Cogitare Enfermagem

ORIGINAL ARTICLE

SOCIODEMOGRAPHIC CHARACTERISTICS OF INTERPERSONAL VIOLENCE ASSOCIATED WITH ALCOHOL CONSUMPTION

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ABSTRACT

Objective: to identify the sociodemographic profile of interpersonal violence associated with alcohol consumption in São Paulo-SP, Brazil. Method: a cross-sectional study carried out through notifications of suspected or confirmed cases of interpersonal violence from the Notifiable Diseases Information System submitted between 2016 and 2019. Collection took place between March and June 2020. Chi-square or Fisher's exact tests were performed in the statistical analysis. Results: 27,775 notifications were obtained, whose prevalent profile was female victims (60.6%), aged between 20 and 34 years old (41.4%), brown- or black-skinned (51%), and with complete high school (18.8%). Physical violence was more frequent (81.9%), perpetrated by an intimate partner (20.3%), motivated by sexism (9.9%) and generational conflict (11.2%). In sexual violence, rape prevailed with 69.4% and there was a low supply of emergency contraception methods (14.7%). Conclusion: the study contributes to reflections and subsidies in the planning of public policies to control the problem.

DESCRIPTORS: Consumption of Alcoholic Beverages; Violence; Public Health Nursing; Public Health Surveillance; Disease Notification.

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INTRODUCTION

Interpersonal violence can be understood as the intentional use of physical force or power, either threatening or real, against oneself, against another person or against a group or community. The aggressions can be performed in several ways, such as physically, verbally, psychologically or sexually, causing injuries and consequences of the most different types. In addition to that, understanding of the phenomenon of violence varies according to the historical and social context of a population. Therefore, there is not always a collective and normative notion about the violence thresholds, as it depends on factors that transcend textual definitions[1]. The origin of aggressive acts is varied and may be motivated by prejudice/discrimination, as a form of retaliation in the face of some suffering or in conditions in which there is supposed to be some relation of power or superiority between the aggressor and the victim[2].

Such is the magnitude of violence on human health that this phenomenon is currently included in the List of Compulsory Notifiable Diseases[3] of the Brazilian Ministry of Health. This is due to the need to monitor the cases and to analyze the causal conditions and consequences, in addition to allowing for the implementation of public policies for decision-making according to the epidemiological characteristics found. Thus, a number studies[3-4] have investigated characteristics of violence in different parts of the country, using data from compulsory notification. However, most of these research studies do not go into depth or seek direct correlations between alcohol consumption and the characteristics of violence, leaving gaps in knowledge that may reflect in the assistance provided to the victims, witnesses and even offenders.

In many cases, alcohol consumption can be related to the violent action, affecting individual inhibitions or mechanisms for controlling violent impulses[5]. Alcohol abuse can encourage offensive behavior, to a greater or lesser degree. There is diverse evidence that alcohol consumption can arouse feelings of power and control, in addition to reducing anxiety and fear[5-6].

A number of researchers cite that excessive alcohol consumption meets all the epidemiological criteria of causality of violence, such as that perpetrated against an intimate partner, child or aged person, which may be extended to witnesses or third parties[1-6]. However, although some cases of violence are related to alcohol, it may not be the only driver. Biological, genetic and psychosocial factors (such as poverty, lack of leisure and relationship difficulties, among others) can increase the risk for perpetrating aggressions, with alcohol use being a factor that increases the violent condition[3-6].

The capital city of the state of São Paulo has significant plurality in relation to the origin of the residents, triggering factors of stress and psychosocial aspects involved in the aggressions. A study conducted with 3,271 individuals evidenced that alcohol use is frequent among residents of the capital city, with emphasis on abusive consumption in adults, which affects up to 38% of this population, increasing the chances of abusive and violent behavior[7]. A research study conducted with couples from São Paulo pointed out that alcohol consumption, especially continuous and prolonged, is associated with violent experiences between partners and increases according to the time and amount of alcohol ingested, mainly triggering physical and verbal aggressions[8].

Despite the emergence of the theme of violence associated with alcohol consumption in Brazil, a number of researchers point out the limited intellectual production on the subject matter, especially in terms of epidemiological studies that characterize the problem in its typology and profile[7-9]. Thus, the objective of this study was to identify the sociodemographic profile of interpersonal violence associated with alcohol consumption in São Paulo-SP, Brazil.

METHOD

This is an exploratory and descriptive research study with a cross-sectional design[10] guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool[11].

Data collection was conducted with the records of the information indicated in the Notification Forms of Suspected or Confirmed Cases of Interpersonal Violence of the Notifiable Diseases Information System (Sistema de Informação de Agravos de Notificação, SINAN). Variables such as the type of violence that occurred, the profile of the victim and the aggressor, the characterization of the occurrence and the most relevant injury (if any) were analyzed. In addition to that, diverse information was collected on evolution of the case (outcome) and on the referrals made by the professionals who assisted the victims.

All the information collected was extracted from the Notifiable Diseases Information System (SINAN) by reporting health units, such as Epidemiological Surveillance, Hospitals, Ambulatory Medical Assistance Units (Assistência Médica Ambulatorial, AMA) and other primary, secondary or tertiary level public care services. Subsequently, the data were made available by the National Health Surveillance Secretariat (Secretaria Nacional de Vigilância em Saúde, SNVS) through TabNet, a program developed by the Informatics Department of the Unified Health System (DATASUS) and released over the Internet without access restrictions.

The inclusion criteria used were notifications of suspected or confirmed cases of interpersonal violence with suspected alcohol consumption by the aggressor, made between 2016 and 2019. Reports of cases of violence described as "unknown" for alcohol consumption and reports of self-inflicted violence were excluded.

The data for the year 2020 were not yet made available by the SNVS. It was decided not to use the data from compulsory notifications prior to 2016, as such information could contain weaknesses, given the direct inclusion of violence as a notifiable problem in the SINAN only from 2016 onwards. Before that, the data were transmitted by the municipal health secretariats in a rudimentary way, with a probability of data losses. Data collection took place between March and June 2020 and tabulation was performed using the Excel 2007 program and univariate analysis according to descriptive statistics.

Univariate statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS) software, version 21.0. Descriptive analyses of the data were performed based on the calculation of simple absolute and percentage frequencies for the categorical variables. The associations between the variables were performed using the chi-square or Fisher's exact test. A 5% (α=0.05) significance level was considered.

Development of the study complied with the national and international standards of ethics in research involving human beings and was carried out after approval by the Research Ethics Committee of Universidade Federal de São Paulo (opinion No. 8944300819).

RESULTS

A total of 27,775 reports of suspected or confirmed cases of interpersonal violence associated with alcohol consumption were obtained between 2016 and 2019, made by basic health units, hospitals and outpatient clinics. According to data cited in Table 1, 5,215 (18.8%) had completed high school and 3,238 (11.6%) had not completed high school, 16,812 (60.6%) were predominantly female and 11,060 (39.9%) were single. In relation to skin color, 14,166 (51%) are brown- and black-skinned individuals, when added together.

The most frequent sexual orientation was heterosexual, with 16,493 (59.5%); 11,473 (41.4%) were aged between 20 and 34 years old and nearly 12,181 (43.9%) of the victims suffered aggressions more than once.

Table 1 - Sociodemographic characteristics of the victims of interpersonal violence associated with alcohol consumption by the aggressor. São Paulo, SP, Brazil, 2020 (continues)

Variables	n (%)
Schooling	
Illiterate	248 (0,8)
Incomplete 1st to 4th grade of elementary school	1.604 (5,7)
Complete 4th grade of elementary school	1.036 (3,7)
Incomplete 5th to 8th grade of elementary school	1.036 (3,7)
Complete elementary school	1.933 (6,9)
Incomplete high school	3.238 (11,6)
Complete high school	5.215 (18,8)
Incomplete higher education	815 (2,9)
Complete higher education	759 (2,7)
Unknown/Blank	11.891 (43,2)
Gender	
Female	16.812 (60,6)
Male	10.868 (39,1)
Unknown/Blank	95 (0,3)
Race	
Brown	11.046 (39,8)
White	10.886 (39,3)
Black	3.120 (11,2)
Asian	168 (0,6)
Indigenous	166 (0.5)
Unknown/Blank	2.389 (8,6)
Marital status	
Single	11.060 (39,9)
Married/Consensual Union	7.488 (27,0)
Separated	1.594 (5,7)
Widowed	483 (1,7)
Unknown/Blank	7.150 (25,7)
Sexual orientation	
Heterosexual	16.493 (59,5)
Homosexual (gay/lesbian)	755 (2,7)
Bisexual	166 (0,5)

Unknown/Blank	10.361 (37,3)
Age group	
< 1 year old	416 (1,5)
1-4 years old	612 (2,2)
5-9 years old	787 (2,8)
10-14 years old	1.074 (3,8)
15-19 years old	2.892 (10,4)
20-34 years old	11.473 (41,4)
35-49 years old	7.171 (25,8)
50-64 years old	2.399 (8,6)
65-79 years old	710 (2,5)
80+ years old	158 (0,5)
Unknown/Blank	83 (0,3)

Source: The authors (2020).

In relation to the characteristics of interpersonal violence associated with alcohol consumption, it was found that the motivation was due to generational conflicts, with 3,121 (11.2%), followed by sexism, with 2,773 (9.9%). However, the high number of notifications with unknown or blank motivation stands out: 12,730 (43.1%).

The main type of violence used was physical (22,095 [81.9%]), with use of physical force or beating (18,473 [66.5%]). In the cases where there was sexual violence, rape was the most frequent (1,891 [69.4%]), with prophylaxis for Human Immunodeficiency Virus (HIV) performed in 637 (23.4%) cases and for other sexually transmitted infections in 622 (22.8%) cases. Emergency contraception was offered only in 400 (14.7%) cases.

As for the aggressors, the majority were male (21,239 [76.5%]), with no others involved (19,586 [70.6%]), 17,951 (64.7%) were aged between 25 and 59 years old and their kinship with the victim was spouse or partner (5,649[20.3%]) (Table 2).

Table 2 - Characteristics of interpersonal violence associated with alcohol consumption. São Paulo, SP, Brazil, 2020 (continues)

Variables	n (%)
Violence driver	
Generational conflict	3.121 (11,2)
Sexism	2.773 (9,9)
Street situation	1.101 (3,9)
Disability	204 (0,7)
Homophobia/Lesbophobia/Biphobia/Transphobia	177 (0,6)
Racism	25 (0,09)
Xenophobia	25 (0,09)

Religious intolerance	23 (0,08)
Others	7.596 (27,3)
Unknown/Blank	12.730 (43,1)
Type of violence	
Physical	22.095 (81,9)
Psychological/Moral	7.566 (27,2)
Sexual	2.728 (9,8)
Neglect/Abandonment	1.089 (3,9)
Torture	832 (2,9)
Financial/Economic	514 (1,8)
Child labor	51 (0,18)
Legal intervention	45 (0,16)
Human trafficking	15 (0,05)
Other types of violence	2.452 (8,8)
Means of aggression	
Physical force/Beating	18.473 (66,5)
Threat	4.045 (14,5)
Sharp object	3.033 (10,9)
Blunt object	1.856 (6,6)
Poisoning/Intoxication	1.717 (6,1)
Suffocation	1.393 (4,6)
Firearm	348 (1,2)
Hot substance/object	248 (0,8)
Other means	2.436 (8,7)
Type of sexual violence	
Rape	1.891 (69,4)
Sexual harassment	615 (22,5)
Sexual exploitation	77 (2,8)
Child pornography	43 (1,6)
Others	102 (3,7)
Procedure performed in cases of sexual violence	
HIV* prophylaxis	637 (23,4)
STI** prophylaxis	622 (22,8)
Blood collection	531 (19,5)
Hepatitis prophylaxis	418 (15,3)
Emergency contraception	400 (14,7)
Abortion provided for by law	170 (6,2)
Vaginal secretion collection	146 (5,3)
Semen collection	92 (3,4)

Number of aggressors involved	
One	19.586 (70,6)
Two or more	6.853 (24,6)
Unknown/Blank	1.336 (4,8)
Kinship	
Spouse/Partner	5.649 (20,3)
Strangers	5.166 (18,6)
Friends/Acquaintances	3.766 (13,5)
Ex-Spouse/Ex-Partner	1.893 (6,8)
Father	1.900 (6,8)
Mother	1.427 (5,1)
Son/Daughter	1.224 (4,4)
Brother/Sister	1.173 (4,2)
Boyfriend/Girlfriend	903 (3,2)
Stepfather	480 (1,7)
Person with institutional relationship	159 (0,5)
Ex-boyfriend/Ex-girlfriend	580 (0,2)
Stepmother	60 (0,2)
Boss/Chief	57 (0,2)
Police/Agent	57 (0,2)
Caregiver	45 (0,1)
Others	1.670 (6,0)
Gender of the likely aggressor	
Male	21.239 (76,5)
Female	4.064 (14,6)
Unknown/Blank	2472 (8,9)
Life cycle of the likely aggressor	
Adult person (25-59 years old)	17.951 (64,7)
Young person (20-24 years old)	4.548 (16,4)
Adolescent (10-19 years old)	1.526 (5,4)
Aged person (60 years old or more)	477 (1,8)
Child (0-9 years old)	136 (0,4)
Unknown/Blank	3137 (11,3)
Occurred more than once	
Yes	12.181 (43,9)
No	10.666 (38,5)
Unknown/Blank	4.928 (17,6)

Note: *HIV: Human Immunodeficiency Virus, **STI: Sexually Transmitted Infection.
Source: The authors (2020)

Table 3 shows that the main referrals made with the victims were to the health network (16,120 [58%]), women's service police station (3,945 [14.2%]) and other police stations (6,900 [24.8%]).

Table 3 - Referrals/Outcomes corresponding to the situations of interpersonal violence associated with alcohol consumption. São Paulo, SP, Brazil, 2020

Referrals/Outcomes	n (%)
Health network	16.120 (58)
Other police stations	6.900 (24,8)
Women's Service Police Department	3.945 (14,2)
Women's Service Network	3.057 (11)
Social Assistance Network	2.454 (8,8)
Guardianship Council	1.718 (6,1)
Older Adults' Council	265 (0,9)
Specialized Police Station for the Protection of Children and Adolescents	246 (0,88)
Education Network	244 (0,8)
Older Adults' Service Police Department	200 (0,7)
Children and Youth Justice	140 (0,5)
Public Prosecutor's Office	132 (0,47)
Human Rights Reference Center	73 (0,26)

Source: The authors (2020)

DISCUSSION

Interpersonal violence is a global phenomenon that causes individual and collective losses, which may compromise the well-being and quality of life of victims, witnesses and society as a whole. Its continuous monitoring is fundamental for situational diagnoses and action planning, including the elaboration, improvement and implementation of public policies to protect the most vulnerable people, in addition to measures to prevent new cases of aggression[12].

A number of studies on the theme[13-20] converge with the data found in this research in relation to some sociodemographic aspects of the victims of interpersonal violence related to alcohol consumption by the aggressor. It is noteworthy that people with lower schooling levels appear to be present more chances of being victims of violent conditions, which can be associated with low income and worse living and health conditions. In this research, victims with complete and incomplete high school prevailed. However, it is not possible to reliably state the schooling profile due to the number of unknown or blank records. A divergent assumption is that people with higher schooling levels find conflict negotiation mechanisms that avoid interpersonal aggression or avoid notifying what happened due to possible harms to their social image.

A highlight is that women were notably the most frequent victims. A number of studies[14-15] mention that the proportion of victims of violence associated with alcohol

consumption is mostly higher in women than in men. They also emphasize that cultural aspects often influence these data, reflecting power relations that are unfavorable to women. Sexism, as in this study, is one of the main motivating conditions for violence. Thus, the aggressive action can be triggered by attitudes of prejudice based on the victim's gender.

As in this research, some scholars show that motivation for the aggression is not sometimes clear or explicit during the care provided to the victims. In addition to that, they highlight the importance of qualifying the reporting professionals for detailed completion of the compulsory notification form of suspected or confirmed cases of violence, so that public policies can be implemented with greater precision[16].

In addition to the victims being mostly women, it was noticed that the prevalent age group was young adults (20-34 years old), while the offenders were notably male (76.5%) and older than the victims (25-59 years old). Therefore, in addition to sexism, the generational conflict between perpetrator and victim can be highlighted. Affective relationships between people with age differences do not constitute risk factors for violence. However, some ways of understanding everyday situations can be different according to the moment of the life cycle. The forms of social interaction, expressions of affection and jealousy stand out[17-20].

The association between generational conflicts and sexism can be related to the high prevalence of rape in cases of sexual violence. Rape is perhaps one of the forms of deepest humiliation for women, as it exposes a relationship of force and power that affects the victim's intimacy and morals[18]. Its consequences go beyond physical damage and create psychological and social harms that may be carried for a lifetime.

In cases where sexual violence occurred, low prophylaxis against Human Immunodeficiency Virus (HIV) (23.4%) and Sexually Transmitted Infections (STIs) (22.8%) was noticed, in addition to limited supply of emergency contraception methods (14.7%). This aspect is a concern when thinking about women's sexual and reproductive rights[19], bringing about reflections on the possible unpreparedness of the health professionals in caring for the victims or judgment of moralizing value that contradicts the line of care for people in situations of violence.

However, the most frequent type of violence was physical (81.9%), with the use of force or beating as a means of aggression (66.5%) and occurring more than once (43.9%). Despite the reduction of reflexes and, in some cases, slowing down of the movements, alcohol consumption is pointed out by researchers as one of the main causes of physical aggression, possibly due to the inability to control inhibiting feelings and the momentary sensation of greater force or power[1,14]. Such behaviors, which would once be kept under control, are released or encouraged after the consumption of alcoholic beverages, even in low or moderate doses. In addition to that, the closest people, such as intimate partners, are those who are more susceptible to aggression[21].

Despite the perpetrator being an intimate partner or spouse of the victim, the research pointed out that nearly 39.9% of the violent actions occurred with single people. This fact can be due to the presence of informal unions, a very common fact in the country.

A notable finding of this research is that brown-skinned people represented the most assaulted race/skin color. Brazil and many other countries in the world still have racism as a major structural challenge that must be faced and fought against. Black- and brown-skinned people were historically more disrespected and assaulted, and they continue to be targets of barbarism and discrimination, increasing their risks and compromising their dignity and quality of life. Alcohol use can further aggravate feelings associated with racism, manifesting itself in the form of violence[21-22].

The analysis of the notifications also evidences that 58% of the victims were referred to services in the health network, while referrals to a public security agency were proportionally lower. One of the explanations for the finding is that, in the cases of adults and with preserved

judgment capacity, the search for police stations or other security services is provided. It is to be clarified that there are interpersonal and affective relationships between victim and offender that transcend the rigor of protocols or common-sense understandings, especially in cases where the violent impulse was associated with alcohol use, sometimes understood as punctual or accidental by the victims

A number of research studies indicate that it is necessary for the phenomenon of violence associated with alcohol consumption to be reflected in greater depth and to seek solutions that are not merely legal[18,23]. They also suggest that offenders be "cared for" in health services with singular therapeutic projects, welcoming and qualified listening, as it is not possible to interrupt the cycle of violence without involving all actors[23-24].

Some of the study limitations are related to the fact that it is a cross-sectional epidemiological analysis, with limited execution time, not considering notifications outside the period established, and to the regionality of the facts, given that they may not reflect the profile of the entire country. However, such limitations do not compromise the study, as the findings allow for a better understanding of the profile of victims and aggressors in the context of alcohol consumption as an agent closely related to violence.

CONCLUSION

This study focused on interpersonal violence related to alcohol consumption, but the results found are compatible with the profile of domestic, intrafamily and gender violence, expressive against young, brown- or black-skinned women, with older men being the majority perpetrators of the aggressions, motivated by sexism and generational conflicts. With its multiple spectra, violence affects society, reduces quality of life and causes physical, emotional and social harms, exerting deep impacts on the public services.

By knowing the profile of the population, new health care strategies can be designed to reduce the acts committed. It is concluded that the identification and analysis of the profile of victims and aggressors can support the health professionals' work, facilitating management of the interventions in the face of the occurrences and formulation of social policies by public entities.

The topic brings up the need for discussions and reflections on the main epidemiological and social characteristics and trends in the occurrence of interpersonal violence. However, there is scarcity of studies that work with the causalities and consequences of this type of violence, requiring progress in understanding the phenomenon, and, more than acting on a problem, it is suggested to seek ways to prevent and control violence associated with alcohol consumption.

The results of this research are relevant to Nursing and to other health professions insofar as the identification of the victims' profile and the characteristics of interpersonal violence associated with alcohol consumption can foster discussions on public policies for the prevention of this problem and the creation of safer care modalities, not only for the victims but also for the aggressors. Replications of the study in other locations and deeper correlational statistical analyses are recommended for understanding the phenomenon.

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