

# SELF-INFLICTED VIOLENCE IN ESPÍRITO SANTO: AN ANALYSIS OF CASES AMONG WOMEN

## VIOLÊNCIA AUTOPROVOCADA NO ESPÍRITO SANTO: UMA ANÁLISE DOS CASOS ENTRE MULHERES

## VIOLENCIA AUTOPROVOCADA EN ESPÍRITO SANTO: ANÁLISIS DE LOS CASOS REGISTRADOS EN MUJERES

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**Objective:** to analyze reported cases of self-inflicted violence among women from 2011 to 2018 in the state of Espírito Santo, Brazil. **Method:** a cross-sectional study based on reported cases of violence among women. The characteristics of both the victims and the aggressions were analyzed, relative and absolute frequencies were calculated, and a multivariate data analysis was performed with Poisson Regression. The analysis was carried out using the Stata 14.0 software. **Results:** the frequency found was 26.8%. In the study, most victims are adolescents, self-declared as white-skinned, with some disability or disorder, and not consuming alcohol during the self-aggression. The injuries occurred at the victims' homes and were non-recurring ( $p < 0.05$ ). **Conclusion:** the high frequency of self-inflicted violence among women could be associated with characteristics of the victim and the event. Suspected or confirmed cases should be reported and actions to prevent and cope with this problem must be taken.

**Descriptors:** Self-Destructive Behavior. Violence. Exposure to Violence. Women. Epidemiology.

*Objetivo:* analisar os casos notificados de violência autoprovocada entre mulheres no período de 2011 a 2018 no estado do Espírito Santo, Brasil. *Método:* estudo transversal com os casos notificados de violência em mulheres.

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*Foram analisadas as características da vítima e da agressão, calculadas as frequências relativas e absolutas, bem como realizada a análise multivariada pela Regressão de Poisson. A análise foi feita pelo Stata 14.0. Resultados: a frequência encontrada foi de 26,8%. Adolescentes são maioria das vítimas do estudo, sendo eles de raça/cor branca, com deficiência ou transtorno, que não fizeram o uso de álcool durante a autoagressão. O agravo ocorreu na residência e sem caráter de repetição ( $p < 0,05$ ). Conclusão: evidencia-se a alta frequência de violência autoprovocada no sexo feminino e sua associação com características da vítima e do evento. É fundamental a notificação dos casos suspeitos ou confirmados e as ações de prevenção e enfrentamento a esse agravo.*

*Descritores: Comportamento Autodestrutivo. Violência. Exposição à Violência. Mulheres. Epidemiologia.*

*Objetivo: analizar los casos notificados de violencia autoprovocada entre mujeres durante el período de 2011 a 2018 en el estado de Espírito Santo, Brasil. Método: estudio transversal realizado con los casos notificados de violencia en mujeres. Se analizaron las características de las víctimas y de las agresiones, se calcularon las frecuencias relativas y absolutas, y también se realizó un análisis multivariado por medio de Regresión de Poisson. El análisis se efectuó en Stata 14.0. Resultados: se encontró una frecuencia del 26,8%. En el estudio, la mayoría de las víctimas son adolescentes, de raza/color de piel blanca, con alguna discapacidad o trastorno, y no han consumido bebidas alcohólicas durante la autoagresión. Las lesiones se produjeron en el hogar de las víctimas y no presentaron recurrencia ( $p < 0,05$ ). Conclusión: se hace evidente la elevada frecuencia de violencia autoprovocada en el sexo femenino y su asociación con características de las víctimas y de los sucesos. Es fundamental notificar las sospechas o confirmaciones de casos y las acciones para prevenir y hacer frente a este problema.*

*Descriptores: Comportamiento Autodestructivo. Violencia. Exposición a la Violencia. Mujeres. Epidemiología.*

## Introduction

Self-inflicted violence can be conceptualized as injuries or poisoning, as well as suicide attempts intentionally carried out against oneself<sup>(1)</sup>. This type of violence can be categorized as non-fatal, which includes cases of suicidal ideas or thoughts, suicidal plans and attempts, and fatal instances, referring to consummated suicides<sup>(2-3)</sup>.

In 2019, women accounted for 71.5% of the reports recorded in the Information System on Notifiable Diseases (*Sistema de Informação de Agravos de Notificação*, SINAN) regarding self-inflicted violence<sup>(4)</sup>. However, when considering fatal self-inflicted violence, men show higher prevalence<sup>(5)</sup>. According to Pinheiro *et al.*<sup>(6)</sup>, from 2014 to 2018, 68.5% of the adults injured themselves without suicidal intent in the state of Santa Catarina were women and the most frequent mechanism of injury (MOI) among this population segment was using sharp objects (72.2%).

Upon analyzing age groups, female adolescents are also the main victims of non-suicidal injuries (69.39%), as recorded in a study carried out in the state of Minas Gerais, which showed that most of the practices adopted by

the victims consist in biting themselves on the mouth or lips, purposefully making several skin scratches, self-hitting or self-tattooing, pulling out their own hair, inserting objects under their nails or skin, cutting themselves, picking at a wound, burning their skin with cigarettes, matches or any other hot objects, pinching or poking areas of their body until they bleed and purposefully stripping off their skin<sup>(7)</sup>.

It is a fact that self-inflicted violence is a severe Public Health issue and that certain factors can contribute to the occurrence of this problem, which are many, according to Félix *et al.*<sup>(8)</sup>, such as: mental health issues, alcohol abuse or crisis experience. Furthermore, conditions such as previous suicide attempts and ease of access to means that enable violence are also associated<sup>(5,9)</sup>.

In this sense, considering the magnitude of the problem and the severity of this phenomenon, health professionals are significantly important in the process of identifying and managing cases of self-inflicted violence. Providing a warm environment and having an active listening approach are key processes in the care of patients

who experience this phenomenon, as well as in self-harm situations. In this case, professionals have the obligation to report the violent episode through the Individual Notification Form of Interpersonal/Self-Inflicted Violence, which contributes to ensuring timely intervention and referral that will prevent further problems<sup>(6,10)</sup>.

It is also noted that the self-inflicted violence rate among women has increased in Brazil in recent years, making it necessary to address this health condition. The significance of each gender in different cultures is linked to the type of social movement present in each location. In predominantly sexist countries, there are more suicides among the female population, encouraged by the fact that this group faces much greater obstacles<sup>(11)</sup>.

Given the above, the objective of this study was to analyze reported cases of self-inflicted violence among women from 2011 to 2018 in the state of Espírito Santo, Brazil.

## Methods

This is a cross-sectional and epidemiological study based on all the cases of self-inflicted violence among women aged at least 10 years old in Espírito Santo (ES), Brazil, a state located in the Brazilian Southeast region and whose capital is the city of Vitória. The research was carried out with data entered into the Information System on Notifiable Diseases (SINAN), through which the predominance of cases of self-inflicted violence among women was assessed from 2011 to 2018.

The dependent variable refers to cases of self-inflicted violence among women aged at least 10 years old (yes/no). The independent variables studied refer to the characteristics of the victims and the events experienced. Regarding the victims, the following factors were assessed: age group (from 10 to 19 years old, from 20 to 59 years old and over 60 years old), race/skin color (white and black/mixed race), presence of disabilities/disorders (yes and no), area of residence (rural and urban/peri-urban) and suspected alcohol consumption (yes and no). Regarding the injuries, the occurrence *locus* (home, public roads and others), presence of

recurrent violence (yes and no) and referrals (yes and no) were observed. Cases that were left blank or unknown were excluded from the analyses.

Before performing the analyses, the data went through a qualification process, according to the guidelines for reporting interpersonal and self-inflicted violence<sup>(12)</sup>. The data were processed using the *Stata* statistical package, version 14.1, and the results were presented through absolute and relative frequencies, with 95% confidence intervals. In the bivariate analysis, Pearson's Chi-Square Test was used and, in the multivariate analysis, Poisson Regression with robust variance and Prevalence Ratio (PR) estimation. A hierarchical model was employed – the variables related to the victims were added to the first level and those related to the events experienced were added to the second level. Inclusion of variables in the model followed the criterion of  $p < 0.20$  in the bivariate analysis and its maintenance was set at  $p\text{-value} \leq 0.05$ .

The study was approved by the Research Ethics Committee of the Federal University of Espírito Santo, duly identified by registration No. 2,819,597.

## Results

A total of 6,849 cases of self-inflicted violence among women were reported, which equals a frequency of 26.8% (95% CI = 26.3-27.3) of the cases of violence among women aged at least 10 years old in the state of Espírito Santo (data not shown in the table).

Regarding the characteristics of the victims, 68.9% were between 20 and 59 years of age; in terms of race/skin color, the majority (63.3%) identified themselves as black/mixed race, did not have disabilities or disorders (66.3%), and lived in urban/peri-urban areas (92%). It is noted that most of them were not suspected of consuming alcohol during the self-harm episode (83.4%). The most common occurrence locus for the cases of self-inflicted violence were the victims' homes (90.8%), and 56.5% of the cases were recurrent. Nearly 80% of the cases were referred to other health care services (Table 1).

**Table 1** - Characteristics of the female victims of self-inflicted violence. Espírito Santo, Brazil - 2011-2018 (N = 6.849).

Variables	N	%	95% CI
<b>Age group</b>			
10-19 years old	1,977	28.9	27.8-30.0
20-59 years old	4,717	68.9	67.8-70.0
60+ years old	155	2.2	1.9-2.6
<b>Race/Skin color</b>			
White	2,073	36.7	35.4-38.0
Black/Mixed Race	3,578	63.3	62.1-64.6
<b>Disabilities/Disorders</b>			
No	3,402	66.3	65.0-67.5
Yes	1,733	33.7	32.5-35.1
<b>Area of residence</b>			
Urban/Peri-urban	6,197	92.0	91.3-92.6
Rural	538	8.0	7.4-8.7
<b>Suspected alcohol consumption</b>			
No	3,797	83.4	82.3-84.5
Yes	756	16.6	15.6-17.7
<b>Occurrence locus</b>			
Home	5,539	90.8	90.0-91.5
Public roads	247	4.1	3.6-4.6
Others	316	5.1	4.7-5.8
<b>Recurrent violence</b>			
No	2,248	43.5	42.1-44.8
Yes	2,922	56.5	55.2-57.9
<b>Referral</b>			
No	1,339	20.1	19.1-21.0
Yes	5,334	79.9	79.0-80.9

Source: The authors.

Based on the bivariate analysis of the reported cases, it can be noted that every variable described in Table 2 was associated with self-inflicted violence among women,

namely: age group, race/skin color, disabilities/disorders, area of residence, suspected alcohol consumption, occurrence *locus*, recurrent violence, and referral ( $p < 0.05$ ).

**Table 2** - Bivariate analysis corresponding to self-inflicted violence among women. Espírito Santo, Brazil - 2011-2018 (N = 6.849).

Variables	N	%	95% CI	p-value
<b>Age group</b>				
10-19 years old	1,977	32.7	31.5-33.9	<0.001
20-59 years old	4,717	25.7	25.1-26.4	
60+ years old	155	13.1	11.3-15.1	
<b>Race/Skin color</b>				
White	2,073	29.9	28.8-31.0	<0.001
Black/Mixed Race	3,578	23.5	22.9-24.2	
<b>Disabilities/Disorders</b>				
No	3,402	18.8	18.2-19.3	<0.001
Yes	1,733	54.6	52.8-56.3	
<b>Area of residence</b>				
Urban/Peri-urban	6,197	27.1	26.5-27.7	0.024
Rural	538	24.9	23.1-26.7	

**Table 2** - Bivariate analysis corresponding to self-inflicted violence among women. Espírito Santo, Brazil - 2011-2018 (N = 6,849). (conclusion)

Variables	N	%	95% CI	p-value
<b>Suspected alcohol consumption</b>				
No	3,797	37.0	36.1-38.0	<0.001
Yes	756	11.2	10.5-12.0	
<b>Occurrence locus</b>				
Home	5,539	32.1	31.4-32.8	<0.001
Public roads	247	7.4	6.6-8.3	
Others	316	15.4	13.9-17.0	
<b>Recurrent violence</b>				
No	2,248	27.0	26.0-28.0	<0.001
Yes	2,922	24.5	23.7-25.2	
<b>Referral</b>				
No	1,339	32.9	31.5-34.3	<0.001
Yes	5,334	25.7	25.1-26.3	

Source: The authors.

In the adjusted analysis (Table 3), it can be observed that adolescents (from 10 to 19 years old) were affected 3.25 times more by self-inflicted violence when compared to the aged population (60 years old and over). Furthermore, among self-declared white-skinned victims, this problem showed 24% prevalence when compared to black/mixed-race victims. Those with disabilities

or disorders were victimized nearly 3 times more often. Self-inflicted violence among women was more frequent in victims who did not consume alcohol during the episodes (PR: 2.93; 95% CI: 2.68-3.21), in the victims' homes (PR: 3.85; 95% CI: 3.24-4.56), and on a non-recurring basis (PR: 1.54; 95% CI: 1.45-1.63).

**Table 3** - Multivariate analysis corresponding to self-inflicted violence among women. Espírito Santo, Brazil - 2011-2018 (N = 6,849). (continued)

Variables	Unadjusted analysis			Adjusted analysis		
	PR	95% CI	p-value	PR	95% CI	p-value
<b>Age group</b>						
10-19 years old	2.50	2.15-2.91	<0.001	3.25	2.71-3.90	<0.001
20-59 years old	1.97	1.70-2.28		2.37	1.98-2.84	
60+ years old	1.0			1.0		
<b>Race/Skin color</b>						
White	1.27	1.21-1.33	<0.001	1.24	1.18-1.30	<0.001
Black/Mixed Race	1.0			1.0		
<b>Disabilities/Disorders</b>						
No	1.0		<0.001	1.0		<0.001
Yes	2.91	2.78-3.04		3.07	2.93-3.22	
<b>Area of residence</b>						
Urban/Peri-urban	1.0		0.026	1.0		0.225
Rural	0.92	0.85-0.99		1.05	0.97-1.15	
<b>Suspected alcohol consumption</b>						
No	3.31	3.08-3.56	<0.001	2.93	2.68-3.21	<0.001
Yes	1.0			1.0		
<b>Occurrence locus</b>						
Home	4.34	3.84-4.90	<0.001	3.85	3.24-4.56	<0.001
Public roads	1.0			1.0		

**Table 3** - Multivariate analysis corresponding to self-inflicted violence among women. Espírito Santo, Brazil - 2011-2018 (N = 6.849). (conclusion)

Variables	Unadjusted analysis			Adjusted analysis		
	PR	95% CI	p-value	PR	95% CI	p-value
Others	2.08	1.78-2.43		1.99	1.61-2.45	
<b>Recurrent violence</b>						
No	1.10	1.05-1.16	<0.001	1.54	1.45-1.63	<0.001
Yes	1.0			1.0		

Source: The authors.

## Discussion

Of the total cases of violence among females aged 10 years old and over from 2011 to 2018 in the state of Espírito Santo, the frequency of self-inflicted violence was 26.8%. Most victims are adolescents, self-declared as white-skinned, with some sort of disability or disorder and not having consumed alcohol during the self-harm event. It is also observed that self-inflicted violence episodes were more frequent at the victims' homes and that they were non-recurring.

It was found that adolescents had higher prevalence of self-inflicted violence reports when compared to the aged population. The self-harm rate in adolescents is increasing in places like Taiwan, for example, where cases have increased by nearly 5 times between 2016 and 2019<sup>(13)</sup>.

This can be explained by the fact that adolescence is a period marked by biological, psychological and social transformations in which individuals are on a path to find their own identity; this process can lead to conflicts and anguish, and self-harm emerges as an alternative coping mechanism to deal with these feelings<sup>(14)</sup>. Another study suggests that this association between adolescence and self-inflicted violence is product of a society where there is predominance of a patriarchal culture and unequal relationships between genders, in which women are encouraged to behave in a fragile and vulnerable way<sup>(15)</sup>.

The fact that higher prevalence of self-inflicted violence was found among self-declared white-skinned women should be viewed with caution,

observing the heterogeneity of the populations and the victims' self-statements regarding this item on the reporting form<sup>(17)</sup>; in addition, it must be observed that, especially among the black-skinned population, there is low adherence and access to health services, as they provide deficient care<sup>(17)</sup>.

Regarding women with disabilities or disorders, they were more victimized when compared to those who did not suffer from this type of condition. In a study by Luis et al.<sup>(18)</sup>, self-harm was also more frequent in people with disabilities/disorders. This is probably because the presence of a disability, especially a mental one, can increase by up to 10 times the risk of a self-harm episode<sup>(8)</sup>.

The reports on self-inflicted violence showed no association with alcohol consumption. When carrying out a study with women in the state of Goiás, Rodrigues *et al.*<sup>(19)</sup> showed that 65% of the victims of self-inflicted violence were not suspected of consuming the substance. However, it is important to reflect about and be aware of the relationship between alcohol and various types of violence, such as physical violence, which worsens 13 times when use of this substance is present<sup>(20)</sup>.

The self-inflicted violence herein reported was nearly 32 times more prevalent in homes than on public roads, which is in line with what was found by Lemos et al.<sup>(21)</sup> while assessing cases of self-inflicted violence in the state of Maranhão and in the Federal District from 2002 to 2012. This may occur because the victims feel that they will not be interrupted<sup>(22)</sup> in a private place.

Another relevant finding was non-recurrence, which is in line with the literature, as stated by Fattah *et al.*<sup>(23)</sup> while assessing cases of self-inflicted violence in the state of Rio Grande do Sul from 2010 to 2019. Furthermore, the fact that the current study does not have violence as a recurrent feature can be linked to underreporting of cases of self-inflicted violence. A study carried out in the Federal District found that a considerable percentage of victims who resorted to emergency care as a result of self-harm were not included in the support network or received adequate referrals to psychologists and psychiatrists<sup>(24)</sup>.

Given this scenario, it can be noted that health professionals play a key role in managing victims and incorporating them to a protection network. Reporting cases of violence is part of the care process and strengthens Health Surveillance. Law No. 13,819 of April 26<sup>th</sup>, 2019 which established the National Policy for Preventing Self-Injury and Suicide, reinforces the need for compulsory reporting of self-inflicted violence episodes by health and educational institutions alike<sup>(25)</sup>.

As for the study limitations, it can be noted that all the data collected were based on reported cases of self-inflicted violence entered into the SINAN database. Therefore, only victims who received care at a health institution where the professional in charge suspected or confirmed the episodes and filed the report were included in the research. Furthermore, there is a limitation on quality of the data that were filled-in, as there was a large number of blank or unknown fields. Another limitation is that the literature contains a much larger number of articles about attempted and consummated suicide cases when compared to self-inflicted violence, a fact that limits the discussion and which, at the same time, strengthens and justifies the need for further studies on this topic, aimed at spreading this discussion more widely and better equipping the professionals involved.

## Conclusion

From 2011 to 2018, the self-inflicted violence rate was high among women aged at least 10

years old in the state of Espírito Santo. It can be noted that the reports on this issue show an association with factors such as age, race/skin color, presence of disabilities or disorders and alcohol consumption, in addition to the occurrence *locus* and whether the episodes were recurrent. Most of the victims are adolescents, self-declared as white-skinned, with some disability or disorder and not having consumed alcohol during the episode. The violence instances was more frequent at the victims' homes and were not recurrent.

The findings reveal the need for continuous training of health workers, social assistants and educational professionals regarding the reporting process, aiming to adequately fill-out the form, reduce under-reporting, and properly incorporate the victims to a protection and care network.

Finally, it should be pointed out that both the health sector and educational institutions must work to find ways to prevent and cope with self-inflicted violence among vulnerable groups such as adolescents in order to counter the prejudice around this phenomenon, thus monitoring the victims earlier in time.

## Collaborations:

1 – Conception and planning of the project: Franciéle Marabotti Costa Leite; Ajhully Alves Ribeiro; Beatriz Ferrari; Márcia Regina de Oliveira Pedroso; Edleusa Gomes Ferreira Cupertino; Solange Drumond Lanna and Karina Fardin Fiorotti;

2 – Analysis and interpretation of data: Franciéle Marabotti Costa Leite; Ajhully Alves Ribeiro; Beatriz Ferrari; Márcia Regina de Oliveira Pedroso; Edleusa Gomes Ferreira Cupertino; Solange Drumond Lanna and Karina Fardin Fiorotti;

3 – Writing and/or critical review: Franciéle Marabotti Costa Leite; Ajhully Alves Ribeiro; Beatriz Ferrari; Márcia Regina de Oliveira Pedroso; Edleusa Gomes Ferreira Cupertino; Solange Drumond Lanna and Karina Fardin Fiorotti;

4 – Approval of the final version: Franciéle Marabotti Costa Leite; Ajhully Alves Ribeiro; Beatriz Ferrari; Márcia Regina de Oliveira Pedroso; Edleusa Gomes Ferreira Cupertino; Solange Drumond Lanna and Karina Fardin Fiorotti.

### Conflicts of interests

There are no conflicts of interests.

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