

DOI: <https://doi.org/10.36489/nursing.2020v23i269p4703-4710>

Traumas in women victims of violence: an analysis in Recife-PE

ABSTRACT | Objective: To identify the main traumas in women victims of physical violence treated at a public hospital in the city of Recife/PE. Methods: Descriptive, quantitative and retrospective research, developed in a hospital in Recife / PE in the Medical and Statistical Archive Service sector. Data from 152 medical records were analyzed regarding the person, type of violence and trauma suffered. A questionnaire was prepared, and the data were analyzed in the Statistical Package for the Social Sciences version 23.0. Results: It was found that the average age of women was 31.82 years, 52.6% suffered physical violence / beatings; 45.4% suffered traumatic brain injury while 23.7% had polytrauma. Head trauma was the most frequent trauma among cases of physical violence / beatings (58.8%) (p-value: 0.001). Conclusion: In light of the results, it was found that the main traumatic injury resulting from violence was traumatic brain injury followed by polytrauma, affecting young women - 16 to 29 years old, mainly victims of physical violence / beatings.

Keywords: Epidemiology; Gender-Based Violence; Wounds and Injuries; Emergencies.

RESUMEN | Objetivo: Identificar los principales traumas en mujeres víctimas de violencia física atendidas en un hospital público de la ciudad de Recife/PE. Métodos: Investigación descriptiva, cuantitativa y retrospectiva, desarrollada en un hospital en Recife/PE en el sector del Servicio de Archivo Médico y Estadístico. Se analizaron datos de 152 registros médicos con respecto a la persona, tipo de violencia y trauma sufrido. Se preparó un cuestionario y los datos se analizaron en el Statistical Package for the Social Sciences versión 23.0. Resultados: Se encontró que la edad promedio de las mujeres era de 31.82 años, el 52.6% sufría violencia física / palizas; El 45,4% sufrió una lesión cerebral traumática, mientras que el 23,7% tenía politraumatismos. El traumatismo craneoencefálico fue el traumatismo más frecuente entre los casos de violencia física / palizas (58.8%) (valor p: 0.001). Conclusión: A la luz de los resultados, se descubrió que la principal lesión traumática resultante de la violencia fue la lesión cerebral traumática seguida de politraumatismo, que afecta a mujeres jóvenes de 16 a 29 años, principalmente víctimas de violencia física / palizas.

Palavras claves: Epidemiología; Violencia de Género; Heridas y Traumatismos; Urgencias Médicas.

RESUMO | Objetivo: Identificar os principais traumas em mulheres vítimas de violência física atendidas em um hospital público da cidade do Recife/PE. Métodos: Pesquisa descritiva, quantitativa e retrospectiva, desenvolvida em um hospital de Recife/PE no setor de Serviço de Arquivo Médico e Estatístico. Foram analisados dados de 152 prontuários quanto à pessoa, tipo de violência e trauma sofrido. Foi elaborado um questionário, e os dados foram analisados no Statistical Package for the Social Sciences versão 23.0. Resultados: Verificou-se que a idade média das mulheres era de 31,82 anos, 52,6% sofreram violência física/ espancamento; 45,4% sofreram traumatismo craneoencefálico enquanto 23,7% tiveram politraumas. O traumatismo craneoencefálico foi o trauma mais frequente entre os casos de violência física/espancamento (58,8%) (p-valor: 0,001). Conclusão: À luz dos resultados foi constatado que a principal lesão traumática decorrente da violência foi o traumatismo craneoencefálico seguida por politraumas, acometendo mulheres jovens – 16 a 29 anos, principalmente vítimas de violência física/espancamento.

Palavras-chaves: Epidemiologia; Violência de Género; Ferimentos e Lesões; Emergências.

Monaliza Evelyn Pereira de Sousa

Nurse, graduated from the Catholic University of Pernambuco – UNICAP.
ORCID: 0000-0001-9266-4792

Manoela Rodrigues de Santana

Nurse, graduated from the Catholic University of Pernambuco – UNICAP.
ORCID: 0000-0003-0028-2952

Glenda Isabelle Monte da Cunha

Nurse, graduated from the Catholic University of Pernambuco – UNICAP.
ORCID: 0000-00024552-2377

Manuele Raiane da Silva Sousa

Nursing student at the Catholic University of Pernambuco - UNICAP.
ORCID: 0000-0002-1333-8233

Ivana Myrelle do Nascimento Silva

Nursing student at the Catholic University of Pernambuco – UNICAP.
ORCID: 0000-0001-6295-2793

Fernando Ramos Gonçalves

Obstetrics Nurse from the Federal University of Pernambuco (1996). Master in Public Health - Center for Studies in Collective Health at the Aggeu Magalhães Research Center (2001). Specialization at the Multiprofessional Residency Level in Preventive and Social Medicine by the Center for Studies in Collective Health of the Research Center Aggeu Magalhães of the Oswaldo Cruz Foundation - NESC / CPqAM / FIOCRUZ. Specialist in Professional Education in the Health Area: Nursing by the National School of Public Health of the Oswaldo Cruz Foundation - ENSP / FIOCRUZ. Specialist in Health Teaching from the Federal University of Rio Grande do Sul - UFRGS. Doctoral student of the Doctoral Program in Language Sciences - UNICAP.
ORCID: 0000-003-2692-9769

Received on: 07/29/2020

Approved on: 08/25/2020

INTRODUÇÃO

In terms of gender, violence against women is seen as a social and public health problem, leading to the violation of human rights. It is social because there is a power relationship over whoever performs this act, performed in most situations by intimate partners and husbands. ⁽¹⁾

Epidemiological data indicate that for every 100,000 women raped in general, 8.25% die in the State of Pernambuco - Northeast Brazil, corresponding to young women, aged between 19 and 30 years. ⁽²⁾

Due to the great increase of these data in the last decade, in 2003, Law No. 10.778 of November 24 was created in Brazil, which started to include

violence against women as an aggravation of compulsory and weekly reporting.⁽³⁾

However, the occurrence of under-reporting is of a wide spectrum in several regions of the country, since many of these women do not want to provide the necessary information to carry out the notification form, even though they know of Law 11.340 / 06 (Law Maria da Penha), which protect them from any damage arising from it.⁽⁴⁾

Depending on the type of violence and what means are used to reach the figure of the woman, several consequences can come to the fore, affecting her insertion in society, changing the quality of life, working conditions and interpersonal relationships, making it unnecessary of only healthcare services, but also in conjunction with other sectors of society.^(5, 6, 7)

In this line of care, nursing professionals on most occasions are the first therapeutic contacts for women victims of trauma, in the provision of qualified and comprehensive care. However, preventive mechanisms are necessary for action to be taken to reduce the number of traumatic events as well as events involving violence.⁽²⁾

Thus, this study aimed to identify the most common injuries in women victims of physical violence treated at a public hospital in the city of Recife/PE.

METHODS

This is a descriptive, retrospective study with a quantitative focus. The research was carried out at the Medical Archives and Statistics Services Unit - SAME, Hospital da Restauração - HR, Recife - PE.

Data collection took place over a 3-month period (February to April 2019). The sample consisted of medical records of patients who were admitted to the hospital in 2018 and were victims of violence. In total, 152 medical records were analyzed. As in-

clusion criteria, the medical records that met the following requirements were considered for the study: victim having been seen at the emergency unit; women aged 18 or over; being victims of violence; have traumatic injuries.

As a tool for data collection, a questionnaire was developed by the researchers, with objective and subjective questions about the epidemiological profile and clinical characteristics, analyzing issues such as: age, marital status, region of residence, day of hospitalization and discharge, means of violence, main rapist, type of trauma, and day and time of care. The initial data were obtained from the Information Technology sector of Hospital da Restauração by filtering the necessary variables (sex, age, violence) to obtain the data.

As for the region of residence, the mesoregions of the state of Pernambuco were considered by the Brazilian Institute of Geography and Statistics.⁽⁸⁾

A database was created using Microsoft Office Excel 2013 software to obtain the initial data from the medical records (number of the service, day and month of the service). A random and non-repetitive draw was carried out, whose filter resulted in 152 medical records.

Data were analyzed descriptively and statistically using absolute and relative frequencies for categorical variables and measures: mean, standard deviation and median for numerical variables: age and length of stay.

Fisher's exact test was used to assess the association between two categorical variables. The margin of error used in deciding the statistical tests was 5.0% and the value of $p < 0.05$ was considered significant. The data were entered into the Excel spreadsheet and the program used to obtain the calculations was the Statistical Package for the Social Sciences (SPSS) version 23.0.

The research was approved by the Ethics and Research Committee of Hospital da Restauração - CAAE: 97906718.0000.5198.

RESULTS

152 medical records were analyzed, whose data showed the age of women ranging from 16 to 91 years, mean of 31,82 years (standard deviation: 11,76) and median of 30 years. The age group most involved was 16 to 29 years old - 48% (n: 73).

A small proportion of women victims of violence were pregnant (3,9%), while 42,1% lived in the Metropolitan Region of Recife (RMR) and 78,3% were single.

It was found that 16,4% (n:25) of the registered violence occurred in the residential environment and 62,5% (n:95) of the women arrived at the referral hospital through ambulances.

80,3% of cases were not reported, but five different means of violence were identified, with a predominance of physical violence/beatings (52,6%) and by firearms and/or blades (44,7%). During the analysis of the medical records, it was found that information about the violators was absent in 84,2% of them, but in 7,9% of the cases, the victim's husband was responsible for the aggression. It was evidenced that the most frequent type of trauma was head trauma (45,4%), followed by poly-trauma (23,7%).

According to Table 1, it was possible to verify that there was no statistically significant association between the age group and the trauma suffered. Regarding traumatic brain injury, it had a higher incidence in women up to 29 years old - 55,8%.

After crossing the data between the type of violence and the type of trauma, traumatic brain injury was the most prevalent in the 4 types of violence, being more frequent among cases of physical violence / beatings (58.8%) (p -value: 0.001) (Table 2).

DISCUSSION

The findings of the present study reveal the predominance of victims with young age, non-pregnant and unmarried, corroborating with other similar studies that confer these aspects to a greater vulnerability to the occurrence of violence against women.^(9, 10)

In this study, no record of psychological violence was identified among them. But one can make an inference in relation to the abused pregnant victims, who usually suffer this type of violence, because it is a period in which they feel more sensitive due to the altered hormone levels.⁽¹¹⁾

The type of violence that most affected

the women who made up this study was physical - beating, as in other cross-sectional surveys carried out in the last ten years.^(9, 10, 12) This fact is related to the number of records involving aggression by a husband, partner or boyfriend, thus suggesting a relationship of domestic violence in these cases.

There was a high rate of traumatic brain injury in the medical records analyzed, especially in young women (16 to 29 years old) to the detriment of other types of trauma reported. A similar study carried out in a Brazilian hospital, in the city of Uberlândia (MG), points out the TBI as one of the main traumas responsible for affecting young adults who suffered violence (80%).⁽¹³⁾

The data in this study allow us to infer a direct relationship with the type of injury suffered as well as the type of aggressor, so that domestic violence generally causes injuries to the face, head and neck (strangulation), increasing the risk of developing brain injuries.⁽¹⁴⁾

Although the data in this study point to a low severity of post-traumatic complications, the literature is already consistent in relating the severity of brain concussions to gender.⁽¹⁵⁾ Researchers

Table 1: Evaluation of the age group according to the type of trauma, Recife-PE, Brazil, 2018.

Tipo de trauma	Faixa etária (anos)								Valor de p
	Até 29		30 a 39		40 ou mais		Grupo total		
	N	%	N	%	N	%	N	%	
Traumatismo crânio encefálico	35	55,8	24	47,9	10	27,8	69	45,4	
Traumatismo raquimedular	5	6,8	1	2,3	2	5,6	8	5,3	
Trauma de extremidades	5	6,8	2	4,7	6	16,7	13	8,6	
Trauma torácico	1	1,4	2	4,7	5	13,9	8	5,3	0,014*
Trauma de face	6	8,2	1	2,3	6	16,7	13	8,6	
Vascular	0	0	0	0	1	2,8	1	0,7	
Politraumas	20	27,4	11	25,6	5	13,9	36	23,7	
Tórax	1	1,4	2	4,7	1	2,8	4	2,6	
Total	73	100	43	100	36	100	152	100	

Notes: * Significant difference at the level of 5.0%, using Fisher's exact test.

Source: SAME-HR.

Table 2: Evaluation of the type of notification performed, according to the type of violence suffered and the type of trauma Recife-PE, Brazil, 2018.

Variável	Faixa etária (anos)								Objeto contundente	Grupo total	Valor de p
	Violência física		Arma de fogo		Arma branca						
	N	%	N	%	N	%	N	%			
Total	80	100	38	100	30	100	4	100	152	100	
Tipo de trauma											
Traumatismo crânio encefálico	47	58,8	12	31,6	6	20,0	4	100	69	45,4	
Traumatismo raquimedular	-	-	5	13,2	3	10,0	-	-	8	5,3	
Trauma de extremidades	7	8,8	2	5,3	4	13,3	-	-	13	8,5	
Trauma torácico	2	2,5	1	2,6	5	16,7	-	-	8	5,3	0,001*
Trauma de face	7	8,8	4	10,5	2	6,7	-	-	13	8,5	
Vascular	-	-	1	2,6	-	-	-	-	1	0,7	
Politraumas	17	21,3	12	31,6	7	23,3	-	-	36	23,7	
Tórax	-	-	1	2,6	3	10,0	-	-	4	2,6	

Notes: * Significant difference at the level of 5.0%, using Fisher's exact test.

Source: SAME-HR.

propose that women who are victims of aggression more often develop head trauma when compared to men, in addition to having greater subsequent neurological deficits. ⁽¹⁶⁾

It was found that most victims chose not to report the responsible aggressor, a fact that occurs in most cases in which it involves aggression by the direct partner. ⁽¹⁷⁾ When the need to seek help, it is similar to the fact that the victims do not want to carry out the notification, often out of fear, it is justified by the fact that many of them depend on the aggressor financially and yet, upon receiving care at the health unit, they return to the place of violence. ⁽¹⁸⁾

In this perspective, it was found that married women do not provide necessary information about the frequency of violence suffered, in the same way, single women were the most affected by the violent act which becomes a worrying factor because they do not have a close

relationship with the aggressor. However, it is necessary to be attentive to this analysis, because many victims who live with a partner, despite declaring themselves single, end up presenting themselves as married, when they refer to the relationship with the aggressor. ⁽¹⁹⁾

These aspects are subject to intervention or guidance even in Primary Health Care. It is understood that despite the cultural factors present, it is necessary to involve health professionals in this network in addressing intimate and complex issues involving situations of violence. ⁽²⁰⁾

In this context, it is necessary that there is training for Primary Health Care professionals in face of these situations, so that violence, when it occurs, can promote women's autonomy in reporting the case to a competent body or, in the event of trauma, provide complete and truthful information about the causative episode, so that specialized care professionals can

refer the case to other instances. ⁽⁹⁾

That said, the analysis of these data allows the creation of strategies to deal with the aforementioned injuries, so that there is a greater engagement of different sectors of society in the search for measures that can allow a flow of prevention and direction of cases of violence against women.

CONCLUSION

Violence against women was associated with age and marital status, with physical violence being the main cause, and as the most frequent consequence, traumatic brain injury. It is then necessary to highlight the importance of filling out the notification form by health professionals involved in the initial care of victims so that there is a dimensioning of the epidemiological profile that guides in the implementation of local public policies. 🐦

References

- Oliveira PP, Fonseca VSM, Santos WJ, Araújo SEA, Elias SC. Women victims of domestic violence: a phenomenological approach. *Text Context Nursing*. 2015; 24(1): 196-203.
- Meira KC, Costa MAR, Honório ACC, Simões TC, Camargo MP, Silva GWS. Temporal trend of the homicide rate of Brazilian women. *Rev. Rene*. 2019; 20:e39864.
- Brasil. Ministério da Saúde. Lei nº 10.778, de 24 de novembro de 2003. Estabelece a notificação compulsória no território nacional, do caso de violência contra a mulher que for atendida em serviços de saúde públicos e privados, 2003.
- Nascimento VF, Lima RTF, Pereira AC, Hattori TY, Nascimento VF. Desafio no atendimento aos casos de violência doméstica contra mulher em um município mato-grossense. *Arq. Ciênc. Saúde UNIPAR*. 2019; 23(1):15-22.
- Redding EM, Cantero MTR, Sáez JF, Garvi MG. Gender inequality and violence against women in Spain, 2006-2014: towards a civilized society. *Gac Sanit*. 2017; 31(2):82-8.
- Vergel J, González ACT. The magnitude of the injury pattern in femicides by stabbing in Colombian women. *Rev. Fac. Med*. 2017; 65(4):550-63.
- Carmo TMS, Rezende FF. Violência contra mulher: concepções e práticas de profissionais de serviços públicos. *Estudos Interdisciplinares em Psicologia*. 2018; 9(2): 21-38.
- Instituto Brasileiro de Geografia e Estatística – IBGE. Divisão territorial Brasileira, 2016.
- Holanda ER, Holanda VR, Vasconcelos MS, Sousa VP, Galvão GMT. Factors associated with violence against women in primary health care. *Rev. bras. promoç. saúde*. 2018; 31(1):1-9.
- Andrade JO, Castro SS, Heitor SFD, Andrade WP, Atihe CC. Indicadores da violência contra a mulher provenientes das notificações dos serviços de saúde de Minas Gerais-Brasil. *Rev Texto & Contexto Enferm*. 2016; 25(3):1-9.
- Acosta DF, Gomes VL, Barlem EL. Perfil das ocorrências policiais de violência contra a mulher. *Rev Acta Paul Enferm*. 2013; 26(6):547-53.
- Kidman R, Kohler HP. Emerging partner violence among young adolescents in a low-income country: Perpetration, victimization and adversity. *Plos One*; 2020; 15(3):e0230085.
- Mollayeva T, El-Khechen-Richandi G, Colantonio A. Sex & gender considerations in concussion research. *Concussion*. 2018; 3(1):CNC51.
- Cancelliere C, Coronado VG, Taylor CA, Xu L. Epidemiology of isolated versus nonisolated mild traumatic brain injury treated in emergency departments in the United States, 2006–2012: sociodemographic characteristics. *J. Head Trauma Rehabil*. 2017; 32(4):E37–E46.
- McCroly P, Meeuwisse WH, Aubry M, Cantu B, Dvorak J, Echemendia RJ, et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. *J. Am. Coll. Surg*. 2013; 216(5):E55–E71.
- Covassin T, Elbin R, Kontos A, Larson E. Investigating baseline neurocognitive performance between male and female athletes with a history of multiple concussion. *J. Neuro. Neurosurg. Psychiatry*. 2010; 81(6):597–601.
- Leal IS, Siqueira VB, Campos MEAL, Melo RS, Fernandes FECV. Preditores da violência física contra mulheres usuárias da atenção básica. *Rev. Baiana de Saúde Pública*. 2017; 41(4): 862-77.
- Bozzo ACB, Matos GC, Beraldi LP, Sousa MD. Violência doméstica contra mulher: caracterização dos casos notificados em um município do interior paulista. *Rev. enferm*. 2017; 25: e11173.
- Leite FMC, Amorim MHC, Wehrmeister FC, Gigante DP. Violência contra a mulher em Vitória, Espírito Santo, Brasil. *Rev Saúde Pública*. 2017; 51:33.
- Kwako LE, Glass N, Campbell J, Melvin KC, Barr T, Gill JM. Traumatic brain injury in intimate partner violence: a critical review of outcomes and mechanisms. *Trauma Violence Abuse*. 2011; 12(3):115–26.