


VIOLENCE AGAINST ADULT WOMEN WITH DISABILITIES/DISORDER IN BRAZIL: MARKERS OF INTERSECTION

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ABSTRACT

People with disabilities/disorders become more susceptible to acts of violence due to the vulnerabilities of social structures. Thus, the objective of this study was to analyze aspects of violence against adult women with disabilities/disorders in Brazil. This is an analytical cross-sectional study with data from notifications of interpersonal and self-inflicted violence from the Diseases and Notification Information System in 2019 in Brazil. The profile of the female victims aged 20 to 59 years, with and without disabilities/disorders, was described. The association between the variables 'place of occurrence of violence' and 'having a disability/disorder' was verified using the chi-square test. Also, Poisson regression was conducted, with robust variance, to estimate the crude and adjusted Prevalence Ratio (PR), with a 95% Confidence Interval (95%CI), of the dependent variable 'having a disability/disorder' with the variables of the profile of the aggressor and with the variables of the types of violence. The significance level was set at 5%. There were 172,665 cases, 16.8% of which were for women with disabilities/disorders. Of these, 53.2% had mental disorders. The profile of women with and without disabilities/disorders was similar for white women aged 20 to 40 years and who had completed high school. The occurrence of violence at home was more frequent among women with disabilities/disorders ($p \leq 0.05$). The profile of the aggressor of women with disabilities/disorders about those without

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disabilities/disorder was more prevalent for: female gender (PR = 1.041); no suspicion of alcohol use (PR = 1.009); and adults aged 20 to 24 years (PR = 1.061). Women with disabilities/disorders had a higher prevalence of aggression due to torture when compared to women without disabilities/disorders (PR = 1.013); sexual violence (PR = 1.034); financial (PR = 1.018) and self-inflicted violence (PR = 1.181); and lower prevalence of physical (PR = 0.969) and psychological (PR = 0.987) violence. A significant percentage of women with disabilities/disorders were victims of violence. The disability/disorder adds vulnerability to women, with particularities regarding the profile of the aggressor and a greater number of types of violence perpetrated against them.

Keywords: Women. Notification of Abuse. People with Disabilities. Public health. Violence.

INTRODUCTION

Violence against women is a complex problem with a global aspect (Frazão *et al.*, 2019; Machado *et al.*, 2023). Physical, psychological, and sexual abuse, forced abortion, forced marriage, human trafficking, obstetric violence, among others, fit into this context (Passos; Telles; Oliveira, 2020). The motivations for violence are diverse, and they can be disguised and rooted in the social, cultural, and economic context of human life (Dahlberg; Krug, 2006; Garcia, 2016).

The manifestations of violence are a socio-historical phenomenon, which have lasted throughout the existence of humanity. It becomes a public health problem since it affects the individual and collective scope of people and requires, for its containment, the formulation of specific public policies in the area and the organization of practices and services to the sector (Minayo, 2006).

People with disabilities (PwD) often experience situations of violence due to the vulnerability of social structures (Barros; Williams, Brino, 2008; Costa *et al.*, 2023). Women with disabilities are usually less able to defend themselves, in addition to having less access to protection against sexual violence and other offenses (Passos, Telles, & Oliveira, 2020). According to the glossary of the Brazilian Institute of Geography and Statistics - IBGE (2023), a person with a disability is considered to be: "a person aged two years or older and who answered "has a lot of difficulty" or "has it, cannot do it at all" in at least one of the functional domains investigated (seeing, hearing, walking, upper limb functioning, cognition, self-care, and communication), even using an aid device". For people without disabilities, it is considered: "a person aged two years or older who answered 'has no difficulty' or 'has some difficulty' in all the functional domains investigated (seeing, hearing, walking, upper limb functioning, cognition, self-care and communication)".

Another aggravating factor for women with disabilities and victims of violence is the initial public health care, either due to the *deficit* of public policies and agendas aimed at caring for this public or due to omission or low coverage of rescue procedures (Passos; Telles; Oliveira, 2020). Therefore, it is necessary to promote preventive actions against violence against people with disabilities and to structure the support network for victims, promoting balance in family relationships (Lima; D'Affonseca, 2020), based on the expansion of scientific studies that make it possible to better understand this reality in the country.

The scarcity of scientific research on violence is still significant, with still low numbers, due to the relevance of the theme, as it causes, in addition to mortality, morbidity and low quality of life of the victim and their families. Violence leads to physical, mental, sexual, and reproductive problems and, consequently, economic overload resulting from health care expenses (Brasil, 2019; Lee; Costa, 2020), with negative impacts on the lives of women with disabilities/disorders.

It is considered relevant to combine themes related to gender and disability as categories for analysis in scientific studies and in interventions in the care of victims of violence (Gesser; Nuernberg; Toneli, 2013), as they are markers of intersection. Studies encompassing this intersection is a political act that can contribute to expanding the human rights of this social group, by giving visibility to this public, traditionally forgotten (Ferri; Gregg, 1998).

The objective of the present study is to analyze aspects of violence against adult women with disabilities/disorders in Brazil in comparison with those without disabilities/disorders.

METHODOLOGY

This is a cross-sectional analytical study of the notifications of interpersonal and self-inflicted violence made available by the Information System for Diseases and Notification (SINAN). Data were extracted from the *Tabnet application* of the Department of Informatics of the Unified Health System (SUS), Ministry of Health, Brazil. They refer to records made in 2019, and were selected because they constitute complete data and reviewed on the date of access, October 2022. The data analyzed are in the public domain, dispensing with the appreciation of the Research Ethics Committee (CEP).

The victim's profile was addressed by the following variables: (a) race/color/ethnicity: white, black, yellow, brown, indigenous; (b) marital status: single, married/stable union, widow, separated; (c) age grouped according to the classification of the adult person (Pinheiro; Cadiz; Macdonald, 2022): 20-40 years old, considered a young adult and 41-59 years old, middle-aged adult; (d) schooling: 1st to 4th grade incomplete of Elementary School (EF), 4th grade complete of EF, 5th to 8th grade incomplete grade of EF, complete elementary school, incomplete high school, complete high school, incomplete higher education, complete higher education; (e) disability/disorder record (yes, no). The variables related to the types of disability/disorder were analyzed, and all of them had a yes or no

answer option: physical, intellectual, visual, auditory, mental disorder and behavioral disorder.

The profile of the aggressor was investigated by the following variables: sex (male, female, both), suspicion of alcohol use, number of aggressors (one, two or more) and life cycle of the aggressor (zero to nine years - children, 10 to 19 years - adolescents, 20 to 24 years - young adults, 25 to 59 years - adults and 60 years or older - elderly).

Regarding the type of violence, the following were analyzed: physical, psychological, torture, sexual, financial, and self-inflicted violence. The place where the violence occurred (residence, public road, other places) was also analyzed. Pearson's chi-square test was performed to verify the association between the place where violence occurred according to the disability/disorder record. Also, Poisson regression analysis was performed, with robust variance, to estimate the crude and adjusted Prevalence Ratio (PR), with a 95% Confidence Interval (95%CI), of the dependent variable victims with disability/disorder according to the profile of the aggressor and types of violence. Variables with $p \leq 0.20$ in the bivariate analysis were considered in the multiple analysis to calculate the adjusted PR with a significance level of $p \leq 0.05$.

Statistical analysis was performed using IBM SPSS software, version 22.0 for *Windows*. The results were presented in absolute and percentage values, crude and adjusted PR with respective 95%CI and p value.

RESULTS

In Brazil, in 2019, 172,665 notifications of violence against adult women between 20 and 59 years of age were registered, of which 24,036 (16.8%) had a record of disability/disorder, with higher frequencies for mental disorder followed by behavioral disorder, as shown in Table 1.

Table 1. Distribution of adult women victims of violence according to type of disability/disorder. Brazil, 2019 (n = 24,036).

Type of disability/disorder	N	%
Physics*		
Yes	1.141	4,9
No	21.981	95,1
Intellectual*		
Yes	2.252	9,8
No	20.844	90,2
Visual*		
Yes	386	1,7
No	22.672	98,3

Hearing*		
Yes	381	1,7
No	22.652	98,3
Mental Disorder*		
Yes	12.446	53,2
No	10.933	46,8
Behavioral Disorder*		
Yes	8.524	36,7
No	14.681	63,3

*Variables with data losses.

The profile of women with disabilities/disorders, victims of violence, was predominantly white women (52.0%), in the age group corresponding to young adults between 20 and 40 years old (68.5%), with complete high school (32.0%) and single (45.6%) (Table 2).

Table 2. Distribution of the sociodemographic profile of victims of violence, according to disability/disorder records. Brazil, 2019 (n = 172,665).

Sociodemographic profile	Women with Disabilities/Disorder		
	Total	Yes	No
	N (%)	N (%)	N (%)
Race/Color/Ethnicity*			
White	62.217 (45,8)	11.534 (52,0)	50.683 (44,6)
Black	13.044 (9,6)	1.914 (8,6)	11.130 (9,8)
Yellow	1.084 (0,8)	184 (0,8)	900 (0,8)
Brown	58.372 (43,0)	8.491 (38,2)	49.881 (43,9)
Indigenous	1.100 (0,8)	76 (0,3)	1.024 (0,9)
Age (years) *			
20-40	106.472 (74,4)	16.453 (68,5)	90.019 (75,6)
41-59	36.568 (25,6)	7.583 (31,5)	28.985 (24,4)
Schooling*			
1st to 4th incomplete grade of EF**	6.817 (6,7)	1.294 (8,4)	5.523 (6,4)
4th full EF series**	4.483 (4,4)	736 (4,8)	3.747 (4,4)
Incomplete 5th to 8th grade of EF**	16.602 (16,4)	2.393 (15,5)	14.209 (16,5)
Complete Elementary School	11.076 (10,9)	1.613 (10,4)	9.463 (11,0)
Incomplete high school	13.554 (13,4)	1.805 (11,7)	11.749 (13,7)
Complete high school	34.364 (33,9)	4.943 (32,0)	29.421 (34,2)
Incomplete higher education	6.894 (6,8)	1.326 (8,6)	5.568 (6,5)
Complete higher education	7.590 (7,5)	1.327 (8,6)	6.263 (7,3)
Marital status*			
Single	54.716 (43,0)	9.376 (45,6)	45.340 (42,5)
Married/Consensual Union	58.869 (46,2)	8.864 (43,1)	50.005 (46,8)
Widow	1.548 (1,2)	331 (1,6)	1.217 (1,1)
Separate	12.180 (9,6)	2.006 (9,7)	1.0174 (9,5)

* Variables with data loss; **EF: Elementary School.

Violence against women with disabilities/disorders occurred at home (86.1%), on public roads (7.5%) and in other places (6.3%), while for women without disabilities/disorders the percentages were 77.0%, 13.0% and 10.0%, respectively ($p < 0.001$).

The profile of the aggressor of violence against women with disabilities/disorder showed a higher prevalence for female aggressors (PR = 1.041); people without suspected alcohol use (PR = 1.009); and young adult aggressors aged 20 to 24 years (PR = 1.061) when compared to victims without disabilities/disorders, as shown in Table 3.

Table 3. Poisson regression between the profile of the aggressor and adult female victims according to the disability/disorder record. Brazil, 2019.

Aggressor	Disability/Disorder			Crude PR (95%CI)	p-value	Adjusted PR (95%CI)	p-value
	Total N (%)	Yes N (%)	No N (%)				
Sex							
Male	79.234 (57,8)	5.101 (22,0)	74.133 (65,1)	1		1	
Female	55.230 (40,3)	17.790 (76,7)	37.440 (32,9)	1,031 (1,024-1,038)	< 0.001	1,041 (1,033-1,049)	< 0.001
Both*	2.584 (1,9)	318 (1,4)	2.266 (2,0)	0,894 (0,888-0,900)	< 0.001	0,908 (0,901-0,916)	< 0.001
Suspected alcohol use							
Yes	44.035 (39,2)	4.408 (24,2)	39.627(42,1)	1		1	
No	68.225 (60,8)	13.776 (75,8)	54.449 (57,9)	1,057 (1,054-1,059)	< 0.001	1,009 (1,007-1,012)	< 0.001
Age (years)							
0-9	342 (0,3)	26 (0,1)	316 (0,3)	1		1	
10-19	2.495 (2,0)	172 (0,8)	2.323 (2,2)	1,041 (1,023-1,059)	< 0.001	1,041 (1,020-1,063)	< 0.001
20-24	23.347 (18,3)	4.491 (20,1)	18.856 (17,9)	1,045 (1,034-1,056)	< 0.001	1,061 (1,049-1,074)	< 0.001
25-59	99.779 (78,1)	17.447 (77,9)	82.332 (78,2)	0,978 (0,968-0,987)	< 0.001	1,043 (1,033-1,054)	< 0.001
60 or more	1.726 (1,4)	261 (1,2)	1.465 (1,4)	0,987 (0,978-0,996)	< 0.001	1,027 (1,017-1,037)	< 0.001
Aggressors							
One	119.127 (86,3)	21.769 (93,1)	97.358 (94,9)	1		1	
Two or +	18.973 (13,7)	1.614 (6,9)	17.359 (15,1)	0,949 (0,947-0,951)	< 0.001	0,975(0,972-0,978)	< 0.001

*Both: Refers to situations of violence with the participation of female and male aggressors.

The most prevalent types of violence among female victims with disabilities/disorders were: torture (PR = 1.013); sexual violence (PR = 1.034); financial (PR = 1.018) and self-inflicted violence (PR = 1.181). On the other hand, the lowest prevalences were for physical violence (PR = 0.969) and psychological violence (PR = 0.987), when compared to the group of women without disabilities/disorders, as shown in Table 4.

Table 4. Poisson regression between types of violence against adult women according to disability/disorder record. Brazil, 2019.

Type of violence	Disability/Disorder			Crude PR (95%CI)	P-value	Adjusted PR 95%CI	P-value
	Total N (%)	Yes N (%)	No N (%)				
Physics							
No	45.379 (31,9)	13.858(58,1)	31.521 (26,6)	1		1	
Yes	97.080 (68,1)	9.998 (41,9)	87.082 (73,4)	0,894 (0,891-0,896)	< 0.001	0,969(0,965-0,972)	< 0.001
Psychological							
No	98.750 (69,7)	20.635(86,9)	78.115 (66,2)	1		1	
Yes	42.946 (30,3)	3.103 (13,1)	39.843 (33,8)	0,929 (0,928-0,931)	< 0.001	0,987(0,985-0,989)	< 0.001
Torture							
No	137.120(97,1)	23.295(98,4)	113.825(96,9)	1		1	

Yes	4.076 (2,9)	387 (1,6)	3.689 (3,1)	0,961 (0,956-0,965)	< 0.001	1,013(1,008-1,018)	< 0.001
Sexual							
No	131.735(93,2)	22.227 93,7)	1109.508(93,1)	1		1	
Yes	9.620 (6,8)	1.493 (6,3)	8.127 (6,9)	0,993 (0,988-0,997)	< 0.001	1,034(1,030-1,038)	< 0.001
Financial							
No	138.076(97,7)	23.338(98,5)	114.738 (97,6)	1		1	
Yes	3.198 (2,3)	356 (1,5)	2.842 (2,4)	0,969 (0,963-0,976)	< 0.001	1,018(1,012-1,025)	< 0.001
Self-inflicted							
No	95.227 (68,1)	6.410(27,0)	88.817 (76,5)	1		1	
Yes	44.525 (31,9)	17.299(73,0)	27.226 (23,5)	1,199(1,196-1,203)	< 0.001	1,818(1,177-1,815)	< 0.001

DISCUSSION

This study analyzes aspects of violence against adult women in Brazil and presents particularities in the comparison of the groups of women with and without disabilities/disorder, regarding the profile of the aggressor and the types of violence. Important differences between the groups are evidenced, providing subsidies for actions to combat violence against women with disabilities/disorders.

Women with disabilities make up the list of people who were considered especially vulnerable (Brasil, 2016). The presence of disability/disorder is characterized as a condition of vulnerability to the occurrence of gender violence against women (Nicolau; Schraiber; Ayres, 2013). Women with disabilities are more frequently exposed to situations of violence and social exclusion when compared to men with disabilities and women without disabilities. Therefore, they are at a double disadvantage, due to the decriminalization of gender and disability, and therefore face a delicate situation of vulnerability (Mello; Nuernberg, 2012).

The difficulties experienced by them, in most cases, are enhanced by involving multiple factors, in the same situation, such as the global phenomenon of gender violence, affecting the victim with disabilities (Passos; Telles; Oliveira, 2020). Disability, by itself, whether visual, auditory, physical or intellectual, constitutes a marker of difference in the power relations in the interaction between people with and without disabilities. When the person with disabilities belongs to another risk group, such as women, the greater the asymmetry of hierarchy between groups (Williams, 2003), as highlighted in the social model of disability. This model considers disability not as an individual problem, but as a problem of society. It transfers the responsibility for the difficulties of the bodily limitations of people with disabilities to society's inability to adapt to diversity (Bampi; Guilherm; Alves, 2010).

The profile of women victims of violence, regardless of the record of disability/disorder, is more frequently presented to white women, between 20 and 40 years old, and with complete high school education. The predominance of white women was also observed in another study carried out in a women's police station (Silveira; Nardi; Spindler, 2014), as well as the age group from 26 to 35 years of age; with divergence for the lowest level of education, complete elementary education or not (Zart; Scortegagna, 2015), about the present study.

Regarding the profile of aggressors, although the male gender stands out among the notifications in general, in the group of women with disabilities/disorder, there is a higher prevalence of female aggressors and occurrence in households. From the perspective of people who generally demand special attention due to disability/disorder, the results presented in this study, the occurrence of violence in the homes and female aggressors, contradict what is expected of care and protection in the family environment, generally by the female figure. It is also considered that violence against women with disabilities/disorders, because they frequently occur in the family environment, is subject to underreporting of cases (Acosta; Gomes; Barlem, 2013). This fact requires a careful look from health professionals, especially those who make up the Family Health Strategy team, who during home visits will be able to identify and notify cases.

The aggressors, for the most part, are providers, caregivers or other people, on whom they depend for physical and financial help. There is a great fear of the complaint, since the victims fear that they do not have enough credit and attitudinal accessibility for the State to become aware of these facts (Passos; Telles; Oliveira, 2020), reinforcing the importance of notification by health professionals.

In the present study, the records of suspected alcohol use by the aggressor of violence against women, in general, represented more than 39% of the cases, in agreement with another national investigation, in which 38.4% of the women reported the abusive use of alcohol by the aggressor (Vasconcelos; Holland; Albuquerque, 2016). However, in the group of women with disabilities/disorders, the aggressor did not suspect alcohol use about women without disabilities/disorders.

Although physical and psychological violence are the most frequent among female victims, in general, in agreement with other studies (Vasconcelos; Holland; Albuquerque, 2016; Mascarenhas *et al.*, 2020), among women with disabilities/disorder, physical and psychological violence were less prevalent compared to those without

disabilities/disorders. For victims with disabilities/disorders, there is a higher prevalence of aggression by torture, sexual, financial and self-inflicted.

About sexual abuse, women with intellectual disabilities are at greater risk of exposure, due to difficulties in judgment and reduced social skills. They also become more vulnerable due to difficulty in communication; the inability to seek help or to report abuse; the lack of knowledge of defense and appropriate sexual behavior; and dependence on other people (Barros; Williams; Brino, 2008).

In the case of women with disabilities/disorders, it is believed that it is urgent to establish a new look and care contexts, with health care practices, in an expanded way, so that professionals get closer to the various issues that involve the health needs of this population contingent. Look at the contexts of these women, in psychological, social and cultural aspects, to seek comprehensive care and face/overcome the vulnerabilities to which they are subjected (Nicolau; Schraiber; Ayres, 2013), including the different types of interpersonal violence, such as torture, sexual and financial, in addition to self-inflicted violence, which were more prevalent in the group of women with disabilities/disorders. Self-inflicted violence can be explained, in part, by the large contingent of victims with a record of mental disorder, in the composition of the group of women with disabilities/disorders.

As a limitation of this study, there is the finding of data losses in certain variables and the possibility of underreporting of cases. In this sense, the importance of training health professionals to correctly fill out the compulsory notification forms of interpersonal/self-inflicted violence is highlighted, to avoid loss of information and contribute to the reliable analysis of violence data in Brazil. The need for further studies in the area covered by the research is highlighted, since the literature on the subject is still scarce, feeding the invisibility of violence.

CONCLUSION

The present study identified an important percentage of adult women with disabilities/disorders who were victims of violence. The profile of women with disabilities/disorders is similar to that of women without disabilities/disorders: white, young adults and with schooling equivalent to complete high school. Most occurrences of violence against women occur at home, but with a higher proportion for those with disabilities/disorders.

Regarding the profile of the aggressor of women with disabilities/disorder, there is a

higher prevalence of females, people without suspicion of alcohol use and a single aggressor when compared to the group of women without disabilities/disorder. The most prevalent types of violence against victims with disabilities/disorders were: torture, sexual, financial and self-inflicted. In the group of women without disabilities/disorders, the highlights were physical and psychological violence.

The research reinforces the double vulnerability of women, by intersection markers and low visibility in society, women with disabilities/disorder. They are vulnerable to violence in their own homes and due to a greater number of types of violence when compared to the group without disabilities/disorders. The findings may support planning and actions to combat/prevent violence against women with disabilities/disorders; taking into account the particularities in this group. Continuing education for health professionals is suggested, as it is an important tool in the identification and notification of signs of interpersonal and self-inflicted violence.

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