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Analysis of cases of intimate partner violence against indigenous women reported in the macroregion of Dourados-MS, Brazil

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Abstract *The present study aimed to analyze notifications of intimate partner violence (IPV) against indigenous women in the macro-region of Dourados-MS, Brazil, from 2009 to 2020. This is a cross-sectional study with secondary data from registered reports in the Notifiable Diseases Information System (SINAN) of indigenous women who suffered violence. Descriptive statistics of the variables and Poisson regression were performed to determine the prevalence ratio (PR). IPV represented 56.6% of reports. The most reported types of violence were physical violence (93.3%) and psychological violence (27%). In the adjusted analysis, IPV was associated with women with partners (PR 1.32, 95%CI 1.19; 1.46), and women in situations of repeated violence (PR 1.15, 95%CI 1.05; 1.25) and at home as the place of occurrence (PR 1.13, 95%CI 1.01; 1.29). The majority of reports of violence against indigenous women registered in the Dourados health macro-region were perpetrated by an intimate partner. Knowledge of the profile of violence that arrives at health services, combined with associated factors, should enable the implementation of strategies aimed at reducing the number of cases.*

Key words *Indigenous Women, Violence against Women, Violence by Intimate Partner, Reports*

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Introduction

Violence against women is a public health and human rights problem, and a major cause of female morbidity and mortality[1]. According to some studies, the main location where violence against women occurs is in the home, with intimate partners being the main perpetrators[2]. The World Health Organization (WHO) estimates that worldwide, 1 in 3 women (30%), aged 15 to 49 years, and who have been in a relationship, have suffered some type of violence from their partners, known as intimate partner violence (IPV)[3].

According to the WHO, the risk factors for IPV are: large age difference between partners; low level of education; being separated or divorced; having been exposed to abuse in childhood; witnessing violence between parents; harmful use of alcohol; use of illicit drugs; and difficulty in communication between partners[3].

In Brazil, in an ecological study that analyzed data from the Mortality Information System (SIM) between 2000 and 2019, the average rate of lethal violence among women in all Brazilian regions was 6.24 cases per 100,000 inhabitants. The main victims were black/brown and indigenous women[4]. IPV has serious consequences for women's mental and physical health, whether through physical injury that can result in disability or death, or through prolonged contact with the stress caused by the situation of violence, which can lead to chronic health problems[5].

IPV affects women of all origins, however, indigenous women, when compared to non-indigenous women, show a higher prevalence[6]. The approach to IPV among indigenous women is complex, as many aspects must be considered, such as the exclusion and violation of human rights to which indigenous peoples have been subjected. The indigenous population represents 5% of the world's population and is among the most disadvantaged and marginalized peoples, with high rates of poverty and early mortality[7,8]. The conditions in which the indigenous population lives can contribute to the occurrence of high rates of violence, including IPV[9]. Historically, this condition has been influenced by the process of European domination during colonization, when the traditional way of life was changed through contact with the non-indigenous population[10]. This contact resulted in the displacement of some peoples from their traditional territory to other locations, causing changes in economic activities and dietary patterns, in addition to extreme poverty, the introduction of illicit drugs ,and the excessive and harmful use of alcohol[10].

One study conducted in Canada in 2014 concerning self-reported IPV showed that indigenous women are twice as likely to suffer IPV when compared to non-indigenous women[11]. In Australia, data from 2001 to 2010 showed that indigenous women are six times more likely to suffer IPV when compared to non-indigenous women[12].

In Brazil, the indigenous population represents approximately 0.83% of the national population, belonging to more than 300 ethnic groups with their own political, economic, and social particularities[13]. In the state of Mato Grosso do Sul, in the Dourados macro-region, located in the southern region of the state, indigenous people were confined to indigenous reservations and currently live in situations of extreme poverty and high rates of marginalization and violence[14].

Despite the peculiarities in which the indigenous population lives, there is a lack of studies to address the epidemiological aspects of IPV among indigenous women. Studies focused on this topic could contribute to the understanding of the factors associated with the occurrence of IPV and aid in the development of public policies capable of preventing situations of violence, in addition to improving the quality of life of these people. Therefore, the present study aimed to analyze reports of IPV against indigenous women in the Dourados macro-region from 2009 to 2020.

Methodology

This is a cross-sectional study, based on secondary data concerning violence against indigenous women, reported in the Dourados health macro-region, Mato Grosso do Sul, Brazil, and registered in the Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação* - SINAN), from 2009 to 2020.

This macro-region has approximately one million inhabitants[15]. The region is inhabited mainly by indigenous people of the Guarani and Kaiowá ethnic groups. Indigenous people of the Terena ethnic group also live in this region but in smaller numbers. The largest concentration of Terena people in the region is located in the municipality of Dourados[16].

The de-identified records of SINAN reports were provided in September 2022 by the state's

Strategic Information Center for Health Surveillance (*Centro de Informações Estratégicas de Vigilância em Saúde* - CIEVS). SINAN is a national system that is decentralized to the municipalities, where data on the compulsory reporting of diseases are entered. Reporting of violence is carried out by health professionals and forwarded to municipal epidemiological surveillance, which is responsible for entering the data into SINAN.

This study analyzed reports of violence against indigenous women, aged 10 years and older, who lived in the Dourados health macro-region. Reports of self-harm and women living outside the Dourados health macro-region were excluded from the study. Violence committed by an intimate partner was considered when the perpetrator was the spouse, ex-spouse, boyfriend, or ex-boyfriend, depending on the relationship/degree of kinship. The outcome variable was categorized as violence committed by an intimate partner (yes) and violence committed by a perpetrator other than the intimate partner (no). The explanatory variables were divided into three groups:

• *Characteristics of women*: age range (10-19, 20-29, 30-39, 40-49, >50); pregnant (yes; no), marital status (with partner; without partner);

• *Characteristics of the aggressor*: consumption of alcoholic beverages by the aggressor (yes; no);

• *Characteristics of the violent act*: repeated violence, that is, whether the woman suffered violence at other times (yes; no); place of occurrence (residence; other location); municipality of occurrence (countryside of the state; state border) and types of violence (physical; psychological; sexual).

Regarding the municipality where the act of violence occurred, municipalities on state borders were considered those that have a territorial border with Paraguay, cut by the border, be this by land or by river, with or without infrastructure and economic and cultural integration, and may or may not present a conurbation or semi-conurbation. This group includes the following municipalities: Antônio João, Aral Moreira, Coronel Sapucaia, Japorã, Paranhos, Ponta Porã, and Sete Quedas. The group of municipalities in the Dourados macro-region that are not twin cities and that do not have a territorial border with Paraguay are: Amambai, Caarapó, Dourados, Douradina, Itaporã, Eldorado, Ivinhema, Rio Brilhante, Juti, Laguna Carapã, Naviraí, Nova Andradina, Tacuru, Iguatemi, Taquarussu, and Vicentina[17].

The following variables were not assessed due to low completeness: education (68.4%), time of occurrence (67.6%), and occupation (48.9%). Analyses on the aggressor's life cycle were not performed, as they were only included in the report form from 2014 onwards.

Statistical analyses were processed using the R software (version 4.1.2). For descriptive analysis, explanatory variables were categorized and described according to frequencies and proportions according to the outcome (IPV; Intimate Non-Partner Violence). Missing and ignored data for variables were not analyzed. The chi-square test was used to compare proportions. To estimate the prevalence ratio (PR), Poisson regression was performed in two stages: initially, bivariate analysis was performed with all variables (age, pregnancy, use of alcoholic beverages by the aggressor, place of occurrence, city of occurrence, and repeated violence). Subsequently, all variables with $p<0.20$ were included in the multivariate analysis.

The study was approved by the Research Ethics Committee of the Sergio Arouca National School of Public Health of the Oswaldo Cruz Foundation (CEP/ENSP-FIOCRUZ - logged under opinion No. 5,274,177) and by the National Research Ethics Commission (CONEP - logged under opinion No. 5,469,695). The State Health Department of the State of Mato Grosso do Sul signed the letter of consent for the study, and CIEVS provided the de-identified data from SINAN.

Results

A total of 3,080 cases of violence against indigenous women were reported in the Dourados health macro-region from 2009 to 2020. Of this total, 202 reports were excluded, as they treated the issue of self-harm. Also excluded were 237 reports from women under 10 years of age, 11 reports of women who lived in another municipality, 225 reports that did not have information about the partner, and 942 reports with variables without records (missing) or with ignored records. A total of 1,463 reports were analyzed (Figure 1).

Of the total number of analyzed reports, the largest proportion was of physical violence, followed by psychological violence, 93.3% and 27.0%, respectively. Sexual violence was present in 9.8% of the reports and other types of violence (financial violence; legal intervention; neglect

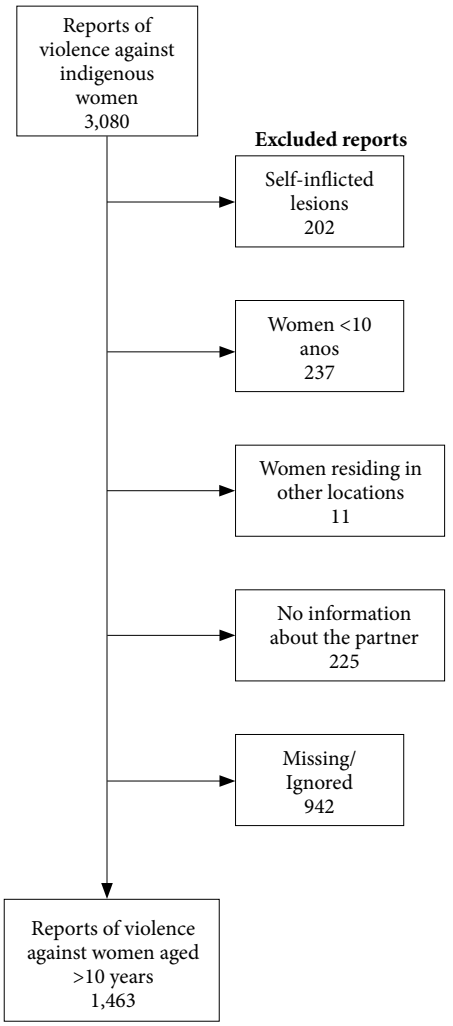

Figure 1. Methodology for report selection.

Source: Authors.

and abandonment; torture; human trafficking) in 4.8% of the reports (Figure 2).

Among the reports, 831 (56.8%) were from women who suffered IPV. In the descriptive analysis of the characteristics of indigenous women who suffered IPV, the highest proportion was found in women, aged 20 to 29 years (34.3%); in non-pregnant (83.4%); and in those who had a current partner (87.0%). Among women who suffered violence by a non-partner, the highest percentage was of women aged 10 to 19 years (39.7%), non-pregnant (92.7%), and who did not have a partner (61.7%) (Table 1).

In the descriptive analysis of the characteristics of the aggressor, the consumption of alcoholic beverages by the aggressor had the highest proportion in both events, 86.3% in IPV and 70.3% in violence by a non-partner (Table 1).

Among the variables related to violent acts, the highest proportions of IPV were repeated violence (64.1%), occurrence of IPV in cities that do not border any Paraguayan city (75.0%), and the location where the act occurred (91.3%). In non-partner violence, most women did not suffer repeated violence (69.5%), the highest proportion of violence occurred in cities that do not border any Paraguayan city (75.0%), and 69.0% of the cases of violence occurred at home. In all analyses, the difference between the proportions was statistically significant except for the city where the incident occurred (p=0.989) (Table 1).

According to the adjusted model, women with partners had a 32% higher prevalence of IPV when compared to women without a partner (PR 1.32, 95%CI 1.19; 1.46). Women who suffer chronic violence, called repeated violence, presented a 15% higher prevalence (PR 1.15, 95%CI 1.05; 1.25) when compared to women who do not suffer chronic violence, controlled for the other variables. Regarding the place of occurrence, the woman being at home increases the prevalence of IPV (PR 1.13, 95%CI 1.01; 1.29), as compared to the occurrence of violence in other locations, adjusted for other variables (Table 2).

Discussion

IPV is identified as the most common form of violence against women and is among the five leading causes of disability worldwide[1,18]. In the present study, there was no significant increase in the prevalence of IPV associated with age groups. In a study carried out in the state of Paraná with non-indigenous women, the proportion of IPV reports from 2009 to 2012 was 38.4%, while from 2013 to 2016, it was 39.1% in the age group of 20 to 29 years[19]. In another study, which analyzed 2,807 police reports of domestic violence against women in the municipality of Dourados, from 2017 to 2018, the average age of the victims was 32.5 years. Of this total, 265 police reports were of indigenous women who suffered domestic violence, and the average age of the victims was 32.1 years[20]. However, it can be concluded that, in proportional terms, the results found in this study in relation to age are similar to what the literature demonstrates.

The high proportion of women who suffer violence between the ages of 10 and 19 is a cause for concern. In this study, in terms of non-in-

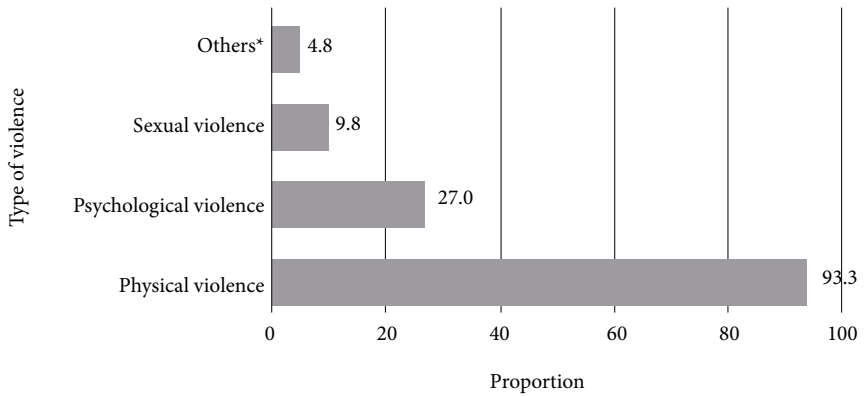

Figure 2. Proportion of reports of indigenous women who suffered violence in the macro-region of Dourados, according to the type of violence, 2009-2020.

* Financial violence; Legal Intervention; Negligence, and Abandonment; Torture; Human trafficking.

Source: Notifiable Diseases Information System (SINAN).

timate partner violence, 40.7% of the women were between the ages of 10 and 19, which may be associated with social, cultural, and economic transformations, family breakdown, and loss of territory. The indigenous population of the Dourados health macro-region lives in indigenous reservations and villages, or in areas of reoccupation, the latter being considered unstable and not recognized by the state. In some of these places no care is provided by the indigenous health team of the Special Indigenous Health District (*Distrito Sanitário Especial Indígena* - DSEI). In this process of creating indigenous reservations, the indigenous population lives in regions with high population densities, insufficient productive resources, precarious economic conditions, and persistent racism by non-indigenous people, which impacts their way of life and quality of life, leading to the growth of political, social, economic, and gender conflicts[21]. This complex and unfavorable dynamic can contribute to indigenous women becoming victims of violence at an early age.

Regarding pregnancy, the results obtained in this study showed no increase in the prevalence of IPV among pregnant women when compared to non-pregnant women. Women are subject to violence at any time in their lives, and violence during pregnancy deserves special attention, since this occurs at a time of greater emotional sensitivity and physical changes, and can cause harm to both the woman and the fetus[22]. Few studies address pregnancy as a factor related to IPV, as a protector or trigger for its occurrence[23]. In a study conducted in the city of Recife, state of Pernambuco, the pattern of IPV before and during pregnancy and in the postpartum period was analyzed. In this study, no major changes were observed in the prevalence of IPV before pregnancy and during pregnancy, at 32.4% and 31.0%, respectively. However, there was a change in relation to the type of violence, with physical violence being prevalent in the pre-pregnancy period, psychological violence during pregnancy, and sexual violence remaining constant[24]. In some communities, the idea of male possession of the female body is common, and in the indigenous context, this idea is possibly a legacy of the process of European domination in the colonial period, or a reflection of the interaction of indigenous people with the non-indigenous population[25]. As gender inequality exists in the population, it is possible that the occurrence of violent practices will increase in all phases of life, including pregnancy.

This study also demonstrated an increase in the prevalence of IPV in the presence of a current partner. A similar situation was observed in the analysis of reports of domestic violence in the state of Santa Catarina[26]. According to a study

Table 1. Absolute and proportional distribution of the characteristics of indigenous women with reports of violence, according to intimate partner violence and non-partner violence, in the macro-region of Dourados-MS, 2009 to 2020.

Variables (No. of cases)	Intimate partner violence		Non-partner violence		Total		p-value
	831 (56,8%)		632 (43,2%)				
	N	%	N	%	N	%	
Characteristics of the woman							
Age (years)							<0.001
10 to 19	168	20.2	251	39.7	419	28.6	
20 to 29	285	34.3	151	23.9	436	29.8	
30 to 39	202	24.3	85	13.4	287	19.6	
40 to 49	107	12.9	69	10.9	176	12.0	
≥ 50	69	8.3	76	12.0	145	9.9	
Pregnant							<0.001
No	693	83.4	586	92.7	1,279	87.4	
Yes	138	16.6	46	7.3	184	12.6	
Marital status							<0.001
Without partner	108	13.0	390	61.7	498	34.0	
Wtih partner	723	87.0	242	38.3	965	66.0	
Characteristics of the aggressor							
Intake of alcoholic beverage							<0.001
No	114	13.7	188	29.7	302	20.6	
Yes	717	86.3	444	70.3	1,161	79.4	
Characteristics of act of violence							
Repeated violence							<0.001
No	298	35.9	439	69.5	737	50.4	
Yes	533	64.1	193	30.5	726	49.6	
Municipality of occurrence							0.989
Countryside of the state	623	75.0	474	75.0	1,097	75.0	
State border	208	25.0	158	25.0	366	75.0	
Place of occurrence							<0.001
In the home	729	91.3	436	69.0	1,196	81.7	
Other location	72	8.7	196	31.0	268	18.3	

Source: Authors.

conducted in Paraíba, with women treated at a Women's Reference Center, women remain in situations of violence due to financial dependence[27]. In the Guarani and Kaiowá ethnic groups, gender relations have become conflictive due to the isolation of indigenous people in small territories, degradation of the natural environment, and reduction of shamanic practices and rituals[28]. However, other factors may also be related to the association between IPV and the marital status in this population. While Guarani and Kaiowá indigenous women are generally responsible for staying in the indigenous territory, taking care of the home and children, and maintaining cultural traditions, men often seek work outside of indigenous lands[29]. Therefore, the fact that women remain in the domestic environment and men leave the indigenous territory in search of work may contribute to increasing women's financial dependence on their partners, forcing women to remain in situations of violence.

Alcohol consumption by the perpetrator in IPV is a finding identified in several studies worldwide[30]. It is believed that alcohol use by an intimate partner is a factor that can facilitate the occurrence of violent acts through behavioral modification[30]. One study conducted with Native American women, from 1999 to 2004, demonstrated a positive association between alcohol consumption and the occurrence of IPV[31]. In a study that interviewed indigenous women of the Sateré-Mawé ethnic group from the state of

Table 2. Gross and adjusted prevalence ratio for IPV, according to the characteristics of indigenous women reported in the macro-region of Dourados-MS, 2009 to 2020.

Variables	Gross analysis		Adjusted analysis	
	PR (95%CI)	p-value	PR (95%CI)	p-value
Characteristics of the woman				
Age (years)				
10 to 19	1		1	
20 to 29	1.16 (1.04; 1.30)	0.007	1.05 (0.93; 1.17)	0.407
30 to 39	1.20 (1.06; 1.36)	0.002	1.05 (0.92; 1.19)	0.438
40 to 49	1.13 (0.97; 1.30)	0.095	1.03 (0.88; 1.20)	0.660
≥ 50	1.03 (0.87; 1.20)	0.682	0.94 (0.80; 1.11)	0.527
Pregnant				
No	1		1	
Yes	1.13 (1.00; 1.27)	0.041	1.07 (0.944; 1.21)	0.273
Marital status				
Without partner	1		1	
With partner	1.42 (1.30; 1.57)	<0.001	1.32 (1.19; 1.46)	<0.001
Characteristics of the aggressor				
Intake of alcoholic beverage				
No	1		1	
Yes	1.17 (1.05; 1.30)	0.003	1.07 (0.95; 1.20)	0.237
Characteristics of the act of violence				
Repeated violence				
No	1		1	
Yes	1.22 (1.12; 1.33)	<0.001	1.15 (1.05; 1.25)	0.001
Municipality of occcurrence (State border)				
No	0.99 (0.90; 1.09)	0.945		
Yes	1			
Location of occurrence				
Other location	1		1	
In the home	1.28 (1.14: 1.44)	<0.001	1.13 (1.01; 1.29)	0.036

Source: Authors.

Amazonas, alcohol was listed as the main cause of domestic violence[32]. Among the indigenous people of the Dourados health macro-region, ethnic mixing through contact with the non-indigenous population and with indigenous people from Paraguay, has led to changes, including the excessive and harmful use of alcohol and other illicit drugs within indigenous lands, generating an increase in the number of cases of violence[33]. Indigenous lands and reservations close to urban centers have increased contact with the urban population, which also contributes to the increase in excessive consumption of alcohol and illicit drugs within their territories[16]. However, in this study, there was no significant increase in the prevalence of IPV among women whose aggressor was under the influence of alcohol. The results regarding alcohol use by the aggressor and IPV in this study should be interpreted with caution, since the sample analyzed here represents only women who were treated at health services and were notified through the mandatory report form.

When characterizing the type of violence, it is important to highlight that women are rarely subjected to only one type of violence, as some risk factors are shared by various types of violence (physical, psychological, sexual, and other types of violence). Economic, social, and cultural norms, the abusive use of alcohol and other drugs, and access to firearms are factors related to the occurrence of more than one type of violence. Women who suffer IPV are subject to all types of violence, whether isolated or combined[34]. In this study, the most common type of violence was physical. This result corroborates the findings of other studies that used SINAN data to assess vio-

lence in non-indigenous populations. In a study carried out in the state of Pernambuco, which analyzed 18,125 reports of violence between 2015 and 2019, the predominant type of violence was physical (53.3%)[35]. It is important to emphasize that physical violence is the most reported and valued by professionals, as it triggers visits to health services, leaves physical marks, and is the traditional representation of the image of violence[36]. Psychological violence within a relationship, on the other hand, is not perceived by the reporting professional in some situations, as it is a type of violence that does not allow the identification of any "marker" of aggression associated with violence[36].

In this study, repeated violence was more prevalent in IPV. Studies show that repeated violence is linked to the domestic environment and consequently to IPV. Repeated violence involves close contact with the aggressor, who may be a family member (father, mother, brother, sister) or intimate partner[37]. Many women remain in the violent environment, as they believe their partners will change, that they will stop being violent, or because they are financially dependent. Other factors also contribute to women remaining in a violent relationship, such as the fear of losing their children, exposure to friends and family, emotional and affective dependence on their partner, and fear of threats made by the aggressors[27]. When an act of violence against women occurs, the incident is first reported to the local leadership, which decides whether to proceed with the complaint or provide counseling. However, many women fail to report the incident to the leadership for fear of misunderstanding or because they are under pressure from the community and/or family members. Others do not report the incidence, because they are afraid that the situation of violence will worsen, because they consider that indigenous and non-indigenous justice systems do not guarantee protection, because they are not familiar with the law, or because they consider it difficult to access[38]. Therefore, the lack of reporting and the difficulty in enforcing the law within the indigenous territory can contribute to maintaining the vicious cycle of violence in the domestic environment in this population.

Regarding the location where the violent act occurred, the residence was also associated with an increase in IPV prevalence, corroborating the results of other studies. This finding demonstrates that the home, rather than being a place of shelter and protection against the various forms of violence, can be a dangerous place in the presence of the aggressor, representing an environment of fear, tension, and constant aggression[27]. In a study carried out in Paraíba from 2010 to 2012, the majority of victims of violence suffered the act inside their own home[27]. Among the Guarani and Kaiowá indigenous people, social organization is characterized by the domestic hearth as the unit of indigenous collectives and an influencer of gender relations[29]. The domestic hearth is made up of people linked by marriage, which unites men and women, and by descent, which unites parents and children. Women are responsible for controlling this domestic hearth, uniting and feeding its members[29]. Therefore, the social, economic, and cultural changes among these indigenous people, and the discontinuation of domestic hearths, due to contact with non-indigenous people, the lack of land, and constant conflicts with farmers, have increased violence in indigenous territories[39].

When checking the city where IPV occurred, living in twin cities or cities that share a border with Paraguay was not associated with IPV. The state of Mato Grosso do Sul borders several Brazilian states (Mato Grosso, São Paulo, Minas Gerais, Goiás, and Paraná), as well as two countries, Bolivia and Paraguay. This geographic location makes the state a route for drugs leaving neighboring countries[40]. Despite being a violent region, other factors, such as the sociodemographic characteristics of the municipalities, need to be assessed to determine whether the municipal context influences the occurrence of IPV against indigenous women in the region.

Reporting violence and entering data into health information systems are important tools, as they enable the identification of the types of violence that are treated by health services, the profile of the population most affected, in addition to supporting the implementation of public policies to prevent and address situations of violence. However, when it comes to indigenous populations, when reporting suspected and/or confirmed cases of violence, it is necessary to consider the intercultural context and diversity of indigenous peoples in Brazil. By respecting the specificities of each peoples, it will be possible to fulfill the right to self-determination and enable the inclusion of indigenous peoples in the discussion of policies to combat violence.

This study did present some limitations. Among these, the ethnicity of the indigenous people could not be identified. Ethnicity is linked to culture and a way of life, and through the anal-

ysis of this variable, it would be possible to know the behaviors of each ethnic group when faced with the occurrence of IPV. Another limitation is the lack of analysis of other databases, such as the Public Security, Hospital Information System (*Sistema de Informações Hospitalares* - SIH) and the Mortality Information System (*Sistema de Informações de Mortalidade* - SIM) to determine the magnitude and severity of cases of violence against indigenous women in the Dourados health macro-region. By using secondary data in this study, it was not possible to compare women who suffered IPV with those who did not suffer any type of violence, since all women in this study suffered violence, whether by an intimate partner or by another perpetrator. In addition, the incompleteness and inconsistency of the SINAN data present in the secondary data may influence the analyses.

This study demonstrated that most reports of violence against indigenous women recorded in the health services of the Dourados macro-region are perpetrated by an intimate partner. Knowledge of the profile of violence that reaches health services, combined with associated factors, should enable the implementation of strategies aimed at reducing the number of cases, in addition to helping health professionals, social workers, public security professionals, and the judiciary to provide adequate care to women who are victims of violence by understanding the context in which this violence occurs.

Collaborations

GA Freitas contributed to the conception and design of the study, acquisition, analysis and interpretation of data, preparation, critical review and writing of preliminary versions of the article. CMFP Silva contributed to the conception and design of the study, analysis and interpretation of data and critical review of important intellectual content. JR Welch and GEB Marcon contributed to the critical review.

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