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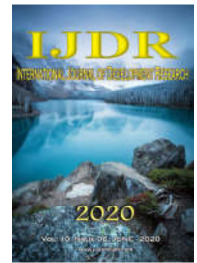

RESEARCH ARTICLE OPEN ACCESS

VIOLENCE PRACTICED BY INTIMATE PARTNERS AND HARM AGAINST WOMEN'S HEALTH

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ABSTRACT

This article emphasizes the importance of confronting all forms of violence against women as a means of promoting health. Brazil reports high rates of violence against women. In recent months, due to the Covid-19 pandemic, violence against women has gained special visibility. The World Health Organization alerts that women in situations of violence are more predisposed to physical and psychological illness. There are groups of greater vulnerability among women, such as those diagnosed with AIDS or living with HIV. The change in patriarchal values of Brazilian society is defended, with the deconstruction of hegemonic masculinity models, the struggle for gender equity, the collective female empowerment and empathy with the struggle of women as potentially important tools to promote health, validate human rights of women and build peace.

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INTRODUCTION

In 1994, the Inter-American Convention to prevent, punish and eradicate violence against women (Convention of Belém do Pará), defined violence against women as any action or conduct, based on gender, that causes death, harm or physical suffering, sexual or psychological to the victim, whether in the public or private sphere (CONVENTION, 1984). In Brazil, Law 11.340/2006 (Law Maria da Penha), followed the same definition (BRASIL, 2006). Since the 1960s, the fight against violence against women has been one of the main flags of the worldwide Feminist Movement and although many legislative advances can be celebrated, such as the Maria da Penha Law in Brazil and the Organic Law on Full Protective Measures against gender violence, in Spain, the world is still unequal from a gender perspective (BEIRAS, 2012).

Globally, 35% of women in the world experience violence; the majority practiced by their partners or former intimate partners (WHO, 2013). Moments of economic uncertainty, social unrest and fear show situations of violence that are normally hidden. With social isolation due to Covid-19, increased domestic violence has been reported in China, Italy, France and Spain. In Brazil, between March 1st and March 25th, Dial 100 and Dial 180, services for the protection of people in situations of violence, received 18% more report calls and 90% of these cases were related to Covid-19. With institutional protection networks, such as Women's Police Stations, closed or working in a limited way, women's vulnerability increases (PETERMAN *et al*., 2020; VIEIRA, GARCIA, MACIEL, 2020). At the same time, violence against women has been analyzed from a gender perspective. Gender is a conceptual instrument that seeks to explain male/female differences as a result of historical, social and political constructions, distinct

from sex, an analytical category marked by biology and the essentialist approach to nature and sexualized bodies; being one of the first ways to establish a relation of power (SCOTT, 1995). Post-structuralist feminist authors criticized sex-gender dualism, stating that gender is not for culture like sex is for nature, but rather an environment produced by culture (BUTLER, 2019). Gender-based violence refers to the aggressions that affect a certain person due to their belonging to biological sex. Although men and the LGBTI + population also suffer gender violence, women are the main victims, notably the black and poor (PASSOS, ROSA, 2016) and those living with HIV/AIDS (LIMA, SCHRAIBER, 2013). In Brazil, 72% of women living with HIV or presenting the disease have already experienced violence practiced by intimate partners (CECCON, MENEGHEL, 2017). Only in the 90s did violence enter the health agenda. In 1996 the World Health Organization (WHO) declared violence a worldwide public health problem (MINAYO, 2018, 2006). This reflective article discusses the impacts of violence on women's health and argues that promoting health requires the construction of an egalitarian society from a gender perspective.

Violence and Health: Gender violence mainly affects women, especially sexual violence, which is 6.5 times greater among women, and psychological violence, which affects women five times more than men (MINAYO, SOUZA, SILVA, 2018). Research by the Brazilian Public Security Forum and the Datafolha Institute (NEME, SOBRAL, 2019) shows that, in Brazil, almost 60% of the population claimed to have witnessed some act of violence against women in their neighborhood or community; 27.4% of women said they had suffered some type of violence in the last 12 months prior to the survey. Most of the aggressions were verbal (28%), followed by physical attacks (16.5%), threats (22.5%) and sexual offenses (8.9%). Victimization was higher among black women (13.3%) than among white women (6.5%). The main aggressors were: husbands, partners or boyfriends (23.8%), neighbors (21%) and ex-spouse, ex-partner and ex-boyfriend (15.2%). The house was the place where the most violence occurred (42%), followed by the street (29.1%). The most vulnerable age group was 16 to 24 years old (66%) and the least vulnerable was the one of women aged 60 and over (7.2%). Of those who sought help, 22% did so with official bodies, while 29% sought unofficial bodies (churches, families, friends). In 2002, WHO presented the first World Report on Violence and Health, classifying it into physical, psychological, moral, neglect and property.

The health consequences of violence were thus presented: I) Physical violence described as causing abdominal, thoracic injuries, bruises, edema and bruising, chronic pain syndrome, disability, fibromyalgia, fractures, gastrointestinal disorders, headache, irritable bowel syndrome, burns, lacerations and abrasions, eye damage, reduced physical functioning, chronic fatigue, sudden changes in weight, etc. II) Sexual violence considered responsible for gynecological disorders, persistent vaginal flow, genital bleeding; in pregnancy, spontaneous abortion, sexually transmitted diseases, including HIV/AIDS; unsafe abortion, unwanted pregnancy, delayed intrauterine development, fetal and maternal death, etc.III) Psychological violence considered responsible for the abuse of alcohol and other drugs, depression, anxiety, eating and sleep disorders, feelings of shame and guilt, phobias and panic syndrome, low self-esteem, post-traumatic stress disorders, smoking, suicidal behaviors, self-harm, etc. (KRUG *et al*., 2002). Given the magnitude of the problem, the importance of discussions on the topic of violence against women is admitted. In Brazil, the country's cultural formation is based on a patriarchal model which, since the beginning of colonization, has validated male power and legitimized violence. Colonial society was marked by a clear sexual imbalance. Not only did more male colonizers arrive, but a larger number of male slaves also came to the country, producing a society exposed to violent forms of sexual intercourse and conditioned by an uneven and strict division between the sexes (SCHWARCZ, 2019). Therefore, when trying to build a sphere of problematizing violence against women in Brazil, it should be understood as a socio-cultural issue that dates back to the 17th century, notably the Philippine Code, a document that instituted the process of legitimate defense of honor and justified countless crimes against women's lives. This code of laws not only guaranteed the husband the power to kill his wife in the event of adultery, but also left him in a condition of total freedom, without even the need for proof of adultery.Only in the 19th century, with the entry into force of the Criminal Code of the Empire of Brazil, the murder of wives became subject to punishment, with a sentence of one to three years in prison (RAMOS, 2012). However, the practice of murdering women, adulterous or not, has been definitively cemented in Brazilian culture (LAGE, NADER, 2012).

In 1988, the Brazilian Constitution (BRASIL, 1988) guaranteed access to citizenship, women's social and individual rights, seeking to emphasize the creation of mechanisms to curb violence in the context of family relationships, but gender violence persists in the country. Another aggravating factor is that the slavery model left marks of structural racism impregnated in Brazilian society: between 2007 and 2017, while the homicide rate of white women grew 4.5%, the one of black women increased 29.9%. Considering only the last year available, the homicide rate for white women was 3.2 per 100 thousand women, whereas among black women the rate was 5.6 for every 100 thousand women in this group (ATLAS DA VIOLÊNCIA, 2019). The data demonstrate the importance of taking into account the social markers of differences, such as race/ethnicity, social class, education, among other forms of identity, as intersectional feminism warns. The main criticism of the Feminist Movement was to have paid attention to the demands of white women, straight and with class privileges, disregarding their sisters in the “third world” (HOOKS, 2019). In 1986, the Ottawa Charter, the result of the 1st International Conference on Health Promotion, officially stated that economic and social conditions affect the health of individuals (CZERESNIA, MACIEL, OVIEDO, 2003).Although it is admitted that some people can remain healthy despite adverse conditions, as proposed by the salutogenic theory (MARÇAL *et al*., 2018), women who suffer violence are exposed to a tension which, with greater or lesser intensity, ends up taking them to sadness, depression, anguish and fear, elements that combine to disrupt the energetic balance of the physical and mental body, promoting illness (GUEDES, SILVA, FONSECA, 2009). In Brazil, the National Policy for the Reduction of Morbidity and Mortality from Accidents and Violence (PNRMAV), created by Ordinance No. 737/GM, of May 16, 2001, effectively incorporated violence in the area of health. The guiding principles of PNRMAV are: health as a fundamental human right, the right and respect for life as ethical values of culture and health and the promotion of health as the basis of all plans, programs, projects and activities to reduce violence and

accidents. Also noteworthy is the Interpersonal and Self-harmed Violence Surveillance System (VIVA/SINAN) for notification of domestic, sexual and other interpersonal and self-harmed violence that did not result in hospitalization or death (MINAYO *et al*. 2018). In 2006, the National Health Promotion Policy (PNPS) was instituted, which proposed attention to gender issues, aiming at building a culture of peace and valuing human rights (BRASIL, 2018, p.5).Health promotion must be understood in a comprehensive sense, the result of both individual and collective actions, leaving the State with an effective commitment to the elaboration of public policies that ensure the fight against poverty, promote quality education, ensure housing, work, health, among other aspects that dignify life (BUSS, 2000). PNPS proposes, among its transversal themes, the construction of peace and human rights, proposals that can only take place in a society in which men and women have equal opportunities and rights.

Considerations

This study sought to demonstrate that violence against women, especially when practiced by their partners or former intimate partners, is a cause of physical and mental illness, constituting an explicit violation of human rights. Despite countless achievements, women in Brazil are still victims of machismo and patriarchalism, and efforts by society as a whole are needed to establish equal forms of gender relations through unconditional respect for the human rights of women and girls, ensuring them a life free from all forms of violence.

REFERENCES

ATLAS DA VIOLÊNCIA. Instituto de Pesquisa Econômica Aplicada: Fórum Brasileiro de Segurança Pública. Brasília: Rio de Janeiro: São Paulo, 2019. Disponível em https://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=34784.

BEIRAS, A. *et al*. Políticas e leis sobre violência de gênero: reflexões críticas. Psicologia & Sociedade; 24 (1), 36-45, 2012. Disponível em https://www.scielo.br/pdf/psoc/v24n1/05.pdf.

BELGA, S.M.M.F; SILVA, K.L.; AKERMAN, M. Cultura de paz: estratégia para a promoção da saúde. Vulnerabiliades&Saúde: grupos em cena por visibilidade no espaço urbano. FIGUEIREDO, G.L.A.; MARTINS, C.H.G.; AKERMAN, M. (Orgs.).São Paulo: Hucitec, 2018, p.41-59.

BRASIL. Lei Maria da Penha. Lei n. 11.340/2006. Coíbe a violência doméstica e familiar contra a mulher. Presidência da República, 2006. Disponível em http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11340.htm

BRASIL. Política Nacional de Promoção da Saúde. Anexo da Portaria de Consolidação n. 2, de 28 de setembro de 2017, que consolida as normas sobre as políticas nacionais de saúde do SUS. Brasília, Distrito Federal, 2018.

BRASIL. Constituição da República Federativa do Brasil. Brasília, DF: Senado Federal: Centro Gráfico, 1988.

BUSS, P.M. Promoção da saúde e qualidade de vida. Ciênc. Saúde coletiva , Rio de Janeiro, v. 5, n. 1, p. 163-177, 2000. Disponível em <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232000000100014&lng=en&nrm=iso.

BUTLER, J. Problemas de gênero: feminismo e subversão da identidade. Rio de Janeiro: Civilização Brasileira, 2019.

CECCON, Roger Flores; MENEGHEL, Stela Nazareth. Iniquidades de gênero: mulheres com HIV/Aids em situação de violência.Physis. Rio de Janeiro, v. 27, n. 4, p. 1087-1103, Dez. 2017. Disponível em <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312017000401087&lng=en&nrm=is

CONVENÇÃO INTERAMERICANA para prevenir, punir e erradicar a violência contra a mulher - Convenção de Belém do Pará, 1994. Disponível em: http://www.pge.sp.gov.br/centrodeestudos/bibliotecavirtual/instrumentos/belem.htm

CZERESNIA, D.; MACIEL, E.M.G.S.; OVIEDO, R. A. M. Os sentidos da saúde e da doença. Promoção da Saúde: conceitos, reflexões, tendências. CZERESNIA, C.M. Rio de Janeiro: Fiocruz, 2003, p. 39053.

GUEDES, R.N.; SILVA, A.T.M.C.; FONSECA, R.M.G.S. A violência de gênero e o processo saúde-doença das mulheres. Escola Anna Nery. Rev. Enferm. , 13 (3), p.625-631, jul/set., 2009. Disponível em https://www.scielo.br/scielo.php?script=sci_abstract&pid=S1414-81452009000300024&lng=en&nrm=iso&tlng=pt

HOOKS, B. O feminismo é para todo mundo. Políticas arrebatadoras. Rio de Janeiro: Rosa dos Ventos, 2019

KRUG, E. *et al*. Relatório Mundial sobre Violência e Saúde. Genebra, 2002. Disponível em http://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2019/04/14142032-relatorio-mundial-sobre-violencia-e-saude.pdf

LAGE, L.; NADER, M.B. Violência contra a mulher. Da legitimação à condenação social. Nova História das Mulheres. Carla BassaneziPinski, Joana Maria Pedro (Orgs.). São Paulo: Contexto, 2012, p. 286-312.

LIMA, M.; SCHRAIBER, L.B. Violência e Outras Vulnerabilidades de Gênero em Mulheres Vivendo com HIV/Aids. Temas psicol. Ribeirão Preto, v. 21, n. 3, p. 947-960, dez. 2013. Disponível em <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-389X2013000300011&lng=pt&nrm=iso.

MARÇAL, C.C. *et al*. A salutogênese na pesquisa em saúde: uma revisão integrativa. Rev. Enferm. v. 26.Rio de Janeiro, 2018. Disponível em https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/37954.

MINAYO, 2006. Violência e Saúde. Rio de Janeiro: Editora Fiocruz, 2006.

MNAYO, M.C.S., SOUZA, E.R, SILVA, M.M.A. Institucionalização do tema da violência no SUS: avanços e desafios. Ciência e Saúde Coletiva. 23 (6), jun. 2018. Disponível em https://www.scielo.br/scielo.php?script=sci_arttext &pid=S1413-81232018000602007&lng=pt&nrm=iso&tlng=pt

NEME,C.; SOBRAL, I. Principais resultados. Visível e invisível. A vitimização de mulheres no Brasil. Fórum Brasileiro de Segurança Pública, Instituto Datafolha. 2019. Disponível em http://www.iff.fiocruz.br/pdf/relatorio-pesquisa-2019-v6.pdf.

PASSOS, J.C.; ROSA, S. Violência de gênero e racismo. Gênero e violências. Diálogos interdisciplinares. VEIGA, A. M. ; LISBOA, T.K. ; WOLFF, C. S. (Orgs.). Florianópolis: Edições do Bosque, 2016, p. 49-64.

PETERMAN, A. *et al*. Pandemics and violence against women and children. *Working paper 528*. Center for Global Development. Apr. 2020. Disponível: https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf.

RAMOS, M.D. Reflexões sobre o processo histórico-discursivo do uso da legítima defesa da honra no Brasil e a

construção das mulheres. Rev. Estud. Fem., Florianópolis, v. 20, n. 1, p. 53-73, Abr. 2012. Disponível em http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-026X2012000100004&lng=en&nrm=iso

SCHWARCZ, L.M. Sobre o autoritarismo brasileiro. São Paulo: Companhia das Letras, 2019.

SCOTT, J. Gênero: uma categoria útil para análise histórica. Educação & Realidade. V.20, n. 2. 71-99, jul/dez, 1995.

VIEIRA, P.R.; GARCIA, L.P.; MACIEL, E.L.N. 2020. Isolamento social e o aumento da violência doméstica: o que isso nos revela? Rev. BrasEpidemiol. 2020; 23: E200033.Disponível em https://blog.scielo.org/wp-content/uploads/2020/04/1980-5497-rbepid-23-e200033.pdf.

WORDL HEALTH ORGANIZATION (WHO). Violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization, 2013. Disponívelem: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf. Acesso em: 17 jan. 2020.

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