

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Violência contra a mulher: caracterizando a vítima, a agressão e o autor

Violence against women: featuring the victim, aggression and the author

Violencia contra las mujeres: caracterizando la víctima, la agresión y el autor

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ABSTRACT

Objective: Describing the profile of violence against women regarding aggression, the socio-demographic characteristics of the victim and the perpetrator of the violence. **Method:** a transversal study of quantitative approach and descriptive analysis. The population consisted of 42 women victims of violence. **Results:** of the total 42 participants, prevailed in women aged 30-39 years old, with complete high school and family income of 1-3 minimum wages. The physical, psychological and moral violence prevailed in 26.2 % of cases. The main offenders were the companions of those women, the home environment is the space where most attacks occur and jealousy was appointed as the main factor to unleash aggression. The attackers, mostly present among the age group 40-49 years old, and have had studied until elementary school. **Conclusion:** it notes the challenge and the responsibility of health professionals in the recognition and registration of cases seen in health services. **Descriptors:** Violence, Violence against women, Marital maltreatment.

RESUMO

Objetivo: Descrever o perfil da violência contra a mulher, no que se refere à agressão, às características sociodemográficas da vítima e do autor da violência. **Método:** estudo transversal, de abordagem quantitativa e análise descritiva. A população foi constituída por 42 mulheres vítimas de violência. **Resultados:** predomínio de mulheres na faixa etária de 30 a 39 anos, ensino médio completo e renda familiar de 1 a 3 salários mínimos. A violência física, psicológica e moral prevaleceu em 26,2% dos casos. Os principais agressores foram os companheiros e o ciúme foi apontado como principal fator de desencadeio para agressão. Os agressores, em sua maioria, apresentam-se entre a faixa etária de 40 a 49 anos e cursaram até o ensino fundamental completo. **Conclusão:** nota-se o desafio e a responsabilidade dos profissionais de saúde no reconhecimento e no registro dos casos atendidos nos serviços de saúde. **Descritores:** Violência, Violência contra a mulher, Maus tratos conjugais.

RESUMEN

Objetivo: Describir el perfil de la violencia contra mujeres, el tipo de agresión, las características sociodemográficas de la víctima y del autor de la violencia. **Método:** un estudio transversal, de enfoque cuantitativo y de análisis descriptivo. La población estudiada consistió en 42 mujeres víctimas de violencia. **Resultados:** predominaron mujeres entre 30 a 39 años, con secundaria completa e ingreso familiar entre 1 a 3 salarios mínimos. Prevalció la agresión física, psicológica y moral en 26,2 %. Los principales agresores fueron los compañeros de las víctimas. La mayoría de los ataques ocurrió en casa y los celos fue el principal factor que desencadenó la agresión. Los agresores tenían entre 40 a 49 años de edad y habían completado hasta la educación primaria. **Conclusión:** Es un desafío y responsabilidad de los profesionales de salud saber reconocer y registrar casos de violencia contra mujeres atendidos en los servicios de salud. **Descriptor:** Violencia, Violencia contra mujeres, Maltrato conyugal.

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INTRODUCTION

Violence is a socio-historical phenomenon that accompanies all the experiences of humanity.¹ Because of the power that mark the social and the gender relations, as well as the condition of inequality and submission imposed by the discriminatory and sexist social model, violence has always been present in the daily lives of women. However, in recent years it has been gaining attention due to its high incidence, severity of assaults that cause suffering and death, as well as by public and social interest.²

The Violence Against Women, according to the Inter-American Commission on prevention, punishment and eradication of violence, constitutes the entire act based on gender which causes death or physical harm, sexual or psychological distress to the woman both in public and private spheres.³ It is noteworthy that domestic and family violence take many forms within society, lying divided and classified, among other forms, such as emotional and physical violence, sexual violence, patrimonial violence, moral violence and psychological violence.⁴

It is estimated that violence against women is responsible for more deaths than cancer, malaria, traffic accidents and war. The attackers are usually partners, family, acquaintances, people who live together at home, or exercising power relations on the victim and take advantage of their vulnerability to practice it.⁵

It is believed that most women know some risk factors for violence, but do not seem to know how to act in order to avoid them, and regard them as "commonplace" in the daily lives of the couple. The unfavorable conditions of housing and family, alcohol, illicit drug use, unemployment (resulting in low economic status) and low education exacerbate the occurrence of violence.⁶

In Brazil, in the first half of 2012 were 388.953 records made by the Service Center for Women ("Call 180"), 13% more compared with the same period of 2011. From this total, Espírito Santo, which occupied the seventh place in the first half of 2011, will now take the fourth place with an average of 490.91 records.⁷

In this context, to deepen the knowledge about the phenomenon of violence against women, and thus enable further actions of effective social support through professional intervention, and subsidizing the implementation of public policies, the present study has aimed at describing the profile of violence against women with regard to aggression, socio-demographic characteristics of the victim and the perpetrator of the violence.

METHOD

Cross-sectional study with a quantitative approach and descriptive analysis, performed in the Central Multidisciplinary Support of Serra, located in Forum João Manoel

Carvalho in Serra, Espírito Santo, which currently is intended to meet the Family Courts and Domestic Violence against Women. The Multidisciplinary Team Support Center consists of six professionals, being four social workers and two psychologists.

The study population consisted of women victims of violence, attending the Multidisciplinary Support Central Sierra. These women were referred to that institution after court decision. Was used as a criterion for exclusion from the study, women under 18, or who had any difficulty in communication and/or understanding of the issues under study.

In this study was used the non-probabilistic sampling, for convenience, where women were invited to participate in the survey in order of arrival at the service was used. And the sample comprised 42 women victims of violence with no losses or refusals.

The gathering took place in a private room, only after it is answered by the multidisciplinary team in order to not disrupt the flow of the service Multidisciplinary Support Center. The study data were collected in the period March-July 2013, through interviews with record form. It is noteworthy that prior to collecting data, the pre-test questionnaire was conducted to determine the language and understanding of the questions.

Before being interviewed, women were informed about the objectives of the study, by reading and signing the informed consent form (ICF). Given the accepted, signing the informed consent was requested and then started the interview individually. The participants a copy of the consent form, signed by the researcher and the interviewee was guaranteed.

The variables were: socio-demographic characteristics of women (age, education, race/color (self-reported), occupation, education, family income and current marital status); characterization of aggression (time of aggression, violence and injury, location, need for health care, report the assault to the health professional, the presence of children at the time of aggression, feelings of fear and submission); and the author's characterization of violence (age, occupation, education, race/color, use of alcohol/drugs, cause violence).

The descriptive analysis of data was performed using the statistical package STATA 12.0. Data were presented as Table, in absolute and relative frequency.

By involving humans in order to meet the proposed requirements established by Resolution 466/2012, the National Health Council, this study was submitted to the Ethics Committee in Research of the Federal University of Espírito Santo (UFES) and was approved by the opinion number 195.469.

RESULTS E DISCUSSION

Table 1 presents the socio-demographic characteristics of the women who participated in the study. There is a prevalence of women between the age group 30-39 years old, which is consistent with the study conducted in São Paulo/SP and the Forest Zone of Pernambuco, where 61.2% of women belonged to this age group.⁸ Regarding race/color variable, most participants claim to be brown, similar to that found in a study that assessed

socio-demographic characteristics of women enrolled in a Family Health Unit, stating a predominance of brown women who were victimized.⁹

It is worth noting that research conducted among women living in urban areas of Feira de Santana/Bahia, found that most participants had completed elementary education.¹⁰ This finding differs from that found by this research, which found that half of the sample had completed high school. With regard to marital status, most women is currently separated/divorced, which goes against the findings of another study that showed a higher percentage of women who claim to be married.¹¹

It is noted that most interviewees do any kind of occupation, similar to results found by another study that looked at the prevalence of victims with some kind of work, formal or informal.¹² Regarding family income, most reports have incomes between 1 and 3 minimum wages, unlike the findings of other authors, which shows that more than half of women earned less than two minimum wages.¹³

Table 1. Database on socio-demographic characterization of women who denounced the violence. Serra/ES, 2013.

Variables	N	%
Age (years)		
<30	09	21,4
30 - 39	19	45,2
40 - 49	06	14,3
50-59	06	14,4
= ou > 60	02	4,8
Race/Color		
White	08	19,0
Black	08	19,0
Brown	26	62,0
Occupation		
Yes	29	69,0
No	13	31,0
Schooling		
Until complete elementary	18	42,9
Complete high school	21	50,0
Complete higher education	03	7,1
Family income		
Lesser than 1 minimum wage	04	9,5
From 1 to 3 minimum wages	31	73,8
Over 3 minimum wages	07	16,7
Actual marital status		
Married	08	19,0
Single	15	35,7
Widow	01	2,4
Separated/Divorced	16	38,1
Consensual union	02	4,8

N - Absolute Frequency % - Relative Frequency

In table 2 one sees the characteristics of aggression experienced by the research participants. Investigation of the time women remained experiencing violence, the authors point out that 33,0% of women experience aggression for a period of up to one year and about 20,0% suffer assault by over ten years.¹⁴ These data are similar to those shown in this study, showing that the majority of violence against women do not constitute a single event, but in several episodes that can last for decades. Women often drop out of formal complaint by also being financial dependent or emotionally aggressor, for fear of embarrassment or exposure of the case, which ultimately contributing to violence acquire routine character.¹⁴

It marks that in most cases (54,7), suffered the assault is witnessed by children, a fact that is consistent with the presented research developed by the Defence Police for Women of São Paulo/SP.¹⁵ Violence perpetrated by an intimate partner is strongly associated with behavior problems of children, and this association is growing, according to the severity of violence and the number of problems considered.⁹

In this study, domestic environment was scored in 66.7% of cases as the place of occurrence of aggression, supporting the research developed at the Institute of Forensic Medicine of Ribeirão Preto/SP.¹³ This location is chosen because it is more sheltered from the interference of other people plus aggressor rely on fear and shame women to denounce him.¹²

In this research predominated (26,2%) the physical, the psychological and the moral violence, study on the profile of violence against women seen in Pousada Maria, revealed prevalence among victims of physical assault, followed by psychological.¹⁶ Authors point out that the higher prevalence of women victims of two or more types of violence indicates that aggression overlap and hardly occur singly.¹⁷ Complementing this, authors from São Paulo say that the overlap of the types of violence is associated with increased severity of cases and looking for specialized services.¹⁸

As for the type of injury suffered, it is highlighted that the body force employed by slaps, corresponds to the main type of injury against women, followed by punch and kicks.¹⁹ Consistent with other research cited, the greater prevalence of punches was also observed, slaps and kicks as main types of injury reported by the victimized woman.

The need for health care after the assault was reported by 64,3% of women, this data suggests how violence generates impact on women's health and can lead to severe consequences, both in the physical realm as mental.²⁰ When asked if had told the health professional to the cause of their injuries, the majority (83,3%) reported not having counted the health professional the real cause of their injuries. Study highlights that such evidence can be justified by the perception of violence as a police problem and not a health problem.²¹

The victimized woman makes clear his mixed feelings after going through the ghost of violence, especially when violence is perpetrated by an intimate partner. Victims develop insecurity demonstrated in feelings, once ranging from one extreme to another, these relationships can be inferred, issues related to the field of relationship to man (power

relations) and gender violence, we observe behaviors submission, fear, naivety and vulnerability of women built over time.⁴

As for the feeling of submission in relation to the offender, 63,9% of women who experienced violence reported not feeling it, but when questioned about the feeling of fear, 69,4% said they have it.

Table 2. Characteristic of aggression experienced by women who denounced the violence. Serra/ES, 2013.

Variables	N	%
Time of aggression		
Less than 1 year	14	33,3
1 to 5 years	12	28,6
6 to 10 years	06	14,3
Over 10 years	10	23,8
Your children witnessed you being assaulted?		
Yes	23	54,7
No	18	42,9
Does not apply	01	2,4
Location of the occurrence of aggression		
Home environment	28	66,7
Public place	05	11,8
Via electronics	01	2,4
Home environment and public	07	16,7
Home environment and work	01	2,4
Kind of aggression suffered		
Physical Violence	01	2,4
Psychological Violence	03	7,1
Physical and psychological violence	03	7,1
Physical and moral violence	05	11,9
Physical, psychological and moral violence	11	26,2
Physical, moral and patrimonial violence	01	2,4
Physical, sexual, psychological, moral and patrimonial violence	03	7,1
Physical, psychological, moral and patrimonial violence	04	9,5
Physical, sexual, psychological and moral violence	05	11,9
Sexual and psychological violence	01	2,4
Psychological and moral violence	03	7,1
Psychological, moral and patrimonial violence	02	4,8
Type of injury sustained		
Drilling	01	2,4
Skinning/concussion	12	28,5
Twist/offset	04	9,5
Fractures	01	2,4
Punch, slaps and kicks	19	45,2

Skinning and bruising, eye injuries	01	2,4
Skinning, concussion and broken teeth	01	2,4
Skinning, bruising and other	01	2,4
Penetrating injuries and other	01	2,4
Penetrating injuries, cuts and gashes	01	2,4
Needed health care for injuries sustained?		
Yes	27	64,3
No	15	35,7
Did you tell your healthcare professional about your injuries?		
Yes	07	16,7
No	35	83,3
You feel dependent/submissive to the aggressor?		
Yes	13	36,1
No	23	63,9
You felt afraid of the abuser?		
Yes	25	69,4
No	11	30,6

Are seen in Table 3 the characteristics of the author of the violence reportedly interviewed. In 71,4% of cases, the violence was perpetrated by intimate partners. Most aggressors present itself in between the age group 40-49 years old (33,3%) are of white race/color (47,6%) have some type of occupation (57,1%) and attended to complete primary education (71,4%). Drug use was denied by the perpetrator in 59,6% of cases, while alcohol use was confirmed in 76,2% of cases. Jealousy was appointed in 33,3% of cases as the main cause unlash of violence.

Regarding the profile of the perpetrator, as found in this study, the authors found that most cases of violence against women was perpetrated by the partner.¹⁶ A study conducted in Recife/PE²¹ noted that most partners (25,3%) were between the age group of 40-49 years old, given that meets the observed in this study, which also reveals that the majority are of white race/color, has some kind of settlement and attended to complete primary school, similar to results observed in another study.⁹

When evaluated the use of alcoholic beverages by the aggressor, it saw that more than half of them made use, corroborating with study developed in the region of the first Brazilian Health Intermunicipal Consortium.²² Intake of alcohol as a precipitating factor in domestic violence, can be explained by the disinhibiting effect of the conduct of offenders as a means of minimizing responsibility for violent behavior, or even the combination of alcohol with the practice of violence can act as complainant impulsive personality factor of.²³ However, it is noteworthy that alcohol is not the primary responsibility for the attacks, acting as facilitator of situations predetermined.²⁴

Regarding the use of drugs, most women stated that the offender does not use. A study conducted with women about the prevalence of types of violence and controlling behavior committed by intimate partners, showed a significant percentage of 87% of

offenders who do not use drugs.²⁵ Drug use can contribute to episodes of aggression due reduction effects of behavioral control and increased feelings of persecutory.²⁶

A study on the socio-demographic and psychosocial profile of women attending a shelter São Paulo showed that the most frequently mentioned reasons for aggression by women are related to alcohol/drugs, jealousy on the part of partners, issues of domestic scope and intent of separation by women, these complaints that counting a total of 84,6% of cases.²⁷ A similar result was found in this study, which showed jealousy as the main cause of aggression.

Table 3 - Data of the author's characterization of the violence. Serra/ES, 2013.

Variables	N	%
Who was the author of aggression?		
Partner	30	71,4
Unknown	06	14,3
Another family member	06	14,3
Age (years)		
<30	11	26,2
30 - 39	07	16,7
40 - 49	14	33,3
50-59	06	14,3
= or > 60	04	9,5
Race/Color		
White	20	47,6
Black	08	19,1
Brown	14	33,3
Occupation		
Yes	24	57,1
No	18	42,9
Schooling		
Until complete elementary	30	71,4
Complete High School	11	26,2
Complete Higher Education	01	2,4
The perpetrator makes use of drugs?		
Yes	14	33,3
No	25	59,6
Don't know	03	7,1
The attacker makes ingestion of alcohol?		
Yes	32	76,2
No	10	23,8
There are particular situations that usually take the offender to violence?		
For no reason	09	21,4
Ingestion of alcoholic beverage	09	21,4

Family problems	03	7,1
Jealousy	14	33,3
Other	07	16,7

CONCLUSION

This investigation has concluded that victims of violence who denounced the aggression belong to a lower social stratum, deny submission, but refer fear of the perpetrator, which mostly is the companion, with low socioeconomic status, alcohol users, practicing violence in the home, with jealousy appointed as the main cause of violence.

It is extremely difficult for most women breaking the cycle of violence; this fact is ratified in this study that highlights the long period that these women remain victimized. Adding to this fact, is the experiences of different types of violence, and how this reflects on the health of the victims, who mostly perceive, after the assault, the need for health care. This result leads to some reflections on the role of the health service in meeting their victims, the challenge and responsibility of health professionals in the recognition and registration of cases treated in health services, as well as the importance of interdisciplinary work in care to these women.

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Received on: 11/01/2014
Required for review: No
Approved on: 31/07/2014
Published on: 01/01/2015

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