INFLUENCE OF THE CHARACTERISTICS OF THE VICTIM, AGGRESSOR, AND AGGRAVATION ON THE FREQUENCY OF NEGLIGENCE AGAINST WOMEN

INFLUÊNCIA DAS CARACTERÍSTICAS DA VÍTIMA, DO AGRESSOR E DO AGRAVO NA FREQUÊNCIA DE NEGLIGÊNCIA CONTRA A MULHER

INFLUENCIA DE LAS CARACTERÍSTICAS DE LA VÍCTIMA, EL AGRESOR Y EL AGRAVIO EN LA FRECUENCIA DE LA NEGLIGENCIA CONTRA LA MUJER

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ABSTRACT

Objective: to identify the frequency of negligence against girls and women in *Espírito Santo*, Brazil, and its association with the characteristics of the victim, the aggressor, and the aggression. **Methods:** cross-sectional study with 802 notifications of negligence against women between 2011 and 2018. Data were collected from the Notifiable Diseases Information System (*SINAN*) of *Espírito Santo* and subjected to comparative analysis through regression of data. Poisson and multivariate analysis. **Results:** female negligence represented a frequency of 3% (95%CI 2.8-3.2) of notifications in the period from 2011 to 2018. This condition was more prevalent among victims aged 0 to 9 years (PR = 108.67; 95%CI 79.8 - 147.9), victims who had some disability/disorder (PR = 2.55; 95%CI 2.14 - 3.04) and who lived in an urban/peri-urban area (PR = 1.66; 95%CI 1.23 - 2.24). The characteristics of the aggressor associated with a greater occurrence of the phenomenon were: being female (PR = 7.12; 95%CI 5.64 - 8.99) and having a father/mother/stepfather/stepmother with the victim /both parents (PR = 3.83; 95%CI 3.00 - 4.89). Regarding the characteristic of the occurrence, it was having two or more people involved with negligence (PR = 1.87; 95%CI 1.41 - 2.47). **Conclusions:** the negligence of girls and women is a health problem with higher prevalence in more vulnerable groups. In this sense, it is essential that healthcare professionals are attentive to the notification of this condition and place the victim in a protection network, contributing to the rupture of the cycle of violence.
Keywords: Gender-Based Violence; Violence Against Women; Battered Women; Women's Health.

RESUMO

Objetivo: identificar a frequência da negligência contra meninas e mulheres no Espírito Santo, Brasil, e sua associação com as características da vítima, do agressor e da agressão. Métodos: estudo transversal com 802 notificações de negligência contra as mulheres entre os anos de 2011 e 2018. Os dados foram coletados a partir do Sistema de Informação de Agravos e Notificações (SINAN) do Espírito Santo e submetidos à análise comparativa por meio de regressão de Poisson e análise multivariada. Resultados: a negligência contra o sexo feminino representou uma frequência de 3% (IC 95% 2,8-3,2) das notificações no período de 2011 a 2018. Esse agravo foi mais prevalente entre vítimas na faixa etária de 0 a 9 anos (RP = 108,67; IC 95% 79,8 – 147,9), vítimas que apresentavam alguma deficiência/transtorno (RP= 2,55; IC 95% 2,14 – 3,04) e que residiam em área urbana/ periurbana (RP= 1,66; IC 95% 1,23 – 2,24). Já as características do agressor associadas a uma maior ocorrência do fenômeno foram: ser do sexo feminino (RP= 7,12; IC 95% 5,64 – 8,99) e possuir com a vítima o vínculo de pai/mãe/padrasto/madrasta/ambos os pais (RP= 3,83; IC 95% 3,00 – 4,89). Já em relação à característica da ocorrência foi ter dois ou mais em números de envolvidos com a negligência (RP= 1,87; IC 95% 1,41 – 2,47). Conclusões: a negligência contra meninas e mulheres constitui um agravo de saúde com maiores prevalências em grupos mais vulneráveis. Nesse sentido, é fundamental que os profissionais de saúde estejam atentos à notificação desse agravo e inseriam a vítima numa rede de proteção, contribuindo para a ruptura do ciclo da violência.
Palavras-chave: Violência de Gênero; Violência Contra a Mulher; Mulheres Maltratadas; Saúde da Mulher.

RESUMEN

Objetivo: identificar la frecuencia de negligencia contra niñas y mujeres en Espírito Santo, Brasil, y su asociación con las características de la víctima, del agresor y de la agresión. Métodos: estudio transversal con 802 notificaciones de negligencia contra la mujer entre los años 2011 y 2018. Los datos se recogieron del Sistema de Información de Agravios y Notificaciones (SINAN) de Espírito Santo y se sometieron a un análisis comparativo mediante regresión de Poisson y análisis multivariante. Resultados: las negligencias contra las mujeres representaron una frecuencia del 3% (IC 95%: 2,8-3,2) de las notificaciones en el período comprendido entre 2011 y 2018. Este agravio fue más prevalente entre las víctimas del grupo de edad de 0 a 9 años (PR = 108,67; IC95% 79,8 - 147,9); que referían alguna discapacidad/trastorno (PR= 2,55; IC95% 2,14 - 3,04); y que tenían como zona de residencia el área urbana/periurbana (PR= 1,66; IC95% 1,23 - 2,24). Las características del agresor asociadas a una mayor ocurrencia del fenómeno fueron: ser mujer (PR = 7,12; IC95% 5,64 - 8,99); y tener con la víctima la relación de Padre/Madre/Padrastro/Madrastra/Ambos padres (PR = 3,83; IC95% 3,00 - 4,89). En cuanto a la característica de la ocurrencia fue tener dos o más involucrados en la negligencia (PR= 1,87; 95% CI 1,41 - 2,47). Conclusiones: la negligencia contra las mujeres y los hombres constituye un riesgo para la salud que tiene una mayor prevalencia en los grupos más vulnerables. En este sentido, es fundamental que los profesionales de la salud, estén atentos a la notificación de este delito, con la inserción de la víctima en la red de protección, contribuyendo a la ruptura del ciclo de la violencia.
Palabras clave: Violencia de Género; Violencia contra la Mujer; Mujeres Maltratadas; Salud de la Mujer.

INTRODUCTION

Violence against women is any action or conduct, based on gender, that causes death, physical, sexual, or psychological harm or suffering to women, both in the public and private spheres. This violence follows the trajectory of humanity, manifesting itself in various ways (negligence, physical, patrimonial, moral, psychological, sexual violence, among other typologies) and in different historical and social moments, according to cultural aspects.[1] This aggravation has repercussions around the world, and in Brazil it is no different. In 2021, 1 in 4 women was a victim of some type of violence in Brazil, totaling 17 million women victims of violence - a number that tends to be even higher, since there are underreporting of cases.[2]

Faced with this historic social issue, in Brazil, the 2000s were marked by the growing discussion about strategies to protect women's lives. One of the great historical achievements when it comes to gender violence was the enactment of the Maria da Penha Law, which establishes mechanisms to prevent domestic and family violence against women and determines assistance and protection measures, having provoked a change in the institutional paradigm.[3] In addition to the Maria da Penha Law (11,340/2006), other laws were created to reinforce the protection of women against different forms of violence, such as: Carolina Dieckmann Law 12,737/2012, which made it a crime to invade electronic devices for extraction of private data;

Law of the Next Minute 12,845/2013, which provides guarantees to victims of sexual violence, such as immediate assistance from the Unified Health System (*SUS, Sistema Único de Saúde*), social, medical and psychological support, preventive examinations and information about their rights; Joanna Maranhão Law 12,650/2015, which changed the deadlines in relation to the statute of limitations for crimes of sexual abuse against children and adolescents, making the statute of limitations effective after the victim turns 18, and the deadline for reporting to 20 years; and the Feminicide Law 13,104/2015, which provides for femicide as a qualifying circumstance for the crime of homicide, that is, when the crime is committed against a woman for reasons of being female.[3]

Such laws weave ways of coping with different forms of gender violence, among which is negligence, whose occurrence crosses social strata and affects different stages of a person's life.[4] Negligence is considered an omission, failing to meet the essential needs and care for the person's emotional, physical, and social development. As negligence, we can consider deprivation of medication when necessary and insufficient care to maintain health; lack of care with hygiene; lack of protection against the adversities of the environment, such as cold and heat; and lack of stimulus and conditions to maintain school attendance. Abandonment is understood as an extreme form of negligence.[5] Both negligence and abandonment can cause serious problems for the development and maintenance of an individual's health.[6]

Negligence can occur at different stages of life. In studies carried out in Brazil, we can observe a prevalence of 57% of negligence in relation to the public aged 0 to 18 years, as found in a study carried out in *Curitiba* - PR, Brazil,[6] and of 18.1% in the elderly, as identified in a study carried out with data from the Notifiable Diseases Information System (SINAN, *Sistema de Informação de Agravos de Notificação*) of *Espírito Santo*.[7] The fluctuation in prevalence can be influenced by the understanding adopted on negligence. A systematic review that analyzed 11 articles from different countries observed that the prevalence of negligence among the elderly ranged from 0% to 24.6%.[8] In 2019, in Brazil, of the 159,063 records of complaints of human rights violations on "Dial 100", negligence alarmingly represented the first place among the types of violations, corresponding to 39% of cases, with the majority of victims being female (55%), brown (46%), child (23%) and had incomplete elementary school (83%).[4]

Some risk factors associated with a greater occurrence of negligence are: having a greater number of pregnancies, which, in many occasions, are the result of unplanned conceptions and experienced by women with greater economic adversity, living in great difficult conditions; and having lower self-esteem and greater impulsivity, which often leads to abusive consumption of alcohol and other drugs, which can lead to a greater lack of social support and more feelings of stress associated with everyday life.[9] Knowing which factors are associated with greater occurrences of negligence against women can guide the process of elaborating public policies to face this problem.[9]

Given the above, understanding the relevance of revealing negligence - especially against girls and women, who are the most affected by this problem - and seeking to contribute to the prevention and confrontation of this phenomenon, the present study aims to identify the frequency of negligence against girls and

women in *Espírito Santo*, Brazil, and its association with the characteristics of the victim, the aggressor, and the aggression.

METHODS

Designing

The period chosen for analysis took into account the inclusion of negligence, one of the types of violence, as a condition of compulsory notification, which occurred with the enactment of Ordinance No. 104/2011.[10]

Context

Espírito Santo has a territorial extension of 46,074,444 km² and has an estimated population of 4,108,508 inhabitants for 2022, distributed in 78 municipalities. It has an average per capita income of $1,477.00 BRL and a Human Development Index (HDI) of 0.740, classified as high. According to data from the Census 2010, women represent 50.75% of the total population (1,783,735), while men account for 1,731,219 (49.25%).[11]

Database and measurement

The data for this work come from notifications of cases of negligence made by the health services network through the Notification/Investigation Form of Interpersonal and Self-Inflicted Violence and included in the *Sistema de Informação de Agravos de Notificação* (SINAN), integrating the *Sistema de Vigilância de Violência e Acidentes* (VIVA) Continuous.[12] The database was provided by the Health Department of *Espírito Santo* State.

In this study, negligence is considered an omission, failing to meet the needs and essential care for the person's emotional, physical, and social development.[5]

Variables under study

The occurrence of negligence (no, yes) was the outcome under analysis, having as a comparison group the women who suffered other types of violence. The independent variables were grouped into victim, aggressor, and aggravation characteristics. As victim variables, the following were analyzed:

a) Age group (0 to 9 years old; 10 to 19 years old; 20 to 59 years old; 60 years old or more);
b) Race/color (white; black/brown);
c) presence of disabilities/disorders (não; sim);
d) site of residence (urban/peri-urban; rural).

As for the characteristics of the aggressor, they were analyzed:

e) Age group (0 to 24 years old; 25 years old or more);
f) gender (male; female; both male and female);
g) relationship with the victim (father/mother/stepfather/stepmother/both parents; son; known person);
h) suspicious of alcohol consumption (no; yes).

And in relation to the variables of the aggravation, we analyzed:

i) number of people involved (one; two or more);
j) occurrence in the residence (no; yes);
k) repeated violence (no; yes);
l) referral to other services (no; yes). This variable considers the answer "yes" when the victim was referred to one or more of the following services: health network; Social Assistance network; Education network (nursery, school, others); women's service network (Specialized Women's Service Center, Casa da Mulher Brasileira, others); Health Surveillance Secretariat/MS; Guardianship Council (child/adolescent); Elderly Council; Elderly Care Department; Human Rights Reference Center; Public ministry; Specialized Police Station for the Protection of Children and Adolescents (*Delegacia Especializada de Proteção à Criança e Adolescente*, DPCA); Specialized Police Station for Assistance to Women (*Delegacia Especializada no Atendimento à Mulher*, DEAM); Other police stations; Justice/Childhood and Youth Court; Public Defender's Office.[12]

Control of bias

Before performing the analyses, the database underwent a qualification process, according to the guidelines of the Interpersonal and Self-Provoked Notification

Instruction.[12] Blank or ignored data were excluded from the analyses, which justifies the number of observations changing according to the analyzed variable.

Statistical methods

Relative and absolute frequencies of the variables were calculated, along with their 95% confidence intervals. Pearson's chi-square test was used for the bivariate analysis, and the variables that reached a p value lower than 0.20 were included in the multivariate analysis, and the Prevalence Ratios (PR) were calculated using the regression of Poisson. For the inclusion of variables in the multivariate model, two levels were considered: in the first, the characteristics of the victim were included and, in the second, the characteristics of the aggressor and the aggravation. The permanence of the variables in the model followed the criterion of p value less than 0.05. Analyzes were performed using Stata 14.1 software.

Ethical aspects

In this work, all the ethical criteria defined by Resolution No. 499/2012 of the National Health Council were respected. The study was approved by the Research Ethics Committee of the *Universidade Federal do Espírito Santo*.

RESULTS

Between 2011 and 2018, 802 cases of negligence against women were reported in *Espírito Santo*, representing a prevalence of 3% (95% CI: 2.8-3.2) of the total number of forms of violence completed in this period (data not shown in Table).

Among the cases of negligence against women analyzed, most victims were in the age group from 0 to 9 years (55%), followed by the group of elderly women (26.4%), of black/brown race/color (67.3 %), without disabilities/disorders (79%) and residing in urban/peri-urban areas (94.7%). Regarding the characteristics of the aggressor, most were aged 25 years or older (93.9%), were female (41.1%) or of both genders (44.2%), had a relationship of father/mother/stepfather/stepmother/both parents with the victim (61.1%) and there was no suspicion of alcohol consumption (72.4%). Regarding the characteristics of the occurrence, most injuries had two or more aggressors involved (53.6%), occurred at home (84.7%), was repeated violence (74.5%) and was referred (80.6%). (Table 1)

Table 1 - Characteristics of reported cases of negligence against women. *Espírito Santo,* Brazil, 2011-2018 (N = 802)

Variables	N	%	95% CI
Age group			
0 a 9 years old	441	55.0	51.5-58.4
10 a 19 years old	106	13.2	11.0-15.8
20 a 59 years old	43	5.4	4.0-7.2
60 years old or more	212	26.4	23.5-29.6
Race/Color			
Whote	222	32.7	29.3-36.4
Black/Brown	456	67.3	63.6-70.7
Disabilities/Disorders			
No	575	79.0	75.9-81.8
Yes	153	21.0	18.2-24.1
Site of residence			
Urban/Peri-urban	746	94.7	92.9-96.0
Rural	42	5.3	4.0-7.1
Aggressor's age group			
0 to 24 years old	21	6.1	4.0-9.2
25 years old or more	324	93.9	90.8-96.0
Aggressor's gender			
Male	111	14.7	12.4-17.4
Female	310	41.1	37.6-44.6
Both	334	44.2	40.7-47.8
Relationship with the victim			
Father/mother/ stepfather /stepmother/ both parents	470	61.1	57.6-64.5
Son	117	15.2	12.8-17.9
Known person	182	23.7	20.8-26.8
Suspicion of alcohol consumption			
No	289	72.4	67.8-76.6
Yes	110	27.6	23.4-32.2
Number of people involved			
One	360	46.4	42.9-49.9
Two or more	416	53.6	50.1-57.1
Occurrence at home			
No	113	15.3	12.8-18.0
Yes	628	84.7	82.0-87.2
Repeated violence			
No	123	25.5	21.8-29.6
Yes	359	74.5	70.4-78.2
Referral to other services			
No	154	19.4	16.8-22.4
Yes	638	80.6	77.6-83.2

95% CI: 95% confidence interval.

Source: *Sistema de Informação de Agravos e Notificação* (SINAN), 2011 a 2018.

In Table 2, we can see the results of the bivariate analysis. The distribution of cases of notification of negligence against women was related to all variables under study, except the victim's race/color (p<0.05).

In the multivariate analysis (Table 3), it was identified that the following characteristics of the victim were

Table 2 - Bivariate analysis of the distribution of characteristics according to the occurrence of reports of negligence against women (N=802). *Espírito Santo,* Brazil, 2011-2018

Variables	N	%	95%CI	*p*-value*
Age group				
0 to 9 years old	441	25.2	23.2-27.3	<0.001
10 to 19 years old	106	1.8	1.5-2.1	
20 to 59 years old	43	0.2	0.2-0.3	
60 years old or more	212	17.9	15.9-20.2	
Race/Color				
White	222	3.1	2.7-3.5	0.384
Black/Brown	456	2.9	2.6-3.1	
Disabilities/Disorders				
No	575	3.0	2.7-3.2	<0.001
Yes	153	4.8	4.1-5.6	
Site of residence				
Urban/Peri-urban	746	3.1	2.9-3.3	0.001
Rural	42	1.8	1.4-2.5	
Aggressor's age group				
0 to 24 years old	21	0.7	0.4-1.0	<0.001
25 years old or more	324	2.3	2.1-2.5	
Aggressor's gender				
Male	111	0.7	0.6-0.9	<0.001
Female	310	3.4	3.1-3.8	
Both	334	42.2	38.8-45.7	
Relationship with the victim				
Father/mother/stepfather/stepmother/both parents	470	25,0	23,1-27,0	<0,001
Son	117	17.3	14.7-20.4	
Known person	182	1.3	1.2-1.5	
Suspecious of alcohol consumption				
No	289	2.7	2.4-3.1	<0.001
Yes	110	1.6	1.3-1.9	
Number of people involved				
One	360	1.6	1.5-1.8	<0.001
Two or more	416	13.9	12.7-15.2	
Occurrence at home				
No	113	2.0	1.7-2.4	<0.001
Yes	628	3.5	3.2-3.7	
Repeated violence				
No	123	1.4	1.2-1.7	<0.001
Yes	359	3.0	2.7-3.3	
Referral to Other services				
No	154	3.7	3.2-4.3	0.006
Yes	638	2.9	2.7-3.1	

95% CI: 95% confidence interval; *Pearson's chi-square
Source: *Sistema de Informação de Agravos e Notificação* (SINAN), 2011 a 2018.

associated with negligence: regarding age group, greater magnitude in children (PR = 108.67; 95%CI 79.8 – 147.9) and the elderly (PR = 55.8; 95%CI 39.5 – 78.9);

having reported some disability/disorder (PR = 2.55; 95%CI 2.14 – 3.04); and residing in an urban/peri-urban area (PR = 1.66; 95%CI 1.23 – 2.24). The characteristics of the aggressor that were associated with negligence were: being female (PR = 7.12; 95%CI 5.64 – 8.99) and of both sexes (PR = 6.69; 95%CI 4.72 – 9.47); and having a child bond with the victim (PR= 1.87; 95%CI 1.41 – 2.47) or father/mother/stepfather/stepmother/both parents (PR = 3.83; 95%CI 3.00 – 4.89). Finally, the characteristic of the occurrence that was still associated in the multivariate analysis was having two or more people involved with negligence (PR = 1.87; 95%CI 1.41 – 2.47) (Table 3).

DISCUSSION

The analysis of cases of negligence against girls and women between 2011 and 2018, included in *SINAN*, showed that the most affected public was aged between 0 and 9 years old and aged 60 years or older, had a disability/disorder and lived in the urban area/peri-urban. Victims were raped by female or male individuals who lived in the same house and with whom they had a child or father/mother/stepfather/stepmother/both parents' relationship. Violence often occurred with the presence of two or more aggressors.

In the period studied, negligence had a prevalence of 3% (95% CI: 2.8-3.2) of all cases of violence against women in the state of *Espírito Santo*. In *Niterói,* (*Rio de Janeiro,* Brazil), between 2010 and 2014, this condition ranked fourth in notifications of violence against women.[13] Girls aged 0 to 9 years suffered negligence 108.67 times more than women aged 20 to 59 years in the study period. A similar result was pointed out by Silva *et al.*,[14] when analyzing the notifications of negligence and abandonment carried out between 2011 and 2018 in *Rio Grande do Norte,* Brazil. Another study, which analyzed cases of negligence registered in SINAN against children up to 10 years of age, between 2009 and 2014, pointed out that the age group that suffered the most from violence was 5 to 9 years old.[15]

In addition to children, women aged 60 and over were victims of negligence 55.8 times more often than younger adult women. Lopes and D'Elboux[16] pointed out that, between 2009 and 2019, negligence was the most prevalent type of violence (33.13%) in the elderly population of *Campinas* (*São Paulo,* Brazil), which was also said by Pampolim and Leite[7] after analyzing the data on psychological violence

Table 3 - Bivariate analysis with the raw prevalence ratio and the multivariate model with the adjusted prevalence ratio of variables associated with cases of negligence against women (N=802). *Espírito Santo,* Brazil, 2011-2018

Variables	Raw Analysis			Adjusted Analysis		
	PR	95% CI	*p*-value	PR*	95%CI	*p*-value
Faixa etária						
0 a 9 anos	104,32	76,57-142,12	<0,001	108,67	79,8-147,9	<0,001
10 a 19 anos	7,26	5,10-10,34		6,62	4,58-9,58	
20 a 59 anos	1,0			1,0		
60 anos ou mais	74,29	53,81-102,56		55,8	39,5-78,9	
Deficiências/Transtornos						
Não	1,0		<0,001	1,0		<0,001
Sim	1,60	1,35-1,91		2,55	2,14-3,04	
Zona de residência						
Urbana/Periurbana	1,69	1,25-2,31	0,001	1,66	1,23-2,24	0,001
Rural	1,0			1,0		
Faixa etária do agressor						
0-24 anos	1,0		<0,001	1,0		0,075
25 anos ou mais	3,41	2,20-5,29		1,44	0,96-2,14	
Sexo do agressor						
Masculino	1,0		<0,001	1,0		<0,001
Feminino	4,67	3,77-5,79		7,12	5,64-8,99	
Ambos	57,48	46,95-70,39		6,69	4,72-9,47	
Vínculo com a vítima						
Pai/Mãe/Padrasto/Madrasta/Ambos os pais	18,86	16,01-22,23	<0,001	3,83	3,00-4,89	<0,001
Filho	13,09	10,52-16,30		1,87	1,41-2,47	
Conhecido	1,0			1,0		
Suspeita de uso de álcool						
Não	1,0		<0,001	1,0		0,800
Sim	0,59	0,48-0,74		1,03	0,80-1,34	
Número de envolvidos						
Um	1,0		<0,001	1,0		<0,001
Dois ou mais	8,54	7,46-9,78		1,87	1,41-2,47	
Ocorreu na residência						
Não	1,0		<0,001	1,0		0,430
Sim	1,71	1,40-2,08		1,14	0,83-1,56	
Violência de repetição						
Não	1,0		<0,001	1,0		0,064
Sim	2,09	1,70-2,56		1,30	0,99-1,71	

95% CI: 95% confidence interval; *PR: prevalence ratio.

First level in the model: adjusted for the victim's age group; Disability/disorder and area of residence.

Second level: adjusted for the age group and sex of the aggressor, bond with the victim, suspected alcohol use, number of people involved, occurrence in the home and repeated violence.

Source: *Sistema de Informação de Agravos e Notificação* (SINAN), 2011 to 2018.

and negligence against the elderly between 2011 and 2018 in *Espírito Santo*. Females stand out as the most affected by all types of violence in *Campinas*, indicating a strong gender issue behind this disease.[16]

The presence of a disability or disorder increased by 2.55 times the number of cases of negligence which was the fourth most reported type of violence in this population, according to notifications made in Brazilian health services between 2011 and 2017.[17] Silva *et al.*[14] pointed out that 8.5% of children who were victims of negligence in *Rio Grande do Norte* had some type of disability or disorder,

which confirms the fact that this public is prone to suffer from the condition.

When evaluating the age groups most frequently victimized, it can be inferred that vulnerability and dependence may be associated with greater experience of negligence. Children, the elderly, and people with a disability/disorder end up needing individuals who are responsible for them, as this can increase the risk of victimization. The presence of vulnerability and the absence of defense as potentiators for the occurrence of negligence mentioned by Lopes et al.[18] in a study with the elderly population are factors that can also be applied to the other groups mentioned above, considering the common point between them.

The most prevalent area of occurrence was urban/peri-urban (PR = 1.66; 95% CI: 1.23 - 2.24). Both Pampolin and Leite,[7] who evaluated the profile of psychological violence and negligence against the elderly in Espírito Santo, and Silva et al.,[14] who evaluated negligence among children in Rio Grande do Norte, showed the same result. Considering that the data from this research come from reports of violence carried out, mostly in health services, the findings suggest an underreporting of cases of violence in rural areas, since these regions face less access to health services. does not exclude the possibility of a lower prevalence of negligence in rural regions.[19]

In the present analysis, the characteristics of the aggressor demonstrate that he is more likely to be female and of both genders. In other analyses, it was observed that the mother is the main aggressor, as in the descriptive study carried out by Yamamoto et al.[20] in Goiânia (Goiás, Brazil), covering the years 2010 to 2021. Family dynamics contribute to this event, since, most of the time, the mother is responsible for the education of the children and for the longer stay at home.[18] Furthermore, the observations made also found aggressors of both genders, being the victim's children, as already detected in an ecological study carried out by Soares, Guimarães and Bonfada, from 2009 to 2017, in Brazil.[21] Thus, such factors collaborate to define the gender of the aggressor.

It is observed that negligence was more commonly perpetrated by father/mother/stepfather/stepmother/both parents, a fact explained by the child's own dependence and need for care. It is worth considering that, many times, the caregivers themselves are not aware of the victim's needs, contributing to a great impact on the life of this public in the long term.[22]

Another relevant finding in the present study was the higher prevalence of children who were perpetrators of this condition. A study carried out with caregivers assisted by the Home Care Program for the Elderly[23] highlights that the extensive workload dedicated to the care of the elderly, together with the accumulation of other tasks and cohabitation, favor physical and emotional fatigue and, consequently, stress, may increase the occurrence of negligence. Often, unprepared caregivers find themselves responsible for the treatment of the victim, causing an unsafe and vulnerable environment to intrafamily violence.[24]

The information showed that negligence against females was more associated with two or more aggressors. Although the scientific productions show little information related to the variable, the cross-sectional study by Pampolim and Leite,[7] carried out with elderly people in a situation of negligence between 2011 and 2018, described results similar to our finding.

This study demonstrates important data about the current perspective of negligence against women in the state of Espírito Santo. Although the cross-sectional study allows the analysis of many important variables at the same time, it has limitations, such as the possibility of reverse causality, which makes it difficult to interpret the findings. In addition, the study presents data only on women who use the service, not being a representative panorama of the entire female population of Espírito Santo, considering the possibility of underreporting of negligence and, consequently, underreporting in the system.

Finally, the study has limitations inherent to research using secondary databases. However, despite the limitations, it collaborates with the awareness of the population about the problem and the scientific production in the area.

CONCLUSION

Notifications of negligence against women in Espírito Santo showed a low frequency, however, this finding should be viewed with caution, considering the possibility of this phenomenon being underreported. Furthermore, it is possible to verify that negligence was more prevalent against children and elderly people, people with a disability/disorder and people living in urban/peri-urban areas.

The main perpetrators were female or of both sexes, lived in the same house as the victim and had a child or father/mother/stepfather/stepmother/both parents'

relationship. This type of violence is often committed by two or more aggressors.

The information presented in this research makes visible a problem of great relevance to public health, which is negligence, highlighting the most vulnerable groups as well as the main aggressors. Healthcare professionals, especially nurses, need to be aware of the signs of any victimization, notify them and, consequently, allow the insertion of the victim in a protection network, contributing to the confrontation, monitoring and prevention of this disease, as well as for the rupture of this phenomenon.

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