

DOI: <https://doi.org/10.36489/nursing.2021v24i274p5347-5356>

Self-inflicted violence in a northeast Brazilian state: historical series

ABSTRACT | Objective: describes an epidemiological situation of people who were victims of self-harm in a northeastern Brazilian state. Method: this is an exploratory and descriptive study, with a quantitative approach and retrospective data, developed with data obtained from the Notifiable Diseases Information System (SINAN). The population comprised all the people who were attended and notified in the services themselves and affiliated to the Unified Health System between 2015 and 2018. Results: It was observed that most of them were female (65.47%), in the age group from 25 to 59 years old (48.4%), heterosexual (43.8%), without identification of gender identity (54.3%), race/ brown color (51.37%), incomplete elementary school (18.46%), urban area (90.33%) and single (43.62%). Final considerations: Self-harm is considered an important public health problem in Brazil, and it is imperative to develop educational actions aimed at disseminating risks, prevention programs and their complications.

Keywords: Violence; Suicide; Epidemiology.

RESUMEN | Objetivo: describir la situación epidemiológica de las personas víctimas de autolesiones en un estado del noreste de Brasil. Método: se trata de un estudio exploratorio y descriptivo, con enfoque cuantitativo y datos retrospectivos, desarrollado con datos obtenidos del Sistema de Información de Enfermedades Notificables (SINAN). La población comprendió a todas las personas que fueron atendidas y notificadas en sus propios servicios y afiliadas al Sistema Único de Salud entre 2015 y 2018. Resultados: Se observó que la mayoría eran mujeres (65,47%), en el grupo de edad de 25 a 59 años (48,4%), heterosexual (43,8%), sin identificación de identidad de género (54,3%), raza/ color marrón (51,37%), primaria incompleta (18,46%), área urbana (90,33%) y soltera (43,62%). Consideraciones finales: La violencia autoinfligida es considerada un importante problema de salud pública en Brasil, y es imperativo desarrollar acciones educativas dirigidas a la difusión de riesgos, programas de prevención y sus complicaciones.

Palabras claves: Violencia; Suicidio; Epidemiología.

RESUMO | Objetivo: descrever a situação epidemiológica de pessoas que foram vítimas de violência autoprovocada em um estado do nordeste brasileiro. Método: trata-se de estudo exploratório e descritivo, com abordagem quantitativa e dados retrospectivos, desenvolvido com dados obtidos do Sistema de Informação de Agravos de Notificação (SINAN). A população compreendeu todas as pessoas que foram atendidas e notificadas nos serviços próprios e conveniadas ao Sistema Único de Saúde entre 2015 e 2018. Resultados: Observou-se que a maior parte era do sexo feminino (65,47%), na faixa etária de 25 a 59 anos de idade (48,4%), heterossexual (43,8%), sem identificação da identidade de gênero (54,3%), raça/cor parda (51,37%), ensino fundamental incompleto (18,46%), zona urbana (90,33%) e solteiro (43,62%). Considerações finais: A violência autoprovocada é considerada importante problema de saúde pública no Brasil, sendo imperativo o desenvolvimento de ações educativas que visem à divulgação dos riscos, programas de prevenção e de suas complicações.

Palavras-chaves: Violência; Suicídio; Epidemiologia.

Aldenera Joacla Caetano da Silva

Nurse. Federal University of Rio Grande do Norte. Specialist in Gynecology and Obstetrics, Specialist in Urgency and Emergency, Specialist in Auditing in Health Services.

ORCID: 0000-0002-4815-2930

Emanoele Belchior de Medeiros

Nurse. Federal University of Rio Grande do Norte. Specialist in Gynecology and Obstetrics, Specialist in Urgency and Emergency.

ORCID: 0000-0002-2625-6798

Ilana Cecylia Silva Basilio

Nurse, Facex University Center (UNIFACEX)
ORCID: 0000-0002-0000-4170

Received on: 11/23/2020

Approved on: 12/01/2020

Janaina Kelly Alves Barbosa

Nurse. Federal University of Rio Grande do Norte. Specialist in Gynecology and Obstetrics, Specialist in Management of Work and Health Education.

ORCID: 0000-0001-8072-7055

Robson Eglidio da Silva

Nurse. Faculty Mauricio de Nassau. ICU Specialist.

ORCID: 0000-0003-3665-0761

INTRODUCTION

Self-inflicted violence represents a serious problem in public health due to the intensity in which it affects victims and their families, regardless of social status, race or creed. This event occurs

when the person himself causes injuries in himself, which can be classified as suicidal behavior or self-harm.¹

It should be noted that this phenomenon occurs in all regions of the world. It is estimated that, annually, more than 800 thousand people die by suicide and, for each adult who commits suicide, at least another 20 attempt against their own lives. According to data from the World Health Organization (WHO), suicide represents 1,4% of all deaths worldwide, making it, in 2012, the 15th cause of mortality in the general population, representing among young people aged 15 to 29 years the second leading cause of death.²

Regarding risk factors, self-harm

is multifactorial, not due to a single reason. Most of the cases are related to precipitating factors, such as the loss of a job or a romantic breakup, however, the predisposing factors are more complex, corresponding to 50% of the risk. That is, those who commit suicide or attempt to commit suicide already come with a genetic and immutable burden, a predisposition that, however, can be enhanced or mitigated by environmental factors, such as family history, gender, economic situation, inclination to pessimism and hopelessness, drug and alcohol abuse, serious or disabling illnesses.³

According to the World Health Organization (WHO), the vulnerability associated with mental illness, depression, alcohol-related disorders (alcoholism), abuse, violence, losses, the history of attempted suicide, as well as the Cultural and social “baggage” represent the biggest risk factors for suicide.⁴

Thus, in an attempt to reduce the rates of self-harm, the Ministry of Health (MH) instituted, in 2006, the national guidelines for the prevention of suicide, to be implemented in all federal units, respecting the competencies of the three management spheres. Among the measures were planned campaigns to inform and sensitize society that suicide is a preventable public health problem.⁵

It should be noted that as of 2011, the Ministry of Health foresees, through Ordinance No. 104, the mandatory notification, which includes the communication of new cases of diseases and injuries, including self-harm.⁶ Notification is mandatory and constitutes a fundamental instrument for understanding the profile of violence, enabling actions to be taken to prevent the problem. Bringing to the fore not only the benefit to singular cases, but also being the means of epidemiological control.⁷

In this perspective, this study is

“
Thus, in an attempt to reduce the rates of self-harm, the Ministry of Health (MH) instituted, in 2006, the national guidelines for the prevention of suicide, to be implemented in all federal units, respecting the competencies of the three management spheres. Among the measures were planned campaigns to inform and sensitize society that suicide is a preventable public health problem.”

justified in view of the need to expand the production of research on self-inflicted violence and to generate knowledge that helps in the improvement of public policies on this theme. And it is in this context that the present article is inserted, where the objective is to analyze the self-provoked violence in a state of northeastern Brazil.

METHOD

This is an exploratory, descriptive study, with a quantitative approach and retrospective data.

Data were obtained from the Notifiable Diseases Information System (SINAN) - Registered Domestic/Intra-family Violence Notification Sheets and Violence and Accident Sheet in Sentinel Urgency and Emergency Services, made available by the Health Surveillance Secretariat of the State Secretariat and Municipal Health through the electronic portal of the Informatics Department of the Unified Health System (DATASUS). The population comprises all the people who were served and notified in the services themselves and under SUS agreements, due to maltreatment, neglect or abandonment and between 2015 and 2018 in Natal, Capital of Rio Grande do Norte.

For the research to take place, the following procedures were adopted: forwarding a letter to the Secretary of State for Public Health of Rio Grande do Norte, in which he informed about the research and requested authorization to carry it out, in addition to the formal use of the institution's name in the final investigation report.

The researchers undertook in this profession to honor the scientific, ethical and legal principles that govern research with databases, whose information is aggregated, without the possibility of individual identification, recommended in Resolution No. 541/2016 of the National Health Cou-

ncil. approval by the State Secretary of Health of Rio Grande do Norte started data collection.

RESULT

In the period from 2015 to 2018, 12.665 cases of violence were reported in the State of Rio Grande do Norte, of which 2,595 (20,5%) were self-harm. The number of notifications

of this phenomenon has been increasing, from 336 (12,9%) cases in 2015 to 1.096 (42,2%) in 2018.

With regard to the sociodemographic characterization of people who were notified of self-harm, it can be seen in Table 1 that the majority were female (65,47%), aged 25 to 59 years (48,4%), heterosexual (43,8%), were not pregnant (41,19%), mixed race (51,37%), incomplete/complete pri-

mary education (18,46%), lived in the urban area (90,33%) and were single (43,62%).

Of the 2.595 cases of self-harm, 969 (37,3%) were people who had some type of disability/disorder, with 35% ignored or absent. Of those who had a disorder, most were reported as physically disabled.

Regarding the occurrence of self-inflicted violence was more frequent in the urban area (79,11%), at home (69,44%), it occurred more than once (37,92%), there was no suspicion of alcohol use (41,7%). Of the causes identified, generational conflict (5,7%) was predominant.

It was identified that the most frequent means used to commit self-inflicted violence was poisoning/intoxication (44,47%). Of the people who were reported victims of self-harm, 24 (0,93%) reported sexual violence. Of these notifications, the predominance was for rape (43,00%). Of these, six (25,00%) underwent STD and HIV prophylaxis.

DISCUSSION

The present study showed that self-inflicted violence is a growing phenomenon and that suicide attempts occupy an important place in the study of self-inflicted injuries, since they are an important predictor of self-inflicted death.³

These results are reinforced by the scientific literature, which presents estimates of a 50% increase in the annual incidence of suicide deaths worldwide for the year 2020, with one death every 40 seconds. In Brazil, between 2011 and 2015, 55.649 deaths were recorded, with a general rate of 5,5/100 thousand inhabitants, with emphasis on high rates in the economically active population, 7,9/100 thousand inhabitants in individuals between 40 and 49 years, reflecting directly on indicators that portray ear-

Table 1. Sociodemographic characterization of people who were reported victims of self-harm. Natal/RN, Brazil, 2019.

Categoria	n	Porcentagem
Sexo		
Feminino	1699	65,47
Masculino	895	34,49
Ignorado	1	0,04
Faixa etária		
Criança (0 a 9 anos)	13	0,5
Adolescente (10 a 19 anos)	561	21,6
Jovem (20 a 24 anos)	439	16,9
Pessoa adulta (25 a 59 anos)	1255	48,4
Pessoa idosa (60 anos ou mais)	88	3,4
Ignorado	239	9,2
Orientação sexual		
Heterossexual	1137	43,8
Homossexual (gay/lésbica)	88	3,4
Bissexual	24	0,9
Não se aplica	125	4,8
Ignorado	1221	47,1
Identidade de gênero		
Travesti	7	0,3
Transexual	6	0,2
Não se aplica	1141	44,0
Ignorado	1408	54,3
Gestante		
Não	863	33,26
Sim	44	1,70
Não se aplica	1069	41,19
Ignorado	619	23,85
Raça/Cor		
Parda	1333	51,37

Branca	550	21,19
Preta	76	2,93
Amarela	4	0,15
Indígena	6	0,23
Ignorado	590	22,74
Ausente	36	1,39
Escolaridade		
Analfabeto	40	1,54
Ensino fundamental incompleto/completo	479	18,46
Ensino médio incompleto/completo	402	15,50
Ensino superior incompleto/completo	121	4,66
Ignorado	1299	50,06
Não se aplica	24	0,92
Ausente	230	8,86
Zona		
Urbana	2344	90,33
Rural	198	7,63
Periurbana	4	0,15
Ignorado	5	0,19
Ausente	44	1,70
Situação conjugal / Estado civil		
Solteiro	1132	43,62
Casado/união consensual	588	22,66
Viúvo	34	1,31
Separado	93	3,58
Não se aplica	51	1,97
Ignorado	653	25,16
Ausente	44	1,70

Source: SVS/MH

ly deaths, such as the Potential Years of Life Lost (PYLL).⁸

The data in this study show the predominance of self-inflicted violence in women, in agreement with other research on the theme, in which they show that women have the highest

rate of suicide attempt, despite the fact that men lead the consummation of the act.

These data are explained by the fact that men use more effective means/ways to attack their own lives. With regard to the distribution of self-

-inflicted violence by age group, there was a higher proportion of adults (25 to 59 years old). These results diverge from research carried out elsewhere in Brazil, in which they show an even younger population.

Although the present study showed that 43,8% of the cases of self-harm occurred in heterosexuals, but there is an even higher percentage (47,1%) of cases that were reported as ignored, that is, that the gender of the victim. This is because the professional who records the data does not give due importance to this information and ends up covering up such relevant statistical data, since a phenomenon that is growing and that brings an important complaint is the suicide of homosexuals, transgenders and more specifically transsexuals, and most of them are directly linked to prejudice, homophobia, non-acceptance of the family and the most diverse forms of violence to which these people are subjected daily.⁹

In the present study, there is a predominance of individuals of brown color/race. Race/color may be unrelated to suicide rates, however, the determining factors of social inequalities may be related to these rates, according to the socioeconomic situation of each Brazilian region. Race/color acts as a determinant of how people experience the stresses of life and these establish conditions of visibility that define how people are seen in the community, even increasing the risk of suicide.¹⁰

Significant percentage of people notified as self-inflicted violence, had some type of disability/disorder, but there was no suspicion of alcohol use. Self-harm and non-fatal attempts represent an important predictor of subsequent suicide and most of these cases of self-harm are seen in some type of health service, especially in the emergency, before a fatal suicide attempt occurs, in agreement with the data found

in study, which show that 37,92% had already attempted life itself.¹¹

Regarding the means of perpetrating the attempt or suicide, it was poisoning/intoxication, which is in agreement with another study which shows exogenous intoxication as the most frequent form, in both sexes. Exogenous intoxication is responsible for approximately 70% of the cases notified in Brazil.¹²

Of the people who were reported victims of self-inflicted violence, a significant percentage reported sexual violence, with a predominance of rape. Only 25,00% of them underwent STD and HIV prophylaxis. Another study corroborates these findings, with an even higher percentage of rape, with 62,0% in children and 70,4% in adolescents, whose cases were more severely concentrated among adolescents.

Study limitations were considered the lack of data filling, making the real scope of the problem difficult. Given the above, self-inflicted violence is considered an important public health problem in Brazil, and it is imperative to develop educational actions aimed at disseminating risks, prevention programs and their complications, prioritizing primary care and targeting both



In Brazil, actions to confront self-inflicted violence in recent years have been implemented through articulated public policies. But much remains to be done to reduce deaths and injuries from such violence.



the general population and specific risk groups, thus aiming to improve the statistics presented.

CONCLUSION

Violence in Brazil is a complex phenomenon in constant growth, with historical progress and feeds on great social inequalities. In Brazil, actions to confront self-inflicted violence in recent years have been implemented through articulated public policies. But much remains to be done to reduce deaths and injuries from such violence.

With this study, it is possible to rethink attitudes and actions aimed at self-harm, prioritizing the strengthening of the surveillance network and the records and notifications of people assisted by self-harm, the lack of completion or incomplete completion, hinders the collection of data limiting/hindering the results.

Given the complexity of the causes and consequences of this violence, I hope to help with studies that can fill the knowledge gaps in the phenomenon of self-harm, in order to better understand it and by adopting interdisciplinary and more specific measures in its prevention. 🐦

References

1. Botega NJ. Crise suicida: Avaliação e manejo. Porto Alegre: Artmed; 2015.
2. World Health Organization. Preventing Suicide: a global imperative. Geneva: WHO; 2014.
3. Bahia CA, Avanci JQ, Pinto LW, Minayo MCS. Notificações e internações por lesão autoprovocada em adolescentes no Brasil, 2007-2016. *Epidemiol Serv Saúde*. 2020; 29(2).
4. World Health Organization. Participant manual – IMAI One-day. Orientation on Adolescents Living with HIV. Geneva: WHO; 2010.
5. Brasil. Ministério da Saúde. Portaria nº 1876, de 14 de agosto de 2006. Institui Diretrizes Nacionais para Prevenção do Suicídio, a ser implantadas em todas as unidades federadas, respeitadas as competências das três esferas de gestão. *Diário Oficial da União, Brasília*, 15 de agosto de 2006; Seção 1:65.
6. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise de Situação de Saúde. VIVA: instrutivo de notificação de violência doméstica, sexual e/ou outras violências. Brasília: Ministério da Saúde; 2011.
7. Garbin CAS, Roviada TAS, Joaquim RC, Paula AM, Queiroz APDG. Violência denunciada: ocorrências de maus tratos contra crianças e adolescentes registradas em uma unidade policial. *Rev Bras Enferm*. 2011; 64(4): 665-670.
8. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise de Situação de Saúde. VIVA: instrutivo de notificação de violência doméstica, sexual e/ou outras violências. Brasília: Ministério da Saúde; 2011.
9. Brasil. Portaria nº 104, de 25 de janeiro de 2011. Define as terminologias adotadas em legislação nacional, conforme o disposto no Regulamento Sanitário Internacional 2005 (RSI 2005). *Diário Oficial da União*. 2011; 26 jan.
10. McCluney CL, Rabelo VC. Conditions of visibility: An intersectional examination of Black women's belongingness and distinctiveness at work. *Journal of Vocational Behavior*. 2019; 113: 143-152.
11. Vidal CEL, Lemos MR, Oliveira RMR, Vidigal NA, Leitão MB. Perfil epidemiológico do suicídio na macrorregião centro-sul do Estado de Minas Gerais. *Rev Bras Psiquiatr*. 2010; 32.
12. Spiller HA, Appana S, Brock GN. Epidemiological trends of suicide and attempted suicide by poisoning in the US: 2000-2008. *Leg Med*. 2010; 12(4):177-83.