from the Reporting Diseases Information System (SINAN). Statistical analyzes were performed using the chi-square test and Poisson regression, using Stata 14.1, with p-values lower than 0.05 being considered significant.

Results: Interpersonal violence reporting in females represented a frequency of 74.9% (n=20,449; 95%CI: 74.4-75.4). It was observed that children and older adults had a 35% higher prevalence of this condition compared to adolescents. There is a higher frequency of this phenomenon among black/brown people (PR: 1.07; 95%CI: 1.05-1.08) compared to white people. As for aggressor characteristics, there is a higher prevalence in the age group of 25 years and older (PR: 1.09; 95%CI: 1.06-1.11), male (PR: 3.02; 95%CI: 2.88-3.17) and under suspicion of alcohol consumption at the time of aggression (95%CI: 1.05-1.08). Regarding the event, there is a frequency 1.28 times higher on public thoroughfare.

Conclusion: Sociodemographic, behavioral factors and personal experiences of violence influence its occurrence.

Resumo

Objetivo: Analisar os casos notificados de violência interpessoal contra as mulheres no estado do Espírito Santo.

Métodos: Estudo analítico, do tipo transversal, em que foram analisados os casos notificados de violência contra a mulher no período de 2011 a 2018 no Espírito Santo. Os dados que foram analisados neste estudo são resultantes das Fichas de Notificação/Investigação de Violência Interpessoal e Autoprovocada provenientes do Sistema de Informação de Agravos de Notificação (SINAN). As análises estatísticas foram realizadas por meio do teste de Qui-quadrado e regressão de Poisson, utilizando o software Stata 14.1, sendo considerados significativos valores de p menores que 0,05.

Resultados: A notificação de violência interpessoal no sexo feminino representou frequência de 74,9% (n=20.449; IC95%: 74,4-75,4). Foi observado que crianças e idosas apresentaram 35% mais prevalência desse agravo comparada aos adolescentes. Há maior frequência desse fenômeno entre pessoas de cor preta / parda (RP: 1,07; IC95%: 1,05-1,08) comparada àquelas de cor branca. Quanto às características do agressor verifica-se maior prevalência na faixa etária de 25 anos e mais (RP: 1,09; IC95%: 1,06-1,11), do sexo masculino (RP: 3,02; IC95%: 2,88-3,17) e sob suspeita de uso de álcool no momento da agressão (IC95%: 1,05-1,08). Em relação ao evento, nota-se uma frequência 1,28 vezes maior em via pública.

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Conflict of interest: nothing to declare.

Conclusão: Fatores sociodemográficos, comportamentais e experiências pessoais de violência influenciam a ocorrência do fenômeno.

Resumen

Objetivo: Analizar los casos notificados de violencia interpersonal contra mujeres en el estado de Espírito Santo.

Métodos: Estudio analítico, tipo transversal, en el que se analizaron los casos notificados de violencia contra la mujer en el período de 2011 a 2018 en Espírito Santo. Los datos que fueron analizados en este estudio son resultantes de las Fichas de Notificación/Investigación de Violencia Interpersonal y Autoprovocada provenientes del Sistema de Información de Agravios de Notificación (SINAN). Los análisis estadísticos se realizaron mediante la prueba χ^2 de Pearson y regresión de Poisson, con el uso del software Stata 14.1, donde se consideraron significativos valores de p menores que 0,05.

Resultados: La notificación de violencia interpersonal en el sexo femenino representó una frecuencia de 74,9 % (n=20.449; IC95 %: 74,4-75,4). Se observó que niñas y adultas mayores presentan un 35 % más de prevalencia de este agravio, comparadas con adolescentes. Existe una mayor frecuencia de este fenómeno en personas de color negro / pardo (RP: 1,07; IC95 %: 1,05-1,08), comparadas con las de color blanco. Respecto a las características del agresor, se verificó mayor prevalencia en el grupo de edad de 25 años o más (RP: 1,09; IC95 %: 1,06-1,11), de sexo masculino (RP: 3,02; IC95 %: 2,88-3,17) y con sospecha de uso de alcohol en el momento de la agresión (IC95 %: 1,05-1,08). Con relación al evento, se observa una frecuencia 1,28 veces mayor en la vía pública.

Conclusión: Factores sociodemográficos, de comportamiento y experiencias personales de violencia influyen para que suceda este fenómeno

Introduction

Over the last few years, violence against women has been highlighted in the agendas of public and governmental bodies, due to its various impacts on people's social, economic and physical lives, including gender equality within the Sustainable Development Goals (SDGs) in the 2030 Agenda defined by the United Nations (UN).⁽¹⁾ Even with the concern, this aggravation still remains with alarming numbers in the world population, especially after the beginning of the COVID-19 pandemic, which increased reports of domestic violence among women due to restrictions and social isolation.⁽²⁾

Interpersonal violence can be understood as the intentional use of physical force or other power against a person, perpetrated by an individual or small group of individuals. It is classified as physical, sexual or psychological violence, and may also involve deprivation and neglect.⁽³⁾

Updated data from 2018 show that, in Latin America and the Caribbean, 25% of women suffer or have suffered some type of physical or sexual violence throughout their lives, highlighting the victimization of young women with their intimate partner as the aggressors. With this, multisectoral actions must be implemented due to the complex nature of this problem, also involving social participation in the process of cultural overcoming gender inequalities.⁽²⁾

The Atlas of Violence 2021 shows that in 2019 Brazil had a rate of 21.7 deaths per 100,000 inhabi-

tants resulting from homicides, with the rate among female victims at 3.5 deaths per 100,000 people.⁽⁴⁾ The state of Espírito Santo, located in southeastern Brazil, ranked in 2015 as the third state with the highest homicide rate in the country, with 40.4/100 thousand inhabitants, being below the rates recorded only in the states of Alagoas and Pernambuco.⁽⁵⁾

In Brazil, this grievance became more visible after the enactment of the *Maria da Penha* Law (Law 11,340), which defined it as any action or omission that leads to death, physical, sexual, psychological and moral or property damage to women.^(4,6)

A recent systematic review of 366 studies, which gathered responses from about 2 million women in more than 160 countries around the world, showed that, globally, approximately 27% of women have already experienced violence in their lives, and 13% have experienced this problem in the last year.⁽⁷⁾ In Espírito Santo, a population-based study carried out with almost a thousand women using the Unified Health System (SUS – *Sistema Único de Saúde*) services showed that psychological violence was the most frequently reported, with a prevalence of 25.3% of cases, while 9.9% of women were victims of psychological violence and 5.7% of sexual violence.⁽⁸⁾

Violence against women can have short and medium-term repercussions on the physical and mental health of women and even their children.⁽⁷⁾ The repercussions reported in the literature are anxiety, stress, sleep disorders, depressive symptoms, heart disease, chronic pain, intestinal disorders, fibromyalgia and others, in addition to the repercussions

for women's sexual and reproductive health, such as sexual dysfunctions, sexually transmitted infections, pelvic inflammatory disease, unwanted pregnancy and maternal and neonatal complications.⁽⁹⁾

In this regard, considering that violence is a passive prevention and knowledge about its related factors is fundamental for creating public policies relevant to each region,⁽¹⁰⁾ the present study aims to analyze the reported cases of interpersonal violence against women in the state of Espírito Santo.

Methods

This is a cross-sectional, descriptive and analytical study, where 27,315 cases of violence against women were reported from 2011 to 2018 in Espírito Santo, of which 20,449 corresponded to interpersonal violence against women. The choice of the year 2011 was due to the inclusion of violence in the list of grievances of compulsory reporting by the Ministry of Health,⁽¹¹⁾ and was completed in 2018, when a larger study entitled “*Análise das notificações de violência no Espírito Santo*” was carried out.

Espírito Santo is a state located in southeastern Brazil. According to the 2010 census, it had 3,514,952 inhabitants in a territorial extension of 46,074,444 km² and a population density of 76.25 inhabitants/km². It has a Human Development Index (HDI) of 0.740, and 50.75% of its population is composed of women (1,783,735).⁽¹²⁾

The data analyzed in this study come from the Reporting Forms/Investigation of Interpersonal and Self-inflicted Violence,⁽¹³⁾ completed in public and private health services, digitized in the Reporting Diseases Information System (SINAN - *Sistema de Informação de Agravos de Notificação*). The database was provided by the Epidemiological Surveillance of the Espírito Santo State Health Department.⁽¹⁴⁾

Afterwards, the database underwent extensive exploratory analysis to qualify the variables of interest and correct possible inconsistencies and duplicate forms. In this qualification process, the registration field of the reporting form number was assessed for verification of duplications. Moreover,

each record was individually assessed to see if other fields contained information that was filled in as ignored or that was blank in the field of interest – for instance, details about the occurrence that were described in the observations field. For each form, the type of violence that motivated reporting was also identified (when more than one type of violence was recorded), following the Interpersonal and Self-Inflicted Reporting Instruction guidelines.⁽¹³⁾

In this study, interpersonal violence is considered as defined in the instruction, which differs in two typologies: domestic/intra-family violence, which is characterized as what happens between intimate partners or family members in or outside homes; and extra-family/community violence, that which occurs in the social environment including both known and unknown. The concept encompasses the different natures of interpersonal violence, such as physical, psychological/moral, torture, sexual, human trafficking, financial/economic, neglect/abandonment, child labor and legal intervention.⁽¹³⁾

The outcome under analysis was interpersonal violence (no, yes), and the comparison group was individuals who committed self-inflicted violence. The independent variables were:

- I. Victim characterization
 - A. Age group: 0 to 9 years old, 10 to 19 years old, 20 to 59 years old, 60 years old and older
 - B. Race/color: white, black and brown
 - C. Presence of disabilities and/or disorders: no, yes
 - D. Area of residence: urban/peri-urban; rural)
- II. Aggressor characterization
 - E. Age group: 0 to 24 years; 25 years or older
 - F. Sex: male, female
 - G. Victim bond: family, acquaintance, unknown
 - H. Suspected alcohol consumption: no, yes
- III. Occurrence characterization
 - I. Number of people involved: one, two or more
 - J. Location: residence, public thoroughfare, others
 - K. Repetition history: no, yes
 - L. Referral to other network services: no, yes

Before analysis, a database qualification process was carried out to correct possible inconsistencies.

Absolute and relative frequencies of variables were calculated with their 95% confidence intervals. Pearson's chi-square test was used in the bivariate analysis, and Poisson's regression was used in the multivariate analysis, with estimation of Prevalence Ratios. The variables included in the model were those that obtained $p < 0.20$ in the bivariate analysis. Two hierarchical levels were considered: the first was composed of victim characteristics, and the second, by aggressor and occurrence characteristic variables. The referral variable was not included in the multivariate analysis because it is a situation that occurs after the outcome. All analyzes were performed using Stata 14.1, and p-values less than 0.05 were considered significant.

The present work is a part of a larger project, which was approved by the Research Ethics Committee of the *Universidade Federal do Espírito Santo*, under Opinion 2,819,597 and CAAE (*Certificado de Apresentação para Apreciação Ética* - Certificate of Presentation for Ethical Consideration) 88138618.0.0000.5060.

Results

Interpersonal violence reporting in females represented a frequency of 74.9% (n= 20,449; 95%CI: 74.4-75.4). Regarding victim characterization, it is noted that the age group most affected was from 20 to 59 years (66.6%), 70.5% with black/brown race/color, and approximately 91% without disability or disorder and urban area residents. As for the aggressor, about 70% were aged 25 years or older and 84.8% were male. It is observed that 53.2% of aggressors were not consuming alcohol at the time of aggression, 67.4% had a family relationship with the victim and seven out of 10 cases of interpersonal violence against women occurred at home. In approximately 60% of the reporting, there was repetition violence, with the majority (85.3%) of cases referred to be treated by other services (Table 1).

In the bivariate analysis (Table 2), it can be seen that interpersonal violence was related to the vic-

Table 1. Characteristics of reported cases of interpersonal violence against women (n=20,449)

Variables	n(%)	95% CI
Victim's age group		
0 to 9 years	1734(8.5)	8.1-8.9
10 to 19 years	4070(19.9)	19.4-20.5
20 to 59 years	13615(66.6)	65.9-67.2
60 years and older	1030(5.0)	4.8-5.4
Race/color		
White	5301(29.5)	28.8-30.2
Black/brown	12668(70.5)	69.8-71.2
Disabilities/disorders		
No	16339(91.6)	91.2-92.0
Yes	1496(8.4)	8.0-8.8
Domicile area		
Urban/periurban	18228(91.2)	90.8-91.6
Rural	1755(8.8)	8.4-9.2
Aggressor's age group		
0-24 years	3394(29.7)	28.9-30.6
25 years and older	8018(70.3)	69.4-71.1
Aggressor's sex		
Male	15276(84.8)	84.3-85.4
Female	2729(15.2)	14.6-15.7
Relationship link		
Family member	12584(67.4)	66.7-68.1
Acquaintance	3961(21.2)	20.6-21.8
Unknown	2127(11.4)	10.9-11.9
Suspected alcohol consumption		
No	7041(53.2)	52.4-54.1
Yes	6187(46.8)	45.9-47.6
Number of people involved		
One	15886(84.4)	83.9-84.9
Two and more	2934(15.6)	15.1-16.1
Place of occurrence		
Residence	13023(72.1)	71.4-72.8
Public thoroughfare	3170(17.6)	17.0-18.1
Others	1870(10.3)	9.9-10.8
Repetition violence		
No	6511(40.4)	39.6-41.1
Yes	9626(59.6)	58.9-60.4
Referral		
No	2918(14.7)	14.2-15.2
Yes	16920(85.3)	84.8-85.8

Source: Epidemiological Surveillance of the State Health Department of Espírito Santo, 2011-2018. ⁽¹⁴⁾ 95%CI - 95% confidence interval

tim's age group, race/color, disability/disorder and area of residence. With regard to aggressor characteristics, there is a relationship with age, sex and suspected alcohol consumption. As for the event, interpersonal violence was related to place of occurrence, repetition and referral ($p < 0.005$).

Table 3 presents the results of analysis adjusted for the confounding factors. It is observed that children and older adults presented 35% more prevalence of interpersonal violence reporting compared to the group of adolescents. Another finding was the higher frequency of reporting among black/brown

Table 2. Bivariate analysis of distribution of characteristics according to occurrence of reporting of interpersonal violence against women (n=20449)

Variables	n(%)	95% CI	p-value
Victim's age group			
0 to 9 years	1734(99.0)	98.4-99.4	<0.001
10 to 19 years	4070(67.3)	66.1-68.5	
20 to 59 years	13615(74.3)	73.6-74.9	
60 years and older	1030(86.9)	84.9-88.7	
Race/color			
White	5301(71.9)	70.8-72.9	<0.001
Black/brown	12668(77.9)	77.3-78.6	
Disabilities/disorders			
No	16339(82.7)	82.2-83.2	<0.001
Yes	1496(46.3)	44.6-48.0	
Domicile area			
Urban/periurban	18228(74.6)	74.0-75.1	0.047
Rural	1755(76.5)	74.7-78.2	
Aggressor's age group			
0-24 years	3394(54.2)	52.9-55.4	<0.001
25 years and older	8018(72.2)	71.3-73.0	
Aggressor's sex			
Male	15276(98.3)	98.1-98.5	<0.001
Female	2729(30.1)	29.2-31.1	
Suspected alcohol consumption			
No	7041(64.9)	64.0-65.8	<0.001
Yes	6187(89.1)	88.3-89.8	
Place of occurrence			
Residence	13023(70.1)	69.5-70.8	<0.001
Public thoroughfare	3170(92.8)	91.9-93.6	
Others	1870(85.5)	83.9-86.9	
Repetition violence			
No	6511(74.3)	73.3-75.2	<0.001
Yes	9626(76.7)	75.9-77.4	
Referral			
No	2918(68.5)	67.1-69.9	<0.001
Yes	16920(76.0)	75.4-76.5	

Source: Epidemiological Surveillance of the State Health Department of Espírito Santo, 2011-2018. ⁽¹⁴⁾ 95%CI - 95% confidence interval

Table 3. Bivariate analysis with unadjusted prevalence ratio and multivariate model with adjusted prevalence ratio of variables associated with cases of interpersonal violence against women (n=20,449)

Variables	Unadjusted analysis			Adjusted analysis		
	PR	95% CI	p-value	PR	95% CI	p-value
Victim's age group						
0 to 9 years	1.47	1.45-1.50	<0.001	1.35	1.33-1.38	<0.001
10 to 19 years	1.0			1.0		
20 to 59 years	1.10	1.08-1.13		1.11	1.09-1.14	
60 years and older	1.29	1.26-1.33		1.35	1.31-1.40	
Race/color						
White	1.0		<0.001	1.0		<0.001
Black/brown	1.08	1.07-1.10		1.07	1.05-1.08	
Disabilities/disorders						
No	1.79	1.72-1.86	<0.001	1.78	1.71-1.85	<0.001
Yes	1.0			1.0		
Domicile area						
Urban/periurban	1.0		0.040	1.0		0.236
Rural	1.03	1.00-1.05		0.99	0.96-1.01	
Aggressor's age group						
0-24 years	1.0		<0.001	1.0		<0.001
25 years and older	1.33	1.30-1.37		1.09	1.06-1.11	
Aggressor's sex						
Male	3.27	3.16-3.37	<0.001	3.02	2.88-3.17	<0.001
Female	1.0			1.0		
Suspected alcohol consumption						
No	1.0		<0.001	1.0		<0.001
Yes	1.37	1.35-1.40		1.07	1.05-1.08	
Place of occurrence						
Residence	1.0		<0.001	1.0		<0.001
Public thoroughfare	1.32	1.31-1.34		1.28	1.25-1.31	
Others	1.22	1.20-1.24		1.23	1.19-1.27	
Repetition violence						
No	1.0		<0.001	1.0		0.955
Yes	1.03	1.02-1.05		0.99	0.98-1.02	

Source: Epidemiological Surveillance of the State Health Department of Espírito Santo, 2011-2018. ⁽¹⁴⁾ 95% CI - 95% confidence interval; PR - prevalence ratio.

people (PR: 1.07; 95% CI: 1.05-1.08) compared to white people. It is also noted that reports of violence against people without disabilities are 78% more prevalent. As for aggressor characteristics, there is a higher prevalence in the age group of 25 years and older (PR: 1.09; 95%CI: 1.06-1.11), male (PR: 3.02; 95%CI: 2.88-3.17) and under suspicion of alcohol consumption at the time of aggression (PR: 1.07; 95%CI: 1.05-1.08). Regarding the event, 1.28 times more frequently occurred on public thoroughfare.

Discussion

Violence against women represents a violation of their rights and dignity. It is quite frequent in

our society and commonly results from gender inequality. The occurrence of this grievance is part of a patriarchal socio-historical system that has conditioned women to a hierarchically inferior position in the scale of social perfection, producing an unequal relationship between men and women, which, despite showing a decrease in recent years, is still a serious concern all over the world.^(15,16)

In this study, a high prevalence of interpersonal violence against women was identified, corresponding to 74.9% (n=20,449; 95%CI: 74.4-75.4) in the reports of violence recorded for females in Espírito Santo. This finding is similar to that found at the national level, which reveals that in 2015, 162,575 reports of violence against women were registered

in SINAN, corresponding to 67.1% of the total number of reports.⁽¹⁷⁾

In addition to the large number of reporting, Brazil also has significant numbers of deaths motivated by violence against women. In 2019, 3,737 women were violently murdered in Brazil, the main causes of which were domestic or family violence, discrimination against women and cases of urban violence such as robberies followed by death.⁽⁴⁾ The state of Espírito Santo represented one of the largest reductions in violent deaths against women between 2018 and 2019 (-59.4%);⁽⁴⁾ however, it still has a high prevalence of reports of violence against women compared to other Brazilian states, as evidenced in another study⁽¹⁸⁾ that pointed Espírito Santo as the first place in the prevalence of intimate partner violence (67.6%), even higher than that observed nationally (62.4%).

Each location's reporting bodies contribute to the promotion of databases, giving greater visibility to the worsening of violence. Even so, with regard to violent practices against the female public, gender inequality introduced in society by historical and cultural issues is highlighted, which greatly influence the greater experience of violent situations among women, as it allows them to establish relationships of power and domination of the male figure over the female.^(17,19)

Regarding the victim characteristics, adjusted data analysis shows a 35% higher prevalence of interpersonal violence among children and older adults when compared to the group of adolescents and 11% higher among adults, which suggests greater vulnerabilities of the most extreme age groups. Findings from the Survey of Violence and Accidents at Sentinel Urgent and Emergency Services (VIVA - *Violências e Acidentes em Serviços Sentinela de Urgência e Emergência*) in 2017 identified higher concentrations of aggression between 20 and 59 years old (66.3%).⁽²⁰⁾ It is worth considering that adulthood increases exposure to violence when compared to adolescents, as women of reproductive age are more exposed to domestic abuse, especially from an intimate partner.⁽¹⁸⁾

In relation to greater exposure to violence among children, data from Espírito Santo found

higher frequencies of violence against girls (60.1%) compared to boys, showing that women's victimization is higher since childhood, and once again bringing the macho culture as a possible responsible for this scenario.⁽²¹⁾

Taking into account race/color, black women had a 1.07 times higher prevalence of experiencing interpersonal violence when compared to white women. The state of Rondônia also found a higher frequency of interpersonal violence against black women (63.80%) compared to white women (20.05%).⁽²²⁾

When analyzing the cases of dead women victims of domestic violence, urban violence and motivated by gender inequality in Brazil, the numbers are also higher among black women. In the state of Espírito Santo, in 2019, the risk of a black woman being violently killed was 3.7 times greater than that of a white woman, greater than the national risk, which was 1.7 times.⁽⁴⁾ Black women historically live with greater situations of discrimination as well as economic and social disadvantages that predispose to this condition.^(4,22)

Another finding was the lower frequency of reporting among people without disabilities and disorders. When comparing the data, people without disabilities had 1.78 times more prevalence of exposure to violence. General data on reports of interpersonal violence in Brazil between 2015 and 2019 are similar to those found in this study.⁽²³⁾ However, it is worth mentioning a study carried out in Manaus, which found low completeness of the field of disability and disorder within the reporting form, which contributes to underreporting cases.⁽²⁴⁾ The World Report on Disability addresses the main difficulties encountered by this group throughout their lives, highlighting exposure to accidents and violence as a serious problem to be faced.⁽²⁵⁾

Regarding the aggressor, the male sex stood out (PR: 3.02; 95%CI: 2.88-3.17) and adult individuals aged 25 years and older (PR: 1.09; 95%CI: 1.06-1.11) as the main perpetrators of violence against women, which is in agreement with several studies.^(20,22,23) In Brazil, from 2015 to 2019, 54.54% of aggressors were men and 50.36% were adults.⁽²³⁾ Even assessing aggressors according to the victim's sex, the

frequencies remained high, being 84.7% when the victim was another man and 64.8% when the victim was a woman.⁽²⁰⁾ Research carried out in Rondônia also found a higher proportion of male aggressors, highlighting the intimate partner bond with the victim as a contributor due to the power relationship established in this type of relationship.⁽²²⁾

Another characteristic related to the perpetrator found in this study concerns alcohol consumption, where using this substance or being under suspicion of use by the aggressor increased the prevalence of committing violence (PR: 1.07; 95%CI: 1.05-1.08). Although the highest frequencies are found in aggressors who did not consume alcohol,^(20,22,23) it is important to assess its association. In a specific analysis of violence perpetrated by an intimate partner, consuming alcohol increased the practice of violence by 1.12 times (95%CI: 1.12-1.13).⁽¹⁸⁾ It is known that alcohol consumption can alter several neurophysiological functions in the body, which can make the individual more aggressive and violent.⁽¹⁸⁾

Although the present study presents the public thoroughfare (PR: 1.28, 95%CI: 1.25-1.31) as the space with the highest occurrence of reports of interpersonal violence against women, it is important to emphasize that it is commonly evidenced in the literature that the residence is shown as the main place of occurrence of this disease,^(17,23,24) especially because this is a place of greater imposition of authority and condition of subordination.⁽²⁴⁾

Finally, in this scenario, the health sector stands out, especially primary care and nursing professionals, due to their proximity to communities, families and women's homes, thus being able to contribute greatly to the process of violence screening and identification, reporting and coping, as well as with measures to prevent this aggravation. It is important to note that in Brazilian territory cases of violence must be reported through the interpersonal violence reporting form;⁽¹¹⁾ however, reporting still has many deficits and low adherence by a portion of health professionals, and they refer this fact to the extent and poor knowledge about the form, fear of reprisals by victims' aggressors, confusion of the concepts of reporting and denunciation, among other associated taboos.⁽²⁶⁾

It is believed that the findings of this study can serve as support for the actions and implementation of programs to combat violence against women; however, some limitations need to be observed, such as secondary data analysis, the intrinsic underreporting of information systems and the cross-sectional design of this study. However, it is important to emphasize that measures were taken to minimize some of these limitations, such as the database qualification process. Furthermore, despite the impossibility of establishing a causal relationship, cross-sectional studies are important tools for assessment, monitoring and development of public policies due to their high descriptive potential and analytical simplicity.

Conclusion

Interpersonal violence represented a high magnitude among the violence against women reported in Espírito Santo from 2011 to 2018, being more prevalent among those of more vulnerable ages (children and older adults) and of black/brown color. The main aggressors are also men, aged 25 years and older, and under suspicion of alcohol consumption. The most prevalent place for this reported injury was the public thoroughfare. These findings prove to be important and should be considered when establishing actions to confront and prevent interpersonal violence, but they should be viewed with caution considering that there is still a lot of underreporting. However, even in the face of this, we cannot fail to emphasize the importance of the health sector as a fundamental space for offering care to victims, thus contributing to breaking the cycle of violence.

Collaborations

Leite FMC, Santos DF, Ribeiro LA, Tavares FL, Correa ES, Ribeiro LEP and Pedrosa MRO contributed to study design, data analysis and interpretation, article writing, relevant critical review of the intellectual content and approval of the final version to be published.

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