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Research Article

Community health workers victims of workplace violence in the city of São Paulo: epidemiological analysis of notifications

Agentes Comunitários de Saúde vítimas de violência laboral na cidade de São Paulo: análise epidemiológica das notificações

Agentes Comunitarios de Salud víctimas de violencia laboral en la ciudad de São Paulo: análisis epidemiológico de las notificaciones

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Abstract

Introduction: Community health workers (CHWs) are exposed to various risks in their daily work, such as psychosocial, biological, and organizational risks. This group is also more exposed to harmful social behaviors, including workplace violence. **Objective:** To identify the prevalence of violence (physical, psychological, and sexual) against CHWs working in the city of São Paulo during 2023. **Methods:** This is a cross-sectional study covering all reports of physical, psychological, and sexual violence against CHWs recorded in the Information System for Violence and Accident Surveillance of the Municipal Health Secretariat of the city of São Paulo. **Results:** A total of 125 cases were reported. In the present sample, the CHWs who experienced work-related violence were predominantly women, young adults, married, and had completed secondary education. **Conclusions:** The study showed that CHWs working in the Family Health Strategy (Estratégia de Saúde da Família) are exposed to violence in their environment. The victims are mostly women, young adults, married, and had completed secondary education; and threats were the primary form of violence.

Keywords: Community health workers; Workplace violence; Occupational accidents registry.

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Resumo

Introdução: Os agentes comunitários de saúde (ACS) estão expostos a diversos riscos em seu cotidiano laboral, como os psicossociais, biológicos e organizacionais. Esse grupo também está mais exposto a comportamentos sociais adversos, incluindo a violência no trabalho. **Objetivo:** Identificar a prevalência da violência (física, psicológica e sexual) contra os ACS que atuam na cidade de São Paulo durante o ano de 2023. **Métodos:** Trata-se de um estudo transversal, abrangendo a totalidade das notificações de violência física, psicológica e sexual contra ACS, notificadas no Sistema de Informação para a Vigilância de Violência e Acidentes da Secretaria Municipal de Saúde da cidade de São Paulo. **Resultados:** Foram notificados 125 casos. Na presente casuística, os ACS que sofreram violência relacionada ao trabalho eram predominantemente mulheres, jovens, casadas e com ensino médio completo. **Conclusões:** O estudo mostrou que os ACS da Estratégia de Saúde da Família estão expostos à violência em seu ambiente. As vítimas são majoritariamente mulheres, jovens, casadas e com ensino médio completo, e a ameaça foi a principal forma de violência.

Palavras-chave: Agentes comunitários de saúde; Violência no trabalho; Notificação de acidentes de trabalho.

Resumen

Introducción: Los Trabajadores Comunitarios de Salud (TSC) están expuestos a diversos riesgos en su trabajo diario, como riesgos psicosociales, biológicos y organizacionales. Este grupo también está más expuesto a comportamientos sociales adversos, incluida la violencia en el trabajo. **Objetivo:** Identificar la prevalencia de violencia (física, psicológica y sexual) en agentes comunitarios de salud que actúan en la ciudad de São Paulo durante el año 2023. **Métodos:** Se trata de un estudio transversal, que abarca todas las notificaciones de violencia física, psicológica y sexual contra agentes comunitarios de salud, denunciado en el Sistema de Información para la Vigilancia de Violencia y Accidentes (SIVVA) de la Secretaría Municipal de Salud de la ciudad de São Paulo. **Resultados:** Se reportaron 125 casos y en la presente muestra los TCS que sufrieron violencia laboral fueron predominantemente mujeres, jóvenes, con estudios secundarios completos y casados. **Conclusión:** El estudio demostró que los TSC de la Estrategia de Salud de la Familia (ESF) están expuestos a la violencia en su entorno, las víctimas son mujeres jóvenes, casadas y con educación secundaria completa, y la amenaza fue la principal forma de violencia.

Palabras clave: Agentes comunitarios de salud; Violencia laboral; Notificación de accidentes del trabajo.

INTRODUCTION

In universal health systems, Primary Health Care is typically the first point of contact between patients and health services.[1] The Family Health Strategy (Estratégia de Saúde da Família) model serves as a structural pillar of the Brazilian Unified Health System, guided by interprofessional collaboration, first contact, longitudinality, comprehensiveness, coordination, and a family- and community-centered approach, in addition to cultural competence. This last attribute, in particular, centers on community health workers (CHWs), who serve as a bridge between the community and health services, recognizing the social determinants of the health-disease-care process.[2]

Various aspects of CHWs' health are negatively affected by the nature of their work, which involves a heavy workload, sun exposure, musculoskeletal pain, and direct contact with individuals in vulnerable situations. These factors impact physical and mental health, directly affecting quality of life.[3] Furthermore, like other health professionals, CHWs are exposed to psychosocial, biological, and organizational risks, including workplace violence.[4]

The International Labour Organization defines workplace violence and harassment as a set of threats, unacceptable behaviors or practices that result in or may result in physical, psychological, sexual, or economic harm.[4] The literature on occupational violence in healthcare, however, focuses primarily on physicians and nurses, leaving significant gaps regarding other categories such as CHWs.

Violence against CHWs presents specific challenges stemming from the territorial nature of their work. These professionals conduct home visits, move daily through areas marked by social vulnerability, and reside in the same territory where they work—factors that can increase their exposure to threatening

or aggressive situations and make it difficult to distance themselves from violent contexts. In addition to individual impacts—such as demotivation, anxiety, depression, and the breakdown of work relationships—violence generates organizational losses and social costs associated with absenteeism, illness, rehabilitation, and loss of work capacity.[5]

Given these unique characteristics and the scarcity of studies that specifically analyze the violence experienced by CHWs, especially in large urban centers, this study aimed to identify the prevalence of physical, psychological, and sexual violence against CHWs working in the city of São Paulo in 2023.

METHODS

This is a cross-sectional, quantitative, descriptive, and retrospective study.

The study encompassed all 125 reports of violence against CHWs submitted to the Information System for Violence and Accident Surveillance (SIVVA; Sistema de Informação para a Vigilância de Violência e Acidentes) of the Municipal Health Secretariat of the city of São Paulo, where reports of accidents and violence are recorded using the notification form for suspected or confirmed cases,[6] from January through December 2023.

The variables used in the study were: sex, age, education level, marital status, characteristics of violence (assault by a third party or self-inflicted), type of violence (physical, psychological, or sexual), motivation for violence (sexism, homophobia/lesbophobia/transphobia, racism, religious intolerance, xenophobia, generational conflict, disability, and homelessness), city region (North, South, Southeast, East, and Central), cases documented through the Work Accident Report (CAT; Comunicação de Acidente de Trabalho), use of a firearm, violence committed by supervisor/employer (yes or no), perpetrator in relation to the victim (gender and life stage), and health coordination office responsible for the incident in the municipality of São Paulo (East, South, Southeast, West, Central, and North).

All variables were based on publicly available data from SIVVA of the Municipal Health Secretariat of the city of São Paulo. SIVVA draws its data from notifications of care provided to victims of violence or accidents, recorded using a specific form (notification form for suspected or confirmed cases). In the city of São Paulo, the system was implemented in 2007 and established mandatory reporting by health services of suspected or confirmed cases of violence, including those related to work. Thus, the SIVVA database is not representative of all accidents or acts of violence, as it relies exclusively on cases that reach health care services, which implies a significant possibility of underreporting and limits the scope of the findings. The variables of interest were extracted from the database and tabulated.

Next, descriptive analyses were conducted to characterize the sample by calculating absolute and relative frequencies.

The research project did not require approval from the University's Research Ethics Committee, as it involved the use of secondary data from a publicly available database, in accordance with the Brazilian National Health Council (CNS) Resolution 510/16.

RESULTS

During the year 2023, 125 cases of work-related violence involving CHWs were recorded in the city of São Paulo. The profile of the victims was predominantly female: 109 cases (87.2%) occurred among women and 16 (12.8%) among men.

As shown in Table 1, among women, the highest frequency was concentrated in the 35–39 age group (n=22; 20.2%), while among men, the highest proportion occurred in the 45–49 age group (n=4; 25.0%). Regarding educational attainment, the majority had completed secondary education (n=75; 60.0%), followed by those with completed and incomplete higher education, both with 18 cases (14.4%). Regarding marital status, 63 victims (50.4%) reported being married or living in a consensual union, 49 (39.2%) were single, six (4.8%) were separated, and three (2.4%) were widowed; in four cases (3.2%), this information was unknown.

Table 1. Reports of work-related violence against community health workers, by age and sex, São Paulo/SP, 2023.

Age group	Male n	Male %	Female n	Female %
20–24	2	12.5	8	7.3
25–29	1	6.25	11	10.1
30–34	1	6.25	17	15.6
35–39	3	18.75	22	20.2
40–44	3	18.75	17	15.6
45–49	4	25.0	16	14.7
50–54	0	0.0	13	11.9
55–59	1	6.25	2	1.8
60–64	1	6.25	3	2.8
Total	16	100.0	109	100.0

Regarding the profile of violence, as shown in Table 2, there was a marked predominance of assaults committed by third parties (n=121; 96.8%), while one case (0.8%) was classified as self-inflicted and three (2.4%) were recorded as unknown. Psychological violence was the most common type (n=98; 78.4%), followed by physical violence (n=20; 16.0%) and sexual violence (n=4; 3.2%).

Among the forms of aggression identified in the dataset analyzed, threats stood out, occurring in 75 cases (60.0%), followed by physical force or beating (n=14; 11.2%) and the use of a firearm (n=4; 3.2%). As for the recorded motivations, generational conflict was the most frequent specific reason (n=13; 10.4%), followed by sexism (n=4; 3.2%), homophobia/lesbophobia/transphobia (n=3; 2.4%), racism (n=3; 2.4%), and religious intolerance (n=2; 1.6%). Table 2 also presents, in aggregate form, the records that were not broken down by these aspects in the notifications.

With regard to the perpetrator, 81 cases (64.8%) involved adults aged 20–59 years. The distribution by sex was nearly equal, with 62 female perpetrators (49.6%) and 61 male perpetrators (48.8%); in two cases (1.6%), sex was not reported. As for the relationship with the victim, 27 perpetrators (21.6%) were known to the victim, and another 27 (21.6%) were unknown. In ten incidents (8.0%), the violence was attributed to a supervisor or employer. The remaining relationships or unspecified information in the reports accounted, collectively, for 61 cases (48.8%).

The incident was formally reported via a Work Accident Report (CAT) in 45 cases (36.0%), while 59 (47.2%) had no report issuance recorded, and 21 (16.8%) had this information recorded as unknown, as shown in Table 3.

The geographic distribution showed a concentration of cases in the South region of the city, where 72 cases (57.6%) occurred, followed by the Central region, with 18 (14.4%). The West, East, Southeast, and North regions reported, respectively, nine (7.2%), six (4.8%), five (4.0%), and five (4.0%) cases. In ten records (8.0%), the region was not specified. This pattern highlights a geographical concentration of reports, alongside incomplete data in some of the analyzed fields, as shown in Table 4.

Table 2. Characteristics of violence, means of aggression, and reported motivations among community health workers, São Paulo/SP, 2023.

Characteristics of violence	n	%
Assault by third parties	121	96.8
Self-inflicted	1	0.8
Unknown	3	2.4
Type of violence		
Psychological	98	78.4
Physical	20	16.0
Sexual	4	3.2
Unknown/Not Specified	3	2.4
Means of assault		
Threat	75	60.0
Physical force/beating	14	11.2
Firearm	4	3.2
Other means/unknown, not specified*	32	25.6
Motivation		
Generational conflict	13	10.4
Sexism	4	3.2
Homophobia/lesbophobia/transphobia	3	2.4
Racism	3	2.4
Religious intolerance	2	1.6
Other motivations/unspecified*	100	80.0

*Aggregated value; information not included in the incident report.

Table 3. Perpetrator profile, relationship with the victim, and Work Accident Report filing, São Paulo/SP, 2023.

Variable	Category	N	%
Age of the perpetrator	Adult (20–59 years)	81	64.8
	Other life stages/unknown, not specified*	44	35.2
Gender of the perpetrator	Female	62	49.6
	Male	61	48.8
	Unknown/not reported	2	1.6
Relationship with the victim	Acquaintance	27	21.6
	Stranger	27	21.6
	Supervisor/employer	10	8.0
	Other relationships/unknown, not specified*	61	48.8
CAT issuance	Yes	45	36.0
	No	59	47.2
	Unknown	21	16.8

*Aggregated value; information not included in the notification form.
CAT: Work Accident Report.

DISCUSSION

The results of this study revealed 125 reported cases of work-related violence against CHWs in the city of São Paulo during the year 2023.

Table 4. Geographic distribution of reports of workplace violence against community health workers, São Paulo/SP, 2023.

Region	n	%
South	72	57.6
Central	18	14.4
West	9	7.2
East	6	4.8
Southeast	5	4.0
North	5	4.0
Unknown/not reported*	10	8.0
Total	125	100.0

*Aggregated value; information not included in the notification form.

In the Brazilian context, CHWs play a fundamental role in Family Health Strategy teams but face significant risks stemming from their direct work in the community, including assaults and other forms of occupational violence—a phenomenon recognized as growing, persistent, and still underreported in the health sector.[7] These factors help explain the relevance of studies that specifically examine violence involving this professional category.

Similarly, the CHWs' role within their assigned territory—especially through family monitoring, home visits, and daily support for teams—places them in vulnerable situations related to local social dynamics, which can directly influence their work process.[8] Thus, understanding violence in this group helps identify structural and contextual challenges in Primary Health Care work.

In the present case series, the CHWs who experienced work-related violence were predominantly women, young adults, married, and had completed secondary education. These findings are consistent with the literature, which indicates that the work of CHWs in Brazil is predominantly carried out by women, who operate within a historically feminized professional field marked by unequal power relations, low symbolic and material value, and greater exposure to situations of violence in their daily work.[9]

The predominance of women among CHWs also allows for an analysis through the lens of gender inequalities, since structural sexism can intensify these workers' vulnerability to violence, especially in activities involving movement within their territories, conflict mediation, and direct contact with the population in contexts of high social vulnerability. Thus, the violence experienced cannot be understood merely as an individual event, but as a phenomenon related to the social and organizational conditions of work.

With regard to educational attainment, it is observed that the educational qualification required to perform the role of a CHW generally corresponds to completion of secondary education, and a higher degree is not a requirement. Studies indicate that CHWs with higher levels of education may be viewed more favorably by service users and teams, which can influence interpersonal relationships at work.[10] However, the absence of structured mechanisms for professional advancement and career recognition can lead to frustration, work-related strain, and demotivation—factors that are also linked to situations of tension and violence in the workplace.

In this regard, the findings of the present study reinforce the need to understand the violence experienced by CHWs in a broader context, taking into account factors such as gender, work organization, and professional recognition—aspects that are fundamental to formulating prevention and protection strategies within the Primary Health Care system.

Regarding the nature of the violence, 96.8% of the incidents involved assaults by third parties. Occupational violence is widely recognized as part of the daily lives of health professionals and can compromise work capacity, generate conflicts within teams, affect the quality of care, and negatively affect workers' physical and mental health.[11]

Psychological violence was the most frequent type. Studies in this field indicate that this type of violence, like sexual violence, is common among health professionals and primarily affects women,[12] a finding also observed in this study.

The main motivations reported for the violence experienced by CHWs were generational conflicts, sexism, and racism. These motivations do not occur in isolation but are often intertwined in an intersectional manner, reflecting structural inequalities of gender, race, and social status that permeate healthcare work in the territory. In a society historically marked by social hierarchies, these inequalities can create situations of greater vulnerability, fostering the occurrence of various forms of violence, including sexual violence.[13]

Furthermore, the violence experienced by CHWs can also be understood as an expression of institutional and symbolic violence, insofar as precarious working conditions, low professional recognition, and the absence of effective protection mechanisms contribute to the normalization of these incidents in their daily work. In this context, the national literature still lacks studies that explore in depth the motivations behind violence against CHWs, which reinforces the importance of training in communication, conflict management, and emotional support within the framework of Permanent Health Education.[14]

The low rate of issuance of Work Accident Reports (CATs), observed in only 36.0% of cases, suggests weaknesses in the reporting system and highlights the possible concealment of workplace violence. Underreporting limits institutional visibility of the problem, hindering the development of strategies for surveillance, prevention, and protection of CHWs' working conditions, while also contributing to the perpetuation of violence as a trivialized occurrence in the daily routine of health services.[15]

In this study, threats were the most frequent form of aggression, reported in 60.0% of cases. In 21.6% of the reports, the perpetrator was known to the victim. The fact that a large proportion of these professionals reside within the catchment area of the Basic Healthcare Unit contributes to a particular dynamic of exposure to violence, which extends beyond the boundaries of the workplace and can intensify the emotional, social, and symbolic impacts of working within the territory.[16] This proximity between personal life and professional activity—a characteristic of CHWs' work—can heighten situations of vulnerability.

The South region accounted for the majority of reports. The territorial heterogeneity of the city of São Paulo includes areas with greater social vulnerability, high population density, and greater dependence on public health services—factors that can influence both the occurrence and the visibility of violence, contributing to its unequal distribution across the city's regions.[17]

Underreporting, recognized as one of the main obstacles to the surveillance of work-related health events, limits our understanding of the true magnitude of violence against CHWs and hinders the planning of institutional prevention and protection measures.[16] This scenario may reflect the normalization of violence in everyday working life and weaknesses in the formal mechanisms for recording and recognizing such occurrences.

Finally, the violence experienced by CHWs must be understood in light of their daily experiences within the territory, the social relationships that shape their work, and the structural conditions under which Primary Health Care is organized. Such an understanding reinforces the need for institutional spaces for listening and dialogue, capable of supporting coping strategies that reduce risks, strengthen worker protection, and promote safer work environments.[18]

CONCLUSIONS

The study showed that CHWs in the Family Health Strategy are exposed to different forms of violence in their work environment, with young, married women who have completed secondary education being the most affected; threats were the primary form of violence reported. These findings reflect not only individual situations but also structural inequalities related to gender, work organization, and the social conditions of the territories.

The use of SIVVA notifications made it possible to assess the magnitude of violence against CHWs in the city of São Paulo, contributing to the visibility of this health problem and to the recognition of its specific characteristics within the context of Primary Health Care. However, the low proportion of formal records, such as Work Accident Reports (CATs), suggests weaknesses in institutional reporting processes, indicating possible underreporting and the normalization of workplace violence.

A limitation of the study is the presence of unknown data and incompletely filled-out notification forms, which may limit the accuracy of some of the variables analyzed. Nevertheless, the findings provide a reliable overview of the violence faced by CHWs and reinforce the importance of using surveillance systems to monitor this phenomenon.

The results point to important practical implications, especially regarding the need for institutional measures aimed at protecting CHWs within the territory, the continuous surveillance of cases, and the strengthening of reporting procedures. The importance of structured strategies for Permanent Health Education is also emphasized, including mandatory training in communication skills, conflict management, and emotional support, as a means of preventing and addressing violence in the course of daily work.

Finally, it is recommended that future research delve deeper into the analysis of contextual and institutional factors associated with violence against CHWs, expand qualitative approaches to these workers' experiences, and evaluate the effectiveness of prevention protocols and policies, thereby contributing to the creation of safer and more equitable work environments in Primary Health Care.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

CLR: Conceptualization, Data Curation, Formal Analysis, Investigation, Methodology, Project Administration, Resources, Supervision, Validation, Visualization, Writing – Original Draft, Writing – Review & Editing. FTMA: Investigation, Validation, Writing – Review & Editing. JFT: Data Curation, Investigation, Writing – Review & Editing. MAR: Data Curation, Investigation, Writing – Review & Editing. RHAL: Investigation, Validation, Writing – Review & Editing. MEGM: Conceptualization, Data Curation, Formal Analysis, Investigation, Methodology, Supervision, Validation, Writing – Original Draft, Writing – Review & Editing.

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