



Epidemiological overview of self-inflicted violence



<https://doi.org/10.56238/levv15n39-112>

Lucas Oliveira Castro, Matheus Damas Campos, Nathalia Damas Campos, Pedro Henrique Alves Oliveira.

ABSTRACT

Self-inflicted violence, including suicide and self-harm, has been a growing public health concern in several countries, including Brazil. According to recent data, the increase in suicide rates between 2011 and 2017 is alarming, with an annual growth of 2% in men and 1% in women (SILVA et al., 2021; SOUSA et al., 2021). This increase reflects a global trend, where factors such as accelerated urbanization, socioeconomic changes, and the disintegration of family structures play critical roles (LOVISI et al., 2009).

Keywords: Self-inflicted violence, Epidemiology, Mental Health, Prevention.



INTRODUCTION

Self-inflicted violence, including suicide and self-harm, has been a growing public health concern in several countries, including Brazil. According to recent data, the increase in suicide rates between 2011 and 2017 is alarming, with an annual growth of 2% in men and 1% in women (SILVA et al., 2021; SOUSA et al., 2021). This increase reflects a global trend, where factors such as accelerated urbanization, socioeconomic changes, and the disintegration of family structures play critical roles (LOVISI et al., 2009).

In addition, the profile of victims of self-inflicted violence has shown worrying demographic changes. A study carried out by Machado and Santos (2015) identified that suicide, which historically affected mostly middle-aged men, has become more prevalent among young people and adolescents. This phenomenon has also been observed in specific analyses of populations such as children and adolescents, who are increasingly vulnerable to self-harm (KUCZYNSKI, 2014).

ASSOCIATED RISK FACTORS

Several risk factors for self-inflicted violence have been identified in the literature. The presence of psychiatric comorbidities, such as depression and anxiety disorders, is one of the main factors that increase vulnerability to suicide (PAIXÃO et al., 2019). Monteiro et al. (2015) also highlight the impact of hospitalizations due to self-harm, suggesting that previous episodes of self-harm may be predictors of future attempts.

Adverse socioeconomic factors, such as unemployment, occupational stress, and social inequalities, also play a crucial role in increasing rates of self-inflicted violence (BARROS, 2023). In a specific analysis of the impact of the COVID-19 pandemic, Armelin and Machado (2023) identified that social isolation and economic insecurity exacerbate the vulnerability of individuals already at risk.

ECONOMIC IMPACT AND UNDERREPORTING

The economic impact of self-inflicted violence on the public health system is significant, with annual costs exceeding 35 million reais (ARMELIN, MACHADO, 2023). These costs include hospitalizations and treatments for self-harm.

Underreporting is a critical challenge, as it undermines the ability to develop effective and targeted policies. Dantas (2023) discusses the relationship between the underfunding of the mental health system and the lack of resources dedicated to treatment, suggesting that these gaps contribute to the perpetuation of the crisis.



PREVENTION STRATEGIES

The prevention of self-inflicted violence requires a multidimensional approach that includes both individual and social interventions. Meleiro (1998) argues that the effectiveness of early intervention programs is crucial to reduce the incidence of suicide, especially in high-risk populations, such as physicians and medical students.

In addition, promoting a collaborative approach between different sectors of society, including health, education, and labor, is key to implementing effective preventive strategies (SANTANA et al., 2022).

DISCUSSION

Self-inflicted violence, manifested primarily through suicide and self-harm, represents a multifaceted public health challenge. The literature review indicates that the factors that contribute to this phenomenon are diverse and interconnected, requiring a holistic approach to its understanding and mitigation.

THE IMPORTANCE OF PSYCHOSOCIAL FACTORS

A crucial aspect in the analysis of self-inflicted violence is the role of psychosocial factors. A study by Monteiro et al. (2015) highlights that individuals with a history of hospitalizations for self-harm have a significantly higher risk of future suicide attempts. This data is corroborated by Paixão et al. (2019), who identified a strong association between psychiatric comorbidities, such as depression and anxiety disorders, and the propensity for self-inflicted violence. These findings underline the need for an integrated approach in identifying and treating these disorders as part of prevention strategies.

Additionally, the social stigma associated with mental illness remains a significant barrier to effective suicide treatment and prevention. Studies such as that by Lovisi et al. (2009) and Silva et al. (2015) suggest that stigma not only prevents individuals from seeking help, but also limits the implementation of effective public policies aimed at mental health.

Therefore, awareness campaigns aimed at reducing stigma and promoting help-seeking should be a priority in policymaking.

SOCIOECONOMIC IMPACT AND INEQUALITY

Socioeconomic factors also play a determining role in self-inflicted violence. Barros (2023) notes that unemployment and occupational stress are critical factors that exacerbate vulnerability to suicide, especially in populations that already face significant social inequalities. In addition, the impact of the COVID-19 pandemic, as discussed by Armelin and Machado (2023), has brought to



light the precariousness of the social support system, highlighting the urgent need for policies that address structural inequalities.

The literature also points out that the underreporting of cases of self-inflicted violence aggravates the problem. Dantas (2023) argues that the lack of accurate data hinders the formulation of effective public policies, since it underestimates the true magnitude of the problem. Underreporting is often a result of gaps in the health system and epidemiological surveillance, suggesting the need for improvements in these systems to ensure a more effective response.

CHALLENGES IN THE IMPLEMENTATION OF PUBLIC POLICIES

The implementation of effective public policies to prevent self-inflicted violence faces significant challenges. Chronic underfunding of mental health services, as pointed out by Pinto et al. (2017), compromises the ability of health professionals to provide timely and quality interventions. In addition, the lack of integration between the different health and social care sectors limits the effectiveness of preventive interventions.

Meleiro (1998) suggests that intersectoral collaboration, involving sectors such as education, work and social assistance, is essential for the development of effective preventive strategies. This multidisciplinary approach allows for a more comprehensive response to risk factors, addressing not only the immediate needs of at-risk individuals, but also the underlying social determinants.

Another critical point is the need for early intervention programs, which have proven effective in reducing suicide rates, especially among vulnerable populations. Studies such as that of Silva et al. (2021) highlight the importance of these interventions, highlighting that programs that combine psychological support with the reduction of socioeconomic risk factors are more likely to be successful.

PROPOSALS FOR THE FUTURE

The literature review highlights the need for a renewed and more aggressive approach to addressing self-inflicted violence. Future policies should focus on increased funding for mental health services, including the expansion of prevention programs that integrate psychological and social support. Additionally, data collection needs to be improved to ensure that the magnitude of the problem is correctly understood and addressed.

In addition, the promotion of public awareness campaigns that challenge the stigma associated with mental illness and encourage the search for help is essential. These campaigns must be accompanied by efforts to improve access to mental health care, especially in disadvantaged communities that face significant economic and social barriers.



Finally, collaboration between different sectors, as suggested by Santana et al. (2022), should be scaled up to ensure that preventive interventions are not only effective but also sustainable in the long term. Without a clear commitment to these measures, suicide and self-harm rates will continue to pose an unacceptable challenge to public health in Brazil.



REFERENCES

- Armelin, L. M., & Machado, C. J. (2023). Causas múltiplas de óbitos relacionados às lesões autoprovocadas e a pandemia de covid-19. *Revista Interfaces: Saúde, Humanas e Tecnologia*, 10(3), 1563–1573. <https://doi.org/10.16891/2317-434X.v10.e3.a2022.pp1563-1573>
- Barros, B. L. C., et al. (2023). Perfil epidemiológico dos óbitos por lesões autoprovocadas intencionalmente no estado do Piauí entre os anos de 2011 a 2021. In *Anais do V Congresso Médico Acadêmico Brasileiro/ XIII Congresso Nordestino Médico Acadêmico/ XXIX Congresso Médico Acadêmico do Piauí*. Teresina.
- Dantas, C., & Cavalcante Martins, I. (2023). Análise do perfil dos óbitos por lesões autoprovocadas durante a pandemia. *Cadernos ESP*, 17(1), e1744. <https://doi.org/10.54620/cadesp.v17i1.1744>
- Kuczynski, E. (2014). Suicídio na infância e adolescência. *Psicologia USP*, 25(3), 246–252.
- Lovisi, G. M., et al. (2009). Análise epidemiológica do suicídio no Brasil entre 1980 e 2006. *Brazilian Journal of Psychiatry*, 31, S86–S93.
- Machado, D. B., & Santos, D. N. dos. (2015). Suicídio no Brasil, de 2000 a 2012. *Jornal Brasileiro de Psiquiatria*, 64(1), 45–54.
- Marquetti, F. C. (2014). O suicídio e sua essência transgressora. *Psicologia USP*, 25(3), 237–245.
- Meleiro, A. M. A. S. (1998). Suicídio entre médicos e estudantes de medicina. *Revista da Associação Médica Brasileira*, 44(2), 135–140.
- Monteiro, R. A., et al. (2015). Hospitalizations due to self-inflicted injuries - Brazil, 2002 to 2013. *Ciência & Saúde Coletiva*, 20(3), 689–699.
- Santana, E. M., Passos, G. L. da S., Stevanato, J. M., Lorensini, F. V., Balestrin, S., & Mesquita, J. B. da S. Perfil dos óbitos por lesão autoprovocada intencionalmente no município de Vilhena - RO. *Brazilian Journal of Development*.
- Silva, A. I. da, Sena, M. B., Mossini, G. G., Lini, R. S., Sanches, R. de C. N., & Mossini, S. A. G. (2021). Historical analysis of deaths from intentionally self-inflicted injuries in Paraná State according to data from DATASUS. *Research, Society and Development*, 10(11), e561101120001. <https://doi.org/10.33448/rsd-v10i11.20001>
- Silva, D. dos S. D., et al. (2015). Depression and suicide risk among nursing professionals: An integrative review. *Revista da Escola de Enfermagem da USP*, 49(6), 1023–1031.
- Sousa, N. T. B. de, Teixeira, L. O. O., Vedana, K. G. G., & Miasso, A. I. (2021). Predictors of recurrence of self-harm and suicide deaths in a Brazilian state. *Research, Society and Development*, 10(2), e4110212142. <https://doi.org/10.33448/rsd-v10i2.12142>
- Paixão, B. T. A. da, Santos, D. A. dos, Silvai, C. C., Moraes, M., Camargo, M., Gianini, W., Ferreira, R. L. G., Miakir, O., Vicentino, V. M. M., & Lopes, B. A. (2021). Suicídio e lesões autoprovocadas: Análise do perfil epidemiológico e prevalência dos casos no Brasil entre 1996 e 2019. *Revista Eletrônica Acervo Saúde*, 13(8), e8583.
- Pinto, L. L. T., et al. (2017). Tendência de mortalidade por lesões autoprovocadas intencionalmente no Brasil no período de 2004 a 2014. *Jornal Brasileiro de Psiquiatria*, 66(4), 203–210.



Ribeiro, N. M., et al. Análise da tendência temporal do suicídio e de sistemas de informações em saúde em relação às tentativas de suicídio.