Gender and homicides in Paraná: a descriptive analysis from an ecological perspective (2018-2021)

Gênero e homicídios no Paraná: uma análise descritiva em perspectiva ecológica (2018-2021)

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Guilherme Benhour Moura
Graduate in Industrial Engineering
Institution: Universidade Federal do Paraná (UFPR)
Address: R. Jaguariaíva, 512, Matinhos – PR, CEP: 83260-000
E-mail: benhour@ufpr.br

Clovis Wanzinack
Doctor in Regional Development
Institution: Fundação Universidade Regional de Blumenau (FURB)
Address: R. Jaguariaíva, 512, Matinhos – PR, CEP: 83260-000
E-mail: wanzinack@ufpr.br

ABSTRACT

Violence is considered a public health issue as it is one of the main causes of premature mortality in the world, resulting in several impacts that affect the population. This is an ecological time series study on homicides between 2018 and 2021 carried out in the State of Paraná. Data were extracted from the Mortality Information System (SIM) by categories: gender, age, race/color, marital status, place of occurrence and IDC (X85 to Y09 and Y35 to Y36). Data analysis shows that 9,169 violent deaths occurred in the state during the period, 91.2% (8,365) of which were male and 8.7% (801) were female. Considering only the age group, the majority of homicides are between the ages of 20 and 29, totaling 3,349 deaths in the last 4 years, 93.3% (3,123) of male gender and 6.7% (226) of female gender. In this same age group, there is the largest percentage difference between genders. A greater similarity was observed between 5 and 9 years old, with the percentage of both genders equal to 50% (7). The data shows that the highest rate of female homicides, 36.1% (289) occurred at home, while 42.7% (3,572) of male deaths occurred on public roads. Firearm discharge (ICD: X93, X94 and X95) is the main cause of death for both genders, with males accounting for 61.5% (5,142) and females 43.6% (349) of the cases. Better understanding the categories that lead to homicide is a fundamental step towards creating more effective public policies to minimize homicides in Brazil and around the world.

Keywords: homicide, gender-based violence, Paraná.

RESUMO

A violência é considerada um problema de saúde pública por ser uma das principais causas de mortalidade prematura no mundo, resultando em diversos impactos que afetam a população. Este é um estudo ecológico de série temporal sobre homicídios entre 2018 e 2021 realizado no Estado do Paraná. Os dados foram extraídos do Sistema de Informações sobre Mortalidade (SIM) por categorias: gênero, idade, raça/cor, estado civil, local de ocorrência e CID (X85 a Y09 e Y35 a Y36). A análise dos dados demonstra que no período ocorreram 9.169 mortes violentas no estado, sendo 91,2% (8.365) do gênero masculino e 8,7% (801) do gênero feminino. Considerando apenas a faixa etária, a maior parte dos homicídios compreende as idades de 20 a 29 anos, totalizando 3.349 óbitos nos últimos 4 anos, sendo 93,3% (3.123) do gênero masculino e 6,7% (226) do gênero feminino. Nesta mesma faixa etária verifica-se a maior diferença percentual entre os gêneros. Uma maior semelhança foi observada entre 5 a 9 anos, sendo o percentual de ambos os gêneros igual a 50% (7). Os dados mostram que o maior índice de homicídios do gênero feminino, 36,1% (289) ocorreram no domicílio, enquanto 42,7% (3.572) das mortes masculinas aconteceram em vias públicas. Disparos de arma de fogo (CID: X93, X94 e X95) são a maior causa das mortes para ambos os gêneros, sendo o masculino com 61,5% (5.142) e o feminino com 43,6% (349) dos casos. Compreender melhor as categorias que levam ao homicídio é um passo fundamental para a criação de políticas públicas mais eficazes para minimizar os homicídios no Brasil e no mundo.

Palavras-chave: homicídio, violência de gênero, Paraná.

1 INTRODUCTION

Violence is seen as a socio-historical-cultural process, as it has always been part of the human experience. It is currently considered a public health issue as it is one of the main causes of morbidity and mortality in the world, resulting in various impacts that affect both the individual and the population.

According to Minayo (2006), violence is multiple and multi-causal, making it difficult to conceptualize. The word of Latin origin “vis” means “strength” and refers to the notions of constraint and use of physical or psychological superiority over another. Episodes of use of violence are related to conflicts of authority and sovereignty, the struggle for power and the desire to dominate, possess and destroy others and/or their property. Its occurrences are approved or disapproved, lawful or unlawful, according to social rules maintained by use and custom, tradition or the legal framework of society.

This problem refers to concepts of development and, in this sense, thinking about human life first. The World Health Organization (WHO) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (WHO, 2002).

Among the different types of violence in society, homicide is the most visible result of interpersonal violent behavior recorded in official statistics. In 2017, homicide rates in Brazil, according to data from the Mortality Information System (SIM) of the Ministry of Health, were 34 homicides per 100,000 inhabitants. In total, 65,602 homicides occurred in 2017 in Brazil, an increase of 4.94% compared to 2016. This number places Brazil as the country that records the highest absolute number of homicides on the planet, accounting for around 10% of all homicides in the world.

In 2018, homicide rates in Brazil, according to SIM data from the Ministry of Health, were 27.8 homicides per 100,000 inhabitants. In 2021, according to data from the Institute for Applied Economic Research (IPEA), 23.4 homicides were recorded per 100,000 inhabitants (41,069 homicides), representing a 29% reduction in violent deaths compared to 2018.

There are continuous variations in the homicide rate, but their manifestations have changed over time, generating different impacts for those who suffer directly, their families, communities and even countries. Violence also constitutes, therefore, a complex problem, which permeates issues of gender, race/ethnicity, and geography (DAS, 1999; DEBERT; GREGORI, 2008; SCOTT, 1996; SILVA, 2003; WERNECK, 2016).

For the World Health Organization (WHO, 1996), the term violence is defined as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which may result in injury, psychological harm, and death. Today it is considered a public health issue as it is one of the main causes of morbidity and mortality in the world, resulting in various impacts that affect both the individual and the population.

According to the International Classification of Diseases (ICD), in addition to accidents and other injuries, voluntary self-harm and interpersonal violence are also considered external causes.

Violence reaches different levels of citizenship, as it affects different races/ethnicities, age groups, genders and territories. Thus, when considering the significance of this problem, the Ministry of Health (MS) developed the National Policy for Reducing Morbidity and Mortality due to Violence and Accidents, regulated by Ordinance MS/GM no. 737 of May 16, 2001, approved by the Tripartite Intermanagers Commission (CIT) through Resolution no. 309 of March 8, 2001.

Violence affects men and women in different ways and at different stages of life: from childhood, adolescence, adulthood, to old age. The different manifestations of violence cause, in addition to discomfort for those who suffer directly from it, great harm to the entire population, since many actions, policies and resources of a country are allocated to the prevention and the consequences of this manifestation (SIGNORELLI; AUAD; PEREIRA, 2013).

There is no consensus regarding the concept of violence. Minayo and Souza (1999) suggest that violence needs to be analyzed from the perspective of the society that produced it, as the phenomenon is nourished by political, economic and cultural facts translated into everyday relationships which, as they are constructed by a certain society, and under certain circumstances, can also be deconstructed and overcome by it. Violence, from this perspective, is a complex phenomenon triggered by multiple factors and, therefore, needs to be seen in the context, cultural environment, territory, and historical moment in which it occurs (VELOSO *et al*., 2013)

The WHO characterizes violence according to its empirical characteristics as follows: Self-inflicted violence, encompasses suicidal behavior, self-mutilation, and self-abuse, which are practiced against oneself, culminating in suicide. Interpersonal violence, which occurs between two or more people and can be divided into: Domestic violence, also called intra-family violence, and Community violence, also called urban, although it can also happen in rural areas. Interpersonal violence culminates in homicide, which is the most tragic

manifestation of interpersonal violence as it ends the life of another person. Both suicide and homicide are considered lethal violence. Collective violence, subdivided into social, political, and economic, manifesting through wars, terrorist actions, massacres, among other forms of violence practiced against communities (KRUG, 2002).

The causes of violence are complex and multifaceted, involving social, economic, cultural, and psychological factors. Reflection on these causes must be carried out comprehensively, avoiding reductionist views that attribute violence to a single factor. Gender issues and social inequalities are key elements in the reproduction of violence. Violence against women, for example, is related to a culture of gender inequality that normalizes violence against women. It is not appropriate to use deterministic views that associate poverty with violence or women with victimization. These views oversimplify the issue and prevent the understanding of its causes and consequences (WANZINACK; SIGNORELLI; REIS, 2018).

A study by Signorelli, Auad and Pereira (2013) analyzed a region on the coast of the State of Paraná and showed that cases of domestic violence against women are higher outside the summer season, when men are idle and without work.

> Another clear aspect is that domestic violence against women perpetrated by children, grandchildren and fathers/stepfathers is also as frequent as that perpetrated by husbands/partners. In other words, for them, domestic violence appears predominantly as the result of conflicts in relationships between men and women, including partners, sons/mothers, fathers/daughters, stepfathers/stepdaughters, grandsons/grandmothers. This indicates references based on gender relations, although neither the gender category nor the developments based on its inequalities were mentioned. (SIGNORELLI; AUAD; PEREIRA, 2013).

Domestic violence is not exclusive to women, cases of family violence and the intergenerational spread of violence are common, according to a study by Signorelli, Auad and Pereira (2013). This demonstrates how violence is often linked to family ties.

Both the different types of violence and homicide violence cause different consequences for the people and spaces where they occur. The impacts range from the individual trauma suffered by victims and their families, to impacts on

the economy, since a large amount of resources are allocated to actions to curb violence. It is estimated that in Brazil, according to the Brazilian Public Security Yearbook (2017), the cost of violence reaches 5.9% of GDP (Gross Domestic Product), which corresponds to R$372 billion each year (WANZINACK, 2018).

Homicides exist in the most diverse Brazilian macro- and micro-regions, but their geographic distribution is not homogeneous. Homicides have been increasing in recent years both in capitals and metropolitan regions, as well as in the interior, including small towns (WANZINACK; SIGNORELLI; REIS, 2018).

2 METHODOLOGY

This work presents an analysis of official data on violence in the State of Paraná, obtained through official records from the Ministry of Health. Homicide mortality data were drawn from the Mortality Information System (SIM) of the Department of Informatics of the Unified Health System (DATASUS). From these data, an overview was drawn of all lethal violence (homicides) in the State of Paraná between the years 2018 and 2021.

A longer period of analysis helps to understand the evolution or decline of cases reported in the notification forms with greater data precision. The data were obtained from the Notifiable Disease Information System (SINAN) website.

Deaths due to interpersonal violence/homicide (codes X85-Y09) were analyzed, including the codes (Y35 and Y36) that include legal interventions (deaths caused by state agents, such as police, military, and others) and self-harm/suicide deaths according to the International Classification of Diseases (ICD-10) by occurrence.

The death rate per 100,000 inhabitants by gender was calculated for all municipalities in the State. To this end, data from IBGE (2010 census) were used. Using the death rate, maps of the State of Paraná were created with the help of the QGIS software.

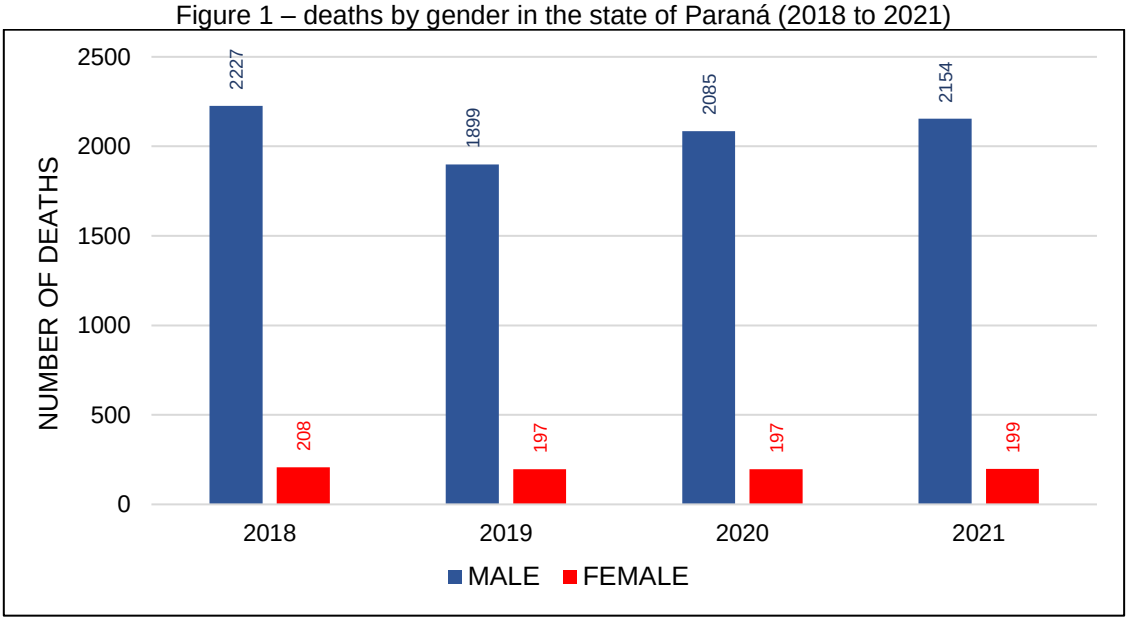
This research, as it is research using exclusively secondary public domain data, is exempt from submission and approval by the Human Research Ethics Committee, in accordance with Resolution 466/2012 of the National Health Council.

3 RESULTS AND DISCUSSION

3.1 DEATHS BY GENDER

Analysis of the data in figure 1 shows that in the period between 2018 and 2021 there were 9,169 violent deaths in the state, of which 91.2% (8,365) were male and 8.7% (801) were female.

Figure 1 – deaths by gender in the state of Paraná (2018 to 2021)



Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).

3.2 DEATHS BY AGE

Considering only the observation of tables 1 and 2, it is possible to observe that the majority of homicides are between the ages of 20 and 29, totaling 3,349 deaths in the last 4 years, 93.3% (3,123) of which were male and 6, 7% (226) were female. In this same age group, there is the largest percentage difference between genders. A greater similarity was observed between 5 and 9 years old, where both genders have a percentage of deaths for the same age of 50% (7).

Table 1 – deaths by age – male (2018 to 2021)

MALE			
AGE	T	TA (%)	TS (%)
Younger than 1 yo	3	60.0	0.0
1 to 4 yo	7	53.8	0.1
5 to 9 yo	7	50.0	0.1
10 to 14 yo	32	0.0	0.4
15 to 19 yo	901	92.5	10.8
20 to 29 yo	3123	93.3	37.3
30 to 39 yo	2149	92.0	25.7
40 to 49 yo	1112	89.0	13.3
50 to 59 yo	589	87.4	7.0
60 to 69 yo	238	85.6	2.8
70 to 79 yo	99	82.5	1.2
80 yo and over	37	88.1	0.4
Ign	68	95.8	0.8
TOTAL	8365	91.3	100.0

Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: T – Total; TA (%) – Percentage in relation to the total for age; TS (%) – Percentage in relation to the total for sex.

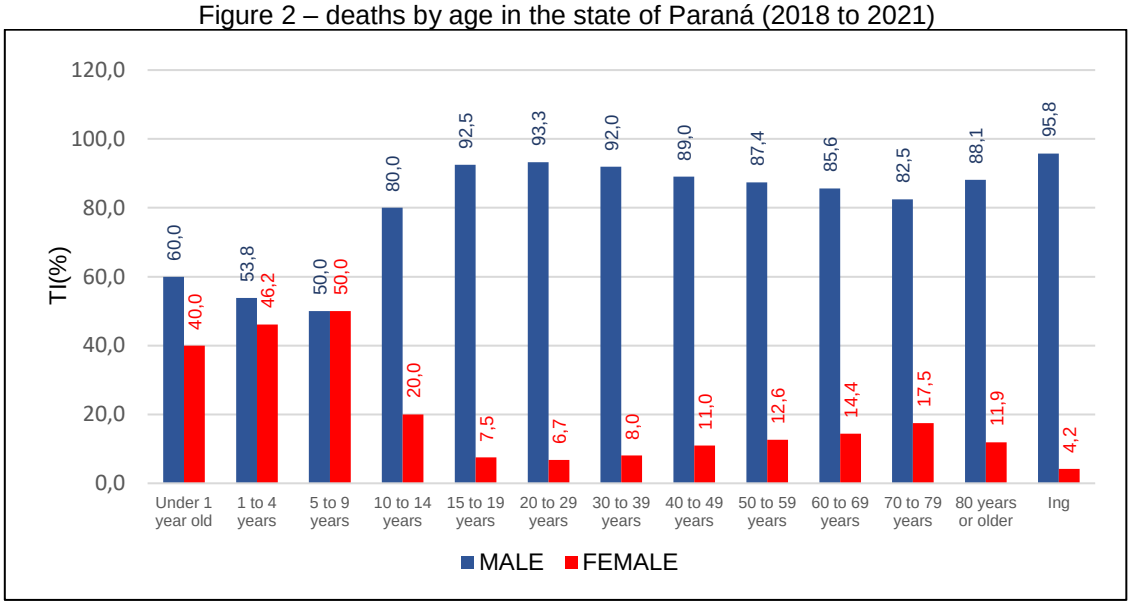
Table2 – deaths by age – female (2018 to 2021)

FEMALE			
AGE	T	TA (%)	TS (%)
Younger than 1 yo	2	40.0	0.2
1 to 4 yo	6	46.2	0.7
5 to 9 yo	7	50.0	0.9
10 to 14 yo	8	20.0	1.0
15 to 19 yo	73	7.5	9.1
20 to 29 yo	226	6.7	28.2
30 to 39 yo	188	8.0	23.5
40 to 49 yo	137	11.0	17.1
50 to 59 yo	85	12.6	10.6
60 to 69 yo	40	14.4	5.0
70 to 79 yo	21	17.5	2.6
80 yo and over	5	11.9	0.6
Ign	3	4.2	0.4
TOTAL	801	8.7	100.0

Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: T – Total; TA (%) – Percentage in relation to the total for age; TS (%) – Percentage in relation to the total for sex.

Figure 2 shows the percentage of deaths in relation to the total for age. This demonstrates that up to the age of 9, violence is similar in relation to the total for the age of both genders. From the age of 10, there is an increase in male deaths, in relation to the total for the age, showing that at the end of childhood this gender starts to be more exposed to violence.

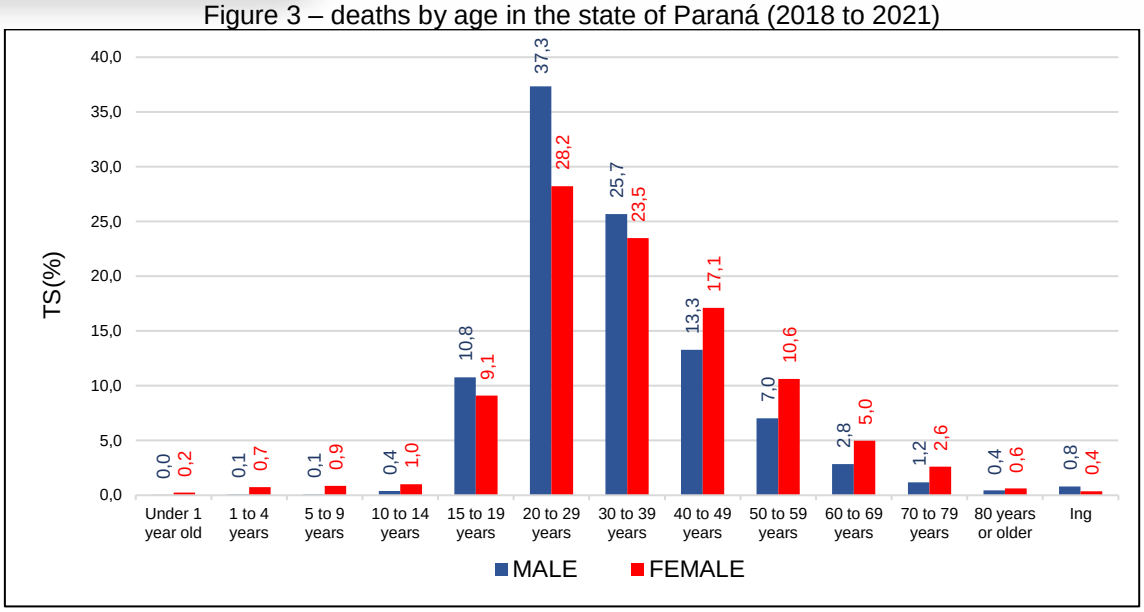
Figure 2 – deaths by age in the state of Paraná (2018 to 2021)



Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: TA (%) – Percentage in relation to the total for age; Ign – Ignored.

Figure 3 shows the percentage of deaths in relation to the total for sex, and allows us to observe that violence affects females in a very similar way to males and becomes predominant in percentages among children aged between 1 year and up to 14 years and for ages over 40, showing how women are also seriously affected by violence.

Figure 3 – deaths by age in the state of Paraná (2018 to 2021)

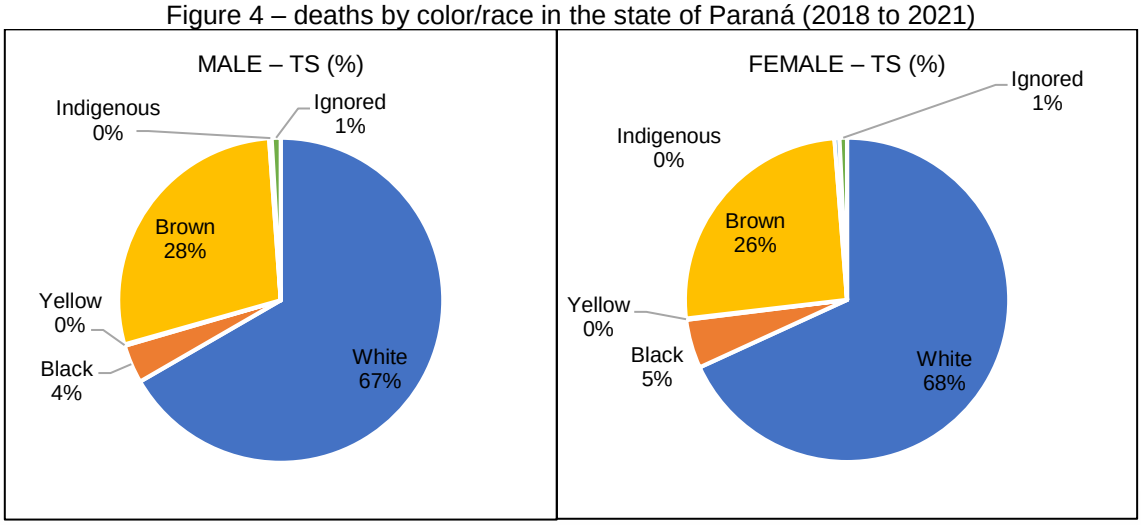


Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: TS (%) – Percentage in relation to the total for sex; Ign – Ignored.

3.3 DEATHS BY RACE/COLOR

Analyzing homicides according to color/race (figure 4), it is clear that white males accounted for 66.7% (5,576) of homicides, followed by brown males with 28.2% (2,362) and black males with 3.8% (320). Among females, white women also die more than black and brown women, however at lower rates, respectively: 68.2% (546), 25.6% (205), 4.9% (39).

Figure 4 – deaths by color/race in the state of Paraná (2018 to 2021)



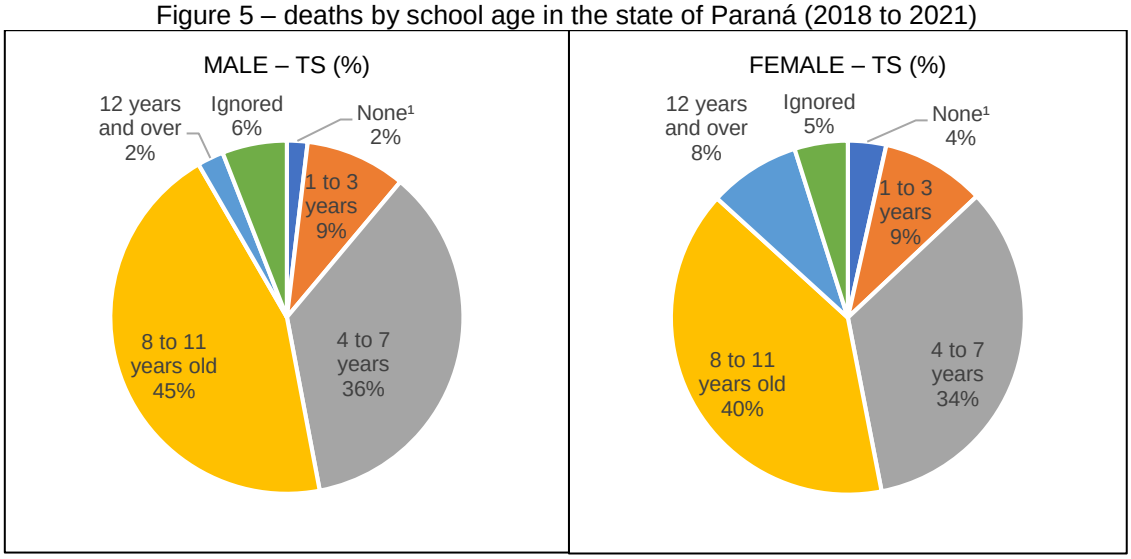
Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: TS (%) – Percentage in relation to the total for sex.

The transparency between the prevalence of white color and higher homicide rates can be explained, in part, by demographic and territorial dynamics. As evidenced by the 2010 IBGE Census, in the state of Paraná, the overwhelming majority of the population declares themselves white, representing around 70.32% of the total, while brown, black, yellow, and other racial/color groups have significantly smaller shares, with 25.09%, 3.17%, 1.18% and 0.25%, respectively.

3.4 DEATHS BY SCHOOL AGE

In relation to school age (figure 5), 44.6% (3,734) of male homicides were at school age between 8 and 11 years old, that is, in the range that includes elementary school. The same behavior is also observed in females, where 39.8% (319) of deaths were in the age range around elementary school.

Figure 5 – deaths by school age in the state of Paraná (2018 to 2021)



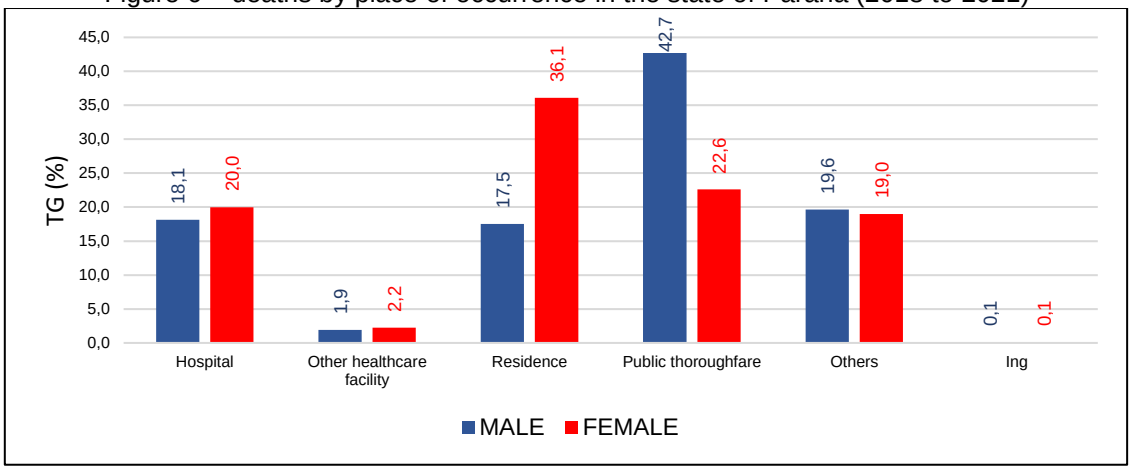
Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: ¹ – Younger than one year old; TS (%) – Percentage in relation to the total for sex.

The data shows that the highest rate of female homicides – FIGURE 6, 36.1% (289) occurred at home, while 42.7% (3,572) of male deaths occurred on public roads, which shows the difference between genders in relation to exposure to violence.

An important point to be discussed in future studies is the classification of violence by gender, while men die more on the streets, women are mostly victims

in their own home environment, characterizing domestic violence, something related to the age at which violence affects this gender.

Figure 6 – deaths by place of occurrence in the state of Paraná (2018 to 2021)



Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: TG (%) – Percentage in relation to the total for the gender; Ign – Ignored.

3.5 DEATHS BY MARITAL STATUS

Regardless of gender, 71% (6,508) of deaths were registered among single people – TABLE 3.

Table3 – deaths by marital status in the state of Paraná (2018 to 2021)

SEX	MALE		FEMALE		TOTAL
	T	TG (%)	T	TG (%)	
Single	6016	71.9	492	61.4	6248
Married	982	11.7	134	16.7	1073
Widow	68	0.8	37	4.6	103
Legally separated	411	4.9	62	7.7	455
Other	474	5.7	35	4.4	499
Ignored	414	4.9	41	5.1	439
TOTAL	8365	100.0	801	100.0	9166

Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: TG (%) – Percentage in relation to the total for the gender; Ign – Ignored.

3.6 DEATHS BY ICD-10 CATEGORY

It is noteworthy that, as shown in table 4, firearm discharge (ICD: X93, X94 and X95) is the main cause of death for both genders, with males accounting for 61.5% (5,142) and females 43.6% (349) of the cases.

It also shows us that legal intervention was responsible for 0.3% (2) of female deaths, however it corresponded to 10.1% (842) of male deaths. Assault by hanging, strangulation or suffocation was the cause of death for 7% (56) of females and 1.7% (141) of males.

Better understanding the categories that lead to homicide is a fundamental step towards creating more effective public policies to minimize homicides in Brazil and around the world.

Table4 – deaths by ICD-10 category in the state of Paraná (2018 to 2021)

ICD-10 CATEGORY	MALE	S (%)	FEMALE	S (%)	IGN	S (%)	TOTAL
X87	2	0.00	0	0.00	0	0.00	2
X90	2	0.02	0	0.00	0	0.00	2
X91	141	1.69	56	6.99	0	0.00	197
X92	9	0.11	5	0.62	0	0.00	14
X93	505	6.04	44	5.49	0	0.00	549
X94	20	0.24	0	0.00	0	0.00	20
X95	4617	55.19	305	38.08	1	33.33	4923
X97	32	0.38	20	2.50	1	33.33	53
X98	1	0.01	0	0.00	0	0.00	1
X99	1402	16.76	249	31.09	1	33.33	1652
Y00	320	3.83	44	5.49	0	0.00	364
Y01	2	0.02	0	0.00	0	0.00	2
Y02	2	0.02	1	0.12	0	0.00	3
Y03	7	0.08	4	0.50	0	0.00	11
Y04	317	3.79	26	3.25	0	0.00	343
Y05	0	0.00	4	0.50	0	0.00	4
Y06	1	0.01	2	0.25	0	0.00	3
Y07	3	0.04	1	0.12	0	0.00	4
Y08	14	0.17	4	0.50	0	0.00	18
Y09	126	1.51	34	4.24	0	0.00	160
Y35	842	10.07	2	0.25	0	0.00	844
TOTAL	8365		801		3		9169

Source: Adapted from MS/SVS/CGIAE – Mortality Information System – SIM, (2023).
NOTES: S (%) – Percentage in relation to total deaths for sex; IGN – Ignored; X87 – Assault by pesticide; X90 – Assault by unspecified chemicals and noxious substances; X91 – Assault by hanging, strangulation and suffocation; X92 – Assault by drowning and submersion; X93 – Assault by handgun discharge; X94 – Assault by rifle, shotgun and larger firearm discharge; X95 – Assault by other and unspecified firearm discharge; X97 – Assault by smoke, fire and flames; X98 – Assault by steam, hot vapours and hot objects; X99 – Assault by sharp object; Y00 – Assault using a blunt object; Y01 – Assault by pushing from a high place; Y02 – Assault by pushing or placing victim before moving object; Y03 – Assault by crashing of motor vehicle; Y04 – Assault

by bodily force; Y05 – Sexual assault by bodily force; Y06 – Neglect and abandonment by spouse or partner; Y07 – Other maltreatment by spouse or partner; Y08 – Assault by other specified means; Y09 – Assault by unspecified means; Y35 – Legal intervention involving firearms.

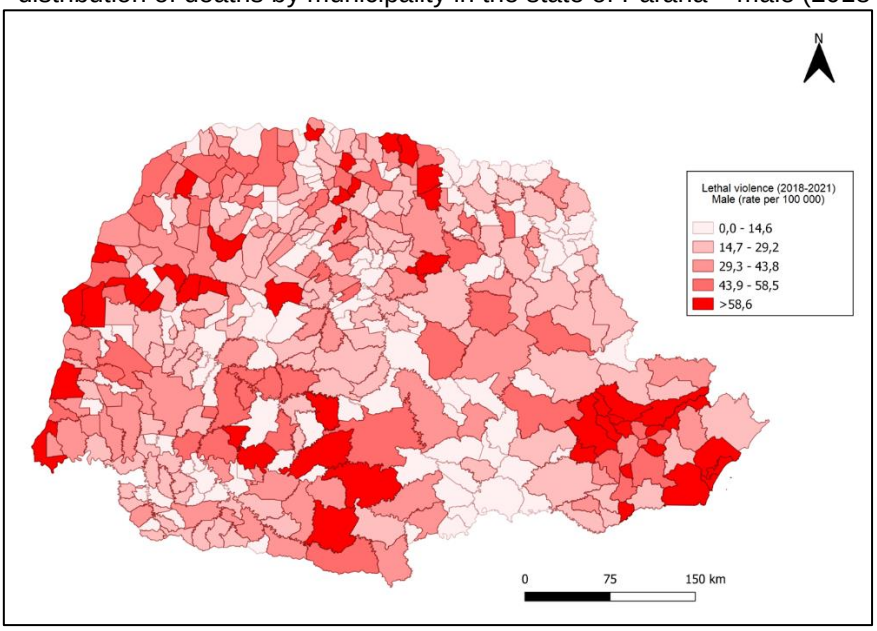
3.7 PARANÁ STATE HOMICIDE MAPS

MAPS 1 and 2 show how violence is distributed among the State's municipalities, in relation to the total number of deaths per sex per 100,000 inhabitants.

For males, the ten highest rates per 100,000 inhabitants were found in: Matinhos (132.5), Paranaguá (105), Tapejara (99.2), São Jorge do Patrocínio (89.6), Guaratuba (89.2), Perobal (88.5), Rio Branco do Sul (85.2), Pontal do Paraná (84.5), Sarandi (83.3) and Mariluz (83.1).

It is worth highlighting that among the ten highest rates, four of them are present in the seven municipalities in the coast of Paraná. This coastal region, made up of Antonina, Guaraqueçaba, Guaratuba, Matinhos, Morretes, Paranaguá and Pontal do Paraná, faces significant challenges in relation to socioeconomic, health, education and HDI indicators. These challenges reflect a reality similar to many other regions in the interior of the country. The area is characterized by inequality in income distribution and the lack of adequate public services that do not meet the needs of the community (WANZINACK and REIS, 2015).

Figure**7** – distribution of deaths by municipality in the state of Paraná – male (2018 to 2021)

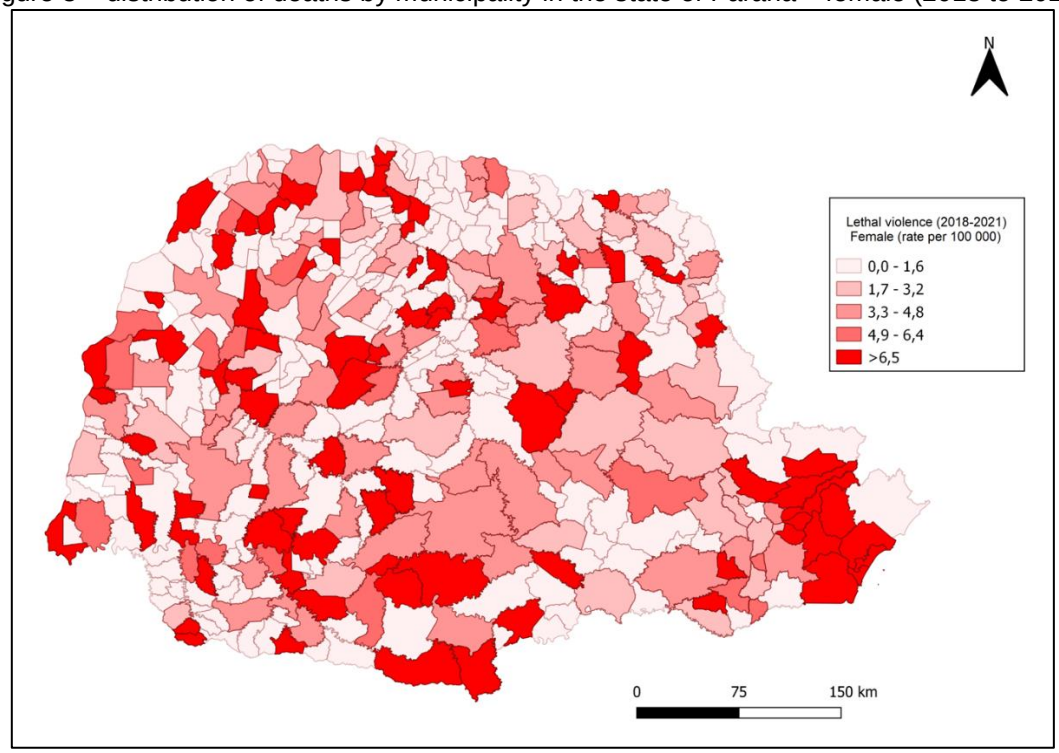


Source: Prepared by the authors (2023).

The female gender showed with high rates of violence spread throughout the interior of the State. The ten highest rates were observed in the cities of: Ângulo (35.7), Esperança Nova (25.3), Ariranha do Ivaí (20.4), Mercedes (19.8), Paranapoema (17.8), Ouro Verde do Oeste (17.7), São Sebastiao da Amoreira (17.2), Rio Bonito do Iguaçu (15.1), São Pedro do Ivaí (14.8) and Santa Monica (14.5).

Assessing the maps and indices, it becomes clear that violence not only affects large cities and their metropolitan regions but is also brutal in small towns in the interior and on the coast. Perobal, a small town in the west of the state is present among the ten most violent cities for men, as during the period there were 10 violent deaths among its 2,825 inhabitants.

Figure 8 – distribution of deaths by municipality in the state of Paraná – female (2018 to 2021)



Source: Prepared by the authors (2023).

Both the coastal region and the small cities in the interior of Paraná faced complex challenges related to human development and security. Although poverty is not directly responsible for violence, improving socioeconomic conditions and implementing comprehensive public policies are essential to

reduce the root causes of violence and promoting a safer and more equitable environment for residents of this region.

4 CONCLUSION

The data analyzed show that, in the state of Paraná, the majority of violent deaths predominantly affect males, especially in the 20 to 29 age group and among people with low levels of education. These results indicate that men are more exposed to social violence in the region. It is important to highlight that the main cause of death, regardless of gender, is firearm discharge, which suggests easy access to weapons in the area.

It is important to note that the majority of deaths among women occur at home, while street deaths are more common among men. This difference in the way violence affects gender highlights the need for further investigation into gender dynamics and homicide.

An analysis of the death rate per 100,000 inhabitants highlights the brutality of violence in small cities in the interior of the state, showing that this issue is not just restricted to big urban centers, where it usually receives more media attention, but also affects more remote areas, where information dissemination is more challenging.

The conclusions of this research have the potential to contribute to a better understanding of demographic, social and economic factors associated with violence, providing important support for the development of external public policies for the prevention of violence. These policies can be targeted especially at more vulnerable population groups, with the aim of improving socio-environmental variables and addressing this issue more effectively.

REFERENCES

DAS, V. Fronteiras, violência e o trabalho do tempo: alguns temas Wittgensteinianos. **Revista Brasileira de Ciências Sociais**, v. 14, n. 40, p. 31-42, Jun. 1999.

DEBERT, G. G.; GREGORI, M. F. Violência e gênero: novas propostas, velhos dilemas. **Revista Brasileira de Ciências Sociais**, v. 23, n. 66, p. 165-185, Feb. 2008.

IPEA, INSTITUTE OF APPLIED ECONOMIC RESEARCH. **Atlas da Violência**, 2023. DOI: https://dx.doi.org/10.38116.riatlasdaviolencia2020. Accessed on: 14 Aug. 2023.

KRUG, E. G. **World report on violence and health**. Geneva: World Health Organization, 2002.

MINAYO, M. C. de S. **Violência e saúde**. Scielo-Editora Fiocruz, 2006.

MINAYO, Maria Cecília de Souza; SOUZA, Edinilsa Ramos de. É possível prevenir a violência? Reflexões a partir do campo da saúde pública. **Ciência & Saúde Coletiva [online]**, 1999, v. 4, n. 1, p. 7-23. Available at: https://doi.org/10.1590/S1413-81231999000100002. Epub 19 Jul 2007. ISSN 1678-4561. Accessed on: Aug. 10, 2023.

MINISTRY OF HEALTH (BR). **Health Surveillance Secretariat. Department of Surveillance of Noncommunicable Diseases and Health Promotion. Viva: Instrutivo. Reporting of interpersonal and self-inflicted violence**. [Internet]. Brasília: Ministry of Health; 2016 [accessed on April 18, 2023]. Available at: http://bvsms.saude.gov.br/bvs/publicacoes/viva_instrutivo_violencia_interpessoal_autoprovocada_2ed.pdf.

WORLD HEALTH ORGANIZATION; KRUG, E. G. **World report on violence and health**. Geneva: WHO, 2002.

WORLD HEALTH ORGANIZATION. **Violence**: a public health priority – (WHO/EHA/SPI.POA.2). Geneva: WHO, 1996.

IBGE – BRAZILIAN INSTITUTE OF GEOGRAPHY AND STATISTICS. **Census demographic**. Rio de Janeiro, 2010.

SIGNORELLI, M. W.; AUAD, D.; PEREIRA, P. P. G. Violência doméstica contra mulheres e a atuação profissional na atenção primária à saúde: um estudo etnográfico em Matinhos, Paraná, Brasil. **Cadernos de Saúde Pública**, v. 29, p. 1.230-1.240, 2013.

SILVA, J. M. Um ensaio sobre a potencialidade do uso do conceito de gênero na análise geográfica. **Revista de História Regional**, v. 8, n.1, p. 31-45, 2003.

SIM – **Mortality Information System. Single Health System.** DATASUS – Information Technology at the Service of the SUS. Available at: http://www2.datasus.gov.br/DATASUS/index.php?area=060701. Accessed on April 11, 2023.

Scott, J. **Gênero**: uma categoria útil para a análise histórica. Recife: SOS Corpo, 1996.

VELOSO, Milene Maria Xavier *et al*. Notificação da violência como estratégia de vigilância em saúde: perfil de uma metrópole do Brasil. **Ciência & Saúde Coletiva**, v. 18, p. 1.263-1.272, 2013.

WANZINACK, Clovis; REIS, Clovis. Cyberbullying e violência na rede: Relações entre poder e desenvolvimento no litoral do Paraná. *In*: **XXXVIII Congresso Brasileiro de Ciências da Comunicação**, Rio de Janeiro, Brasil, 2015.

WANZINACK, C. **Violência, território e desenvolvimento**: uma proposta de análise dos Homicídios do Brasil baseada nos determinantes socioambientais da saúde. 2018, 118f. Thesis (Doctorate in Regional Development) – Regional University of Blumenau, Santa Catarina, 2018.

WANZINACK, C.; SIGNORELLI, M. W.; REIS, C. Homicides and socio-environmental determinants of health in Brazil: a systematic literature review. **Cadernos de saúde pública**, v. 34, p. e00012818, 2018.

WERNECK, Jurema. Racismo institucional e saúde da população negra. **Saúde & Sociedade,** v. 25, n. 3, p. 535-549, 2016.