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# VIOLENCE AGAINST WOMEN AND COMMITMENT TO HEALTH FROM THE PERSPECTIVE OF VICTIMS

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**ABSTRACT**

Based on an ethnographic study, this article aimed to discuss domestic violence against women perpetrated by intimate partners and its consequences on the health of victims. Data collection was performed through semi-structured and individual interviews with 15 aging women in a municipality in the northwest of Paraná. The results showed that 14 women lived abusive relationships. Of these, 08 suffered psychological violence and 06 as much psychological as physical aggressions. Physical violence was always accompanied by psychological violence, but the opposite was not always the case. Violence was defined by all interviewees as an element that intends life. It is concluded that gender-based violence compromises health and quality of life.



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## INTRODUCTION

Violence is a complex, multidisciplinary polysemic theme (BRATHWAITE, PARK, 2019). It is defined as the use of physical force or power, through threat or in fact practiced against oneself or another person, group or community, which results in injury, developmental impairment or psychological harm (WHO, 2013). There are groups more vulnerable to violence, such as women. Violence against women or gender-based violence is considered a public health issue and a violation of human rights (FERNANDES, CERQUEIRA, 2017). When we look at violence, based on the gender category, we seek to distance the analysis of domestic violence against women from those that are restricted to individual responsibility and causality, bringing it closer to the transformations of health practices and strategies that allow awareness and empowerment of women to deconstruct the imposed inequality and rebuild relationships based on gender equity (PIOSIADLO, FONSECA, GESSNER, 2014). In 2013, the overall prevalence of physical and psychological intimate partner violence against women was 30%. One in three women were victims of domestic violence: 42% of them suffered immediate physical injury and 13% were fatally injured (WHO, 2013). In Brazil, in 2017, 452,988 new cases related to domestic violence were registered (SENADO FEDERAL, 2019). It is now recognized that exposure to violence is related to various physical and mental health problems Although there is consensus in the scientific literature about the repercussions of violence on quality of life, both in the short and long term (LUTWAK, 2018), little is discussed about the perception of the victims themselves about this phenomenon. The aim of this study is to present speeches produced by women victims of intimate partner violence, in order to understand the reflexes generated by such acts.

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**Table 1. Sample Characterization. Name, age, type of violence and self-reported health conditions**

| | Interviewed | Age | Type of violence | Self-related health conditions |
|---|---|---|---|---|
| Group 1 | M. A. S. | 52 | Physical and psychological | Depression, heart problems, suicidal thoughts and desire to disappear |
| | M. N. | 52 | Physical and psychological | Does not present health problem |
| | J.U | 52 | Physical and psychological | Back pain |
| | H. | 56 | Physical, psychological and patrimonial | Depression, chest tightness, high blood pressure |
| Group 2 | G. S. C. | 61 | Psychological | Depression, high pressure, stroke, diabetes, cholesterol, generalized pain, heart problem |
| | M. T. | 62 | Psychological | Depression, cancer, stroke, nerve disease |
| | J. L. S. | 67 | Psychological | Stroke at 32 years, difficulty walking |
| | S. M. G. | 67 | - | Diabetes, Cholesterol, Skin Cancer |
| | N. A. | 65 | Psychological | Depression, memory loss, fear of public environment |
| | M.G. A. | 70 | Physical and psychological | Depression, heart problem |
| Group 3 | C. N. F | 71 | Psychological | Depression, high blood pressure |
| | I | 71 | Physical and psychological | Depression, memory loss |
| | C. M. J. | 74 | Physical, psychological and patrimonial | Bronchitis, cholesterol, heart problem and severe body aches |
| | M. G. S. | 77 | Psychological | Depression, high blood pressure |
| | M.C. B. | 82 | Psychological | Diabetes, Cholesterol, Arthrosis |

## MATERIALS AND METHODS

Exploratory and descriptive study with a qualitative approach, using the technique of interviews. Its methodological focus was on authors who seek to perform the discursive analysis of social representations. Discursive practice is understood as a social practice loaded with meanings constructed in an interactional moment, situated in a given sociocultural context. It is the way in which people, in their daily relationships, use language as a means to position themselves and produce meanings (SPINK, 2010). The study was approved by the Ethics Committee of the University Center of Maringá (Unicesumar), under number 2.234.231/2017. The target audience was 15 elderly women (60 years or older) or aging. We sought to know the representations of violence in a generational perspective. The interviews were semi-structured, recorded and fully transcribed. All participants signed the Informed Consent Form. There was an average flow of three meetings per woman. The interviewees were divided into 3 groups.

## RESULTS

Regarding ethnic-racial profile, 2 (13.3%) declared themselves white; 1 (6.6%) self-declared black and 12 (80%) self-declared brown. Currently 4 women are retired (26.6%), 3 are pensioner widows (20%), 2 are housewives (13.3%), 1 saleswoman, 1 seamstress, 1 day laborer, 1 recycling collector, 1 teacher and 1 unemployed (6.6%). Among the interviewees, 14 were victims of violence (93.3%): 8 suffered psychological violence (53.3%) and 6 physical and psychological (40%), only one reported never having suffered violence (6.6%). The understanding of what a violent act was broad and included physical and mental abuse. Women were assaulted both by men with whom they were legally married and by those who consensually joined them. Physical aggressions occurred mostly through slaps, kicks, punches. There was no use of firearms and the use of sharp objects was uncommon, although there were described cases in which the aggressor used sticks. Among the diseases, depression was the most mentioned (8 or 53.3%); hypertension (5 or 33.3%); heart or heart problems; diabetes and cholesterol (4 or 26.6%); Stroke (3 or 20%); memory loss (2 or 13.3%); cancer and generalized body aches (2 or 13.3%); suicidal thoughts, back pain, chest tightness, nerve disease, difficulty walking, fear of public places, varicose veins, bronchitis and arthrosis (1 or 6.6%).

Women understand insults, humiliations and other situations in which there is no physical aggression such as violence. Non-physical abuse was described as effective acts of violence with high potential for health impairment by eight women (53.3%). The verbal offenses cited were: to say that the woman was good for nothing, that she was garbage, that she was stupid and that she would starve to death alone. Although in smaller numbers, marital rape (1 or 6.6%) and property violence (2 or 13.2%) were also mentioned. The women reported that the support and solidarity network in face of the problems faced with the violence practiced by the partners was fragile.

## DISCUSSION

Contemporary studies consider that every form of violence compromises the health and quality of life of victims (SCHRAIBER, 2014). E4 (56 years old) suffered physical and psychological violence. Her husband drank and beat her, as well as calling her dumb and other derogatory terms. For E11 the way she was treated by her partner depressed her. For E9: "Violence hurts us, so I have this depression". Silence was used by some women as a strategy for coping with violence: "I kept him cursing, pretended not to hear", "I hid in the woods" and "I went to a neighbor's house or my mother with my children wait for him to calm down". Considering that violence is a compromising element of health, we can only admit that women victims of violence of any kind are vulnerable to health, exposed to various forms of physical and mental illness (Alsaker *et al*., 2018). The concept of vulnerability has been used in health care since the 1980s, when it appeared linked to studies on acquired immunodeficiency syndrome (AIDS), replacing the concept of risk, more focused on the epidemiological area. In the health field, it is considered vulnerable not necessarily the subject that suffers an injury, but the one susceptible to suffering it (CARMO, GUIZARDI, 2018). In 1986, the Ottawa Charter, which resulted from the I International Conference on Health Promotion, stated that the main determinants of health were outside the treatment system. Psychosomatic diseases, such as headaches, depression, stress, eating disorders, as well as autoimmune diseases, such as lupus and fibromyalgia, have come to be thought of as a response of the female body to violence imputed by inequalities that affect the female subject and, therefore, as a result of violence that left no mark on the body but hurt the soul of the victims (CZERESNIA, *et al*., 2013). The study showed that most of the interviewees suffered psychological violence and admitted to having, as a

result, health impairment. Of course, not all the diseases mentioned can be generally attributed to the violence of their partners. In this respect, in addition to age as a compromising element of health, social vulnerability and poverty, experienced by a significant number of them, deserve to be taken into consideration. Lack of a profession and belonging to equally economically fragile families unable to support them certainly deprived them of the possibility of breaking up with abusive marital relationships. Non-reaction on the part of women is the only way out of a conflict relatively unscathed because the reaction hurts the profile of female subordination that men expect from them. Woman who reacts is woman who provokes. The explanation for such behavior lies in the explicit misogyny that perpetuates hierarchies and asymmetries in gender relations (DORA, 2016). It would be a mistake, however, to think that there have never been situations of confrontation. Each woman, in her own way, sought ways to resist the difficulties imposed by life in common with violent men. The female body appears as a metaphor for culture, a space for social control and reproduction of femininity practices, in which the disease can also appear in protest as a response to models of oppression (BORDO, 1997).

**Conclusion**

It is concluded from the narratives that women victims of domestic violence are in a situation of physical and psychological vulnerability, with high potential for illness. In this aspect, it is necessary to elaborate intervention strategies capable of stimulating female empowerment and building healthier forms of masculinity. Promoting health and quality of life for women requires combating all forms of gender discrimination.

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