Gender-Based Violence in the City of Goiânia

Vital Strategies and the Municipal Health Department of Goiânia launched a project which aimed to map the trajectory of women and girls who are victims of violence in the city. With data matching methodology, it was possible to cross records of the same person in the different systems of the Health Secretariat and identify risk factors for worsening violence. Among the databases used are: the Notifiable Diseases and Conditions Information System (SINAN-Violência), the Mortality Information System (SIM) and the Hospital Information System (SIH/SUS). The project generated two studies, the findings of which are described below.

Note: notifications of self-inflicted violence were excluded.

SINAN Notification
2010–2020

24.970

By sex

Female
14.483

Male
10.483

With self-inflicted injury
2.583

Girls and women with a Notification of Violence
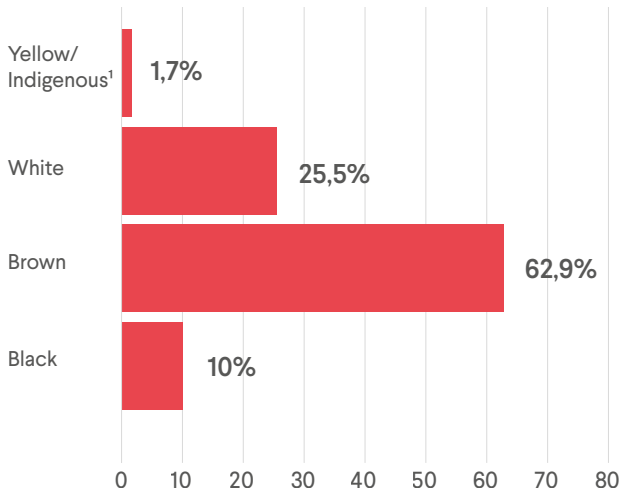**11.900**

Study I - Characterization by age group

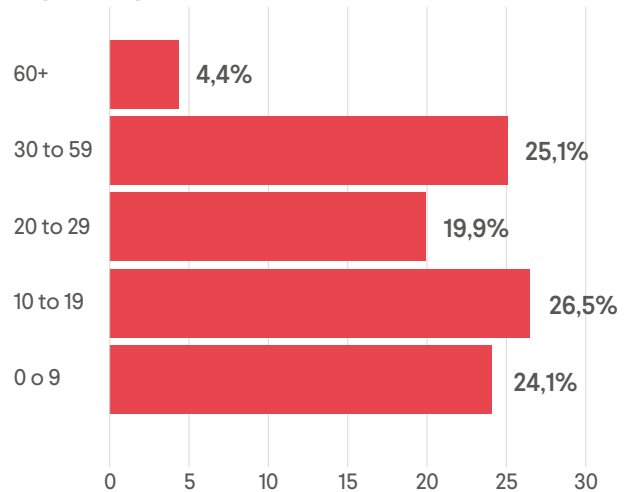## 2014 to 2020 - Women of all ages - Analyses using SINAN and SIM
Total Notifications of Violence considered: 7.781 notifications from 7,594 different women

Profile of the victims

Race/Color

In 12.5% of the notifications, the victim's race/color field was not filled in. The percentage is relative to the total number of cases with a filled in field.

[1]Literal translation of skin color naming convention used by IBGE.

Age Range

Relationship with the aggressor

Of the total number of women with a notification, **26.7%** had a family member as the aggressor, **20.6%** had an intimate partner and **15.6%** had an acquaintance.

Note: Family: father, mother, stepmother, stepfather, brother or child; Intimate Partner: spouse, ex-spouse, boyfriend or ex-boyfriend; Acquaintances: boss, acquaintance or caregiver.

Age range
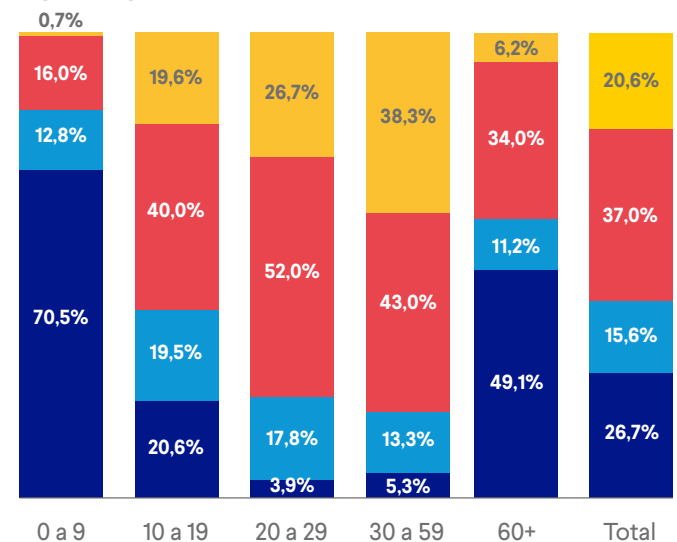
Type of violence*	0 to 9 years	10 to 19 years	20 to 29 years	30 to 59 years	60+ years	Total
Physical	15,5%	29,4%	**64,1%**	**77,2%**	**47,6%**	45,8%
Sexual	**31,9%**	**65,2%**	39,6%	24,8%	7,1%	39,4%
Neglect/abandonment	**57,9%**	11,9%	0,5%	1,6%	**50,6%**	19,8%
Psychological	5,7%	11,4%	13,8%	16,1%	23,2	12,2%

* The same SINAN record may contain more than one type of violence.

Main means of aggression

Blunt force	3,9%
Poisoning	4,3%
Piercing-cutting object	10,9%
Firearm	11,2%
Other	13,5%
Threats	21,3%
Beating	34,9%
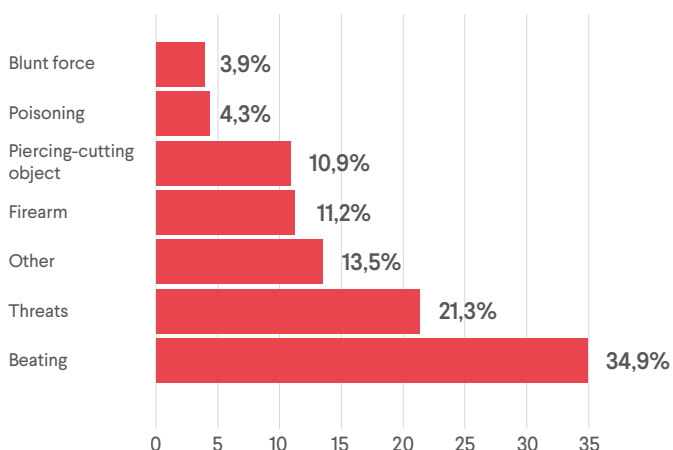
People who received referrals

- **Social assistance** — 21%
- **Child Protective Services** — 20%
- **Women's services police station** — 16%
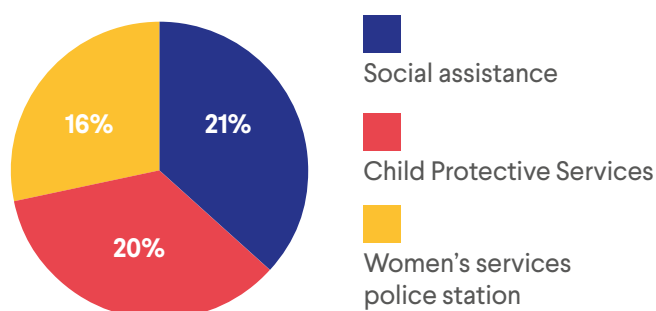
Quantifying the odds ratio of death from selected causes

Risk of death by cause among women with a notification of violence

Age range	External	Murder	Suicide
0 to 9 years	15,8	35,4	–
10 to 19 years	7,1	13,5	3,7
20 to 29 years	7,1	14,0	4,2
30 to 59 years	17,2	54,0	3,4
60+ years	13,1	194,9	–
Total	**8,6**	**29,1**	**3,0**

During the analysis period, a woman with a notification of violence was 8.6 times more likely to die from external causes and 29.1 times more likely to be a victim of homicide than other women in Goiânia. It is noteworthy that a girl aged 0 to 9 years with a notification of violence had a chance of dying from external causes 15.8 times higher than those who did not have one.

Women with a notification of violence were three times more likely to die by suicide than other women.

Among women aged 20 to 29 with a notification of violence, the risk of death by suicide was 4.2 times higher than other women of this age group without one.

Causes of death for women

Causes of death	All deaths	Deaths of women with a notification
Murder	1%	33%
Chronic non-communi-cable diseases	65%	30%
Other causes	17%	10%
Transportation accidents	2%	8%
Falls	2%	5%
Nervous system disorders	3%	3%
Ill-defined	2%	3%
External Causes	1%	3%
Suicide	1%	2%
Drowning	0%	1%
Mental and behavioral disorders	1%	1%
Pregnancy, childbirth and puerperium	0%	1%
Poisoning	0%	1%
Some perinatal disorders	4%	0%
Congenital malformations	1%	0%

The main causes of death among women in Goiânia were chronic noncommunicable diseases (NCDs), with 65% of total deaths. When analyzing deaths among women who had reported violence, this proportion is 30%.

Homicides caused 1% of deaths among women from Goiânia. However, homicide was the leading cause of death in the group of women with a notification of violence, representing 33% of deaths.

On the other hand, deaths due to transportation accidents represented 2% of the deaths of women in Goiânia. The same cause accounted for 8% of fatalities among women with a notification of violence.

Causes of death for women by age group

Cause of death (CID)	0 TO 9 YEARS		10 TO 19 YEARS		20 TO 29 YEARS	
	All deaths	Deaths of women with a notification	All deaths	Deaths of women with a notification	All deaths	Deaths of women with a notification
Chronic non-communicable diseases	7,0%	10,0%	24,0%	15,4%	26,0%	0,0%
Other causes	5,0%	10,0%	11,0%	0,0%	15,0%	6,3%
External causes	1,0%	10,0%	2,0%	0,0%	2,0%	0,0%
Transportation accidents	2,0%	25,0%	18,0%	15,4%	17,0%	12,5%
Falls	0,0%	5,0%	0,0%	0,0%	0,0%	0,0%
Poisoning, intoxication by or exposure to harmful substances	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%
Accidental drowning and submersion	1,0%	10,0%	2,0%	0,0%	0,0%	0,0%
Exposure to smoke, fire and flames	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%
Voluntarily self-inflicted injuries	0,0%	0,0%	8,0%	7,7%	6,0%	6,3%
Assaults	1,0%	25,0%	17,0%	53,8%	17,0%	62,5%

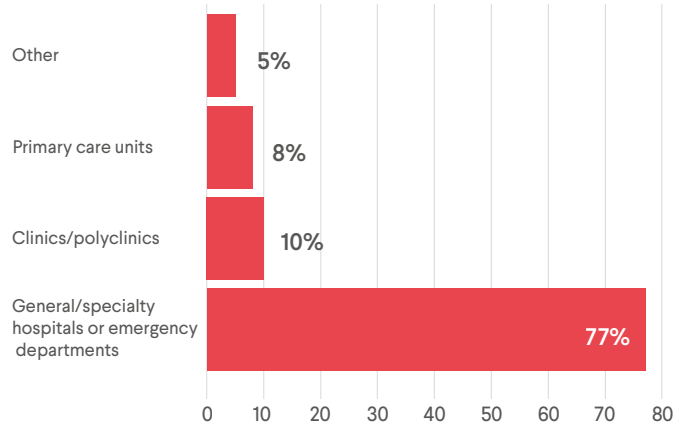| Cause of death (CID)	30 TO 59 YEARS		60+ YEARS	
	All deaths	Deaths of women with a notification	All deaths	Deaths of women with a notification
Chronic non-communicable diseases	64,0%	16,1%	72,0%	55,6%
Other causes	18,0%	10,7%	18,0%	12,5%
External causes	1,0%	3,6%	1,0%	1,4%
Transportation accidents	4,0%	5,4%	1,0%	2,8%
Falls	0,0%	0,0%	2,0%	11,1%
Poisoning, intoxication by or exposure to harmful substances	0,0%	1,8%	0,0%	0,0%
Accidental drowning and submersion	0,0%	0,0%	0,0%	0,0%
Exposure to smoke, fire and flames	0,0%	0,0%	0,0%	0,0%
Voluntarily self-inflicted injuries	2,0%	1,8%	0,0%	0,0%
Assaults	3,0%	53,6%	0,0%	9,7%

Study II

2010 to 2020 - Women aged 10 to 59 years - Analyses using SINAN, SIH and SIM
Total Notifications of Violence considered: 8.089 women

Service sought

Almost 80% of the notifications were made in hospitals and emergency rooms. The notification in UBSs (Basic Healthcare Units) was less than 10% of the total.
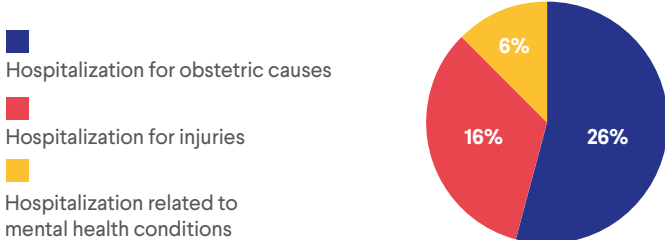
More than 30% of the reports were classified as repeat violence.

75% of hospitalizations due to assaults were not reported to SINAN, demonstrating the high percentage of underre-porting in the system.

Other — 5%
Primary care units — 8%
Clinics/polyclinics — 10%
General/specialty hospitals or emergency departments — 77%

Hospitalizations

Of the total of **8,089** women with a notification of violence, **3,847** (47.5%) were hospitalized in the analyzed period, 16% of them due to injuries.

- ■ Hospitalization for obstetric causes
- ■ Hospitalization for injuries
- ■ Hospitalization related to mental health conditions
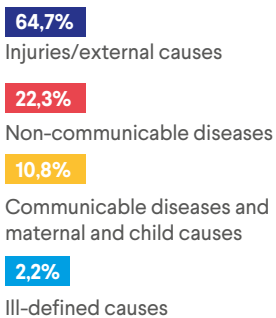
26%
16%
6%

Hospitalizations for injuries

Trauma to the head and neck, trunk, and upper limbs were the most frequent types of injuries, while burns were the injuries with the longest average length of hospitalization.
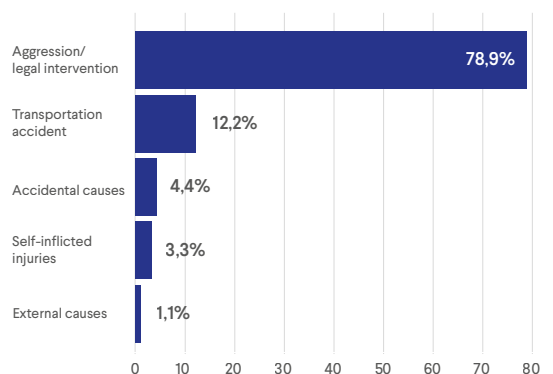
In 67.5% of hospitalizations for injury whose victim had a notification of violence, the aggressor had consumed alcohol.

Deaths

Causes of deaths for women

- **64,7%** Injuries/external causes
- **22,3%** Non-communicable diseases
- **10,8%** Communicable diseases and maternal and child causes
- **2,2%** Ill-defined causes

Deaths from external causes

Aggression/legal intervention — 78,9%
Transportation accident — 12,2%
Accidental causes — 4,4%
Self-inflicted injuries — 3,3%
External causes — 1,1%

Among women who died from external causes, the average time between the notification of violence and death was 32 days, and 25% died within the first three days after notification. As a reference among women who died from communicable diseases, nutritional, maternal and perinatal causes, the average survival time after notification was 1,320 days, while among those who died from non-communicable diseases the average time was 880.5 days.

Risk factors

The data showed a higher risk of death from external causes among women who are/have:

- **less educated**
- **over the age of 20**
- **any disability/disorder**
- **black**
- **a history of hospitalization for obstetric causes or for mental disorders before the notification**

The data showed a **higher risk of death in cases in which there was suspicion of alcohol use by the aggressor** and in those whose notification was carried out in a hospital or emergency department.

Compared to the cases in which no referral was recorded in the file, women referred to specialized police stations, women's care reference services and judicial services presented a lower risk of death.

Reduction of risk of death for women referred to different services:

↓ **64%**	Referral to specialized police station	
↓ **61%**	Referral to judicial services	
↓ **71%**	Referral to women's care reference service	

Quality of classification for causes of death among victims of violence

The process of qualifying causes of death is of great relevance to public health. In this sense, it is noteworthy that, of the 16 deaths registered with "unintentional" underlying cause identified in this study, four occurred less than 30 days after the notification of violence. In three cases (18.8%), the observation field in the notification of violence (SINAN) indicates that it was a death by violence and not accidental, as seen in the examples below:

Date of notification of violence (SINAN)	Date of death (SIM)	Observation in SINAN	Underlying cause (CID-10) of death (SIM)	Underlying Cause-Description (SIM)
02/21/2018	02/26/2018	According to the notification, it was reported that the patient was thrown out of the truck by her companion, with whom she had lived for less than 01 year. Information provided by the patient's mother. The patient subsequently died.	V693	Occupant (any) of a heavy transportation vehicle traumatized in an unspecified non-traffic accident.
10/12/2020	10/31/2020	Patient (female – 37 years old), victim of 2nd degree burn from alcohol on face, neck, upper and lower limbs. Hospitalized for treatment. Obs.: no report from the attacker.	X099	Exposure to unspecified type of smoke, fire or flames — unspecified location
07/09/2016	09/18/2016	Daughter informs that stepfather kept her in unlawful imprisonment, did not allow contact with family and suspects he has burned her.	X099	Exposure to unspecified type of smoke, fire or flames — unspecified location

About Vital Strategies

Vital Strategies is a global health organization that believes all people should be protected by strong and equitable health policies and systems. Our team works with governments and civil society to design and implement evidence-based strategies and policies to address some of the world's greatest public health challenges. The result is millions of people living longer, healthier lives around the world.

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