

Domestic Violence against Women: Prevalence, Familiar Context and Victim Support Services

ORIGINAL

Camilla de Almeida Borba Madruga¹, Cristiana Barbosa da Silva Gomes¹,
Cícera Renata Diniz Vieira Silva², Emanuella de Castro Marcolino²,
Amanda Manuella Dantas Nobre², Rayssa Naftaly Muniz Pinto³, Edlene Régis Silva Pimentel⁴,
Alberiza Veras de Albuquerque³, Luana Gislene Herculano Lemos⁴,
Mary Luce Melquíades Meira⁴, Rosângela Vidal de Negreiros⁴, Olga Benário Prestes⁴

Abstract

Background: This article aimed to characterize the violence practice by intimate partners throughout the life of women between 15 and 49 years old, regarding the prevalence and type of violence, risk factors inside the familiar context for the occurrence of such acts and the search for support services directed to women who were victims of domestic violence.

Methods: It is a cross-sectional study conducted in all of the Family Health Units in the city of Serra Talhada, located in the state of Pernambuco in Brazil, with 493 women who live there. Descriptive statistics were used (absolute distributions, percentages, mean and standard deviation) and analytical (bivariate and multivariate Poisson regression with robust variance) with a 5% level of significance.

Results: Regarding the prevalence, 46.8% of women were victims of aggression by partners, most suffering more than one type of violence (68.4%). There was a predominance of psychological (37.3%), physical (33.7%), and sexual violence (18.7%). The use of alcohol and illicit drugs as well as the partner's involvement in frequent quarrels in the community and in the family circle were strongly associated with a higher prevalence of violence against women ($p = 0.001$ and Reason's prevalence of 5.08; 1.41; 1.34 and 1.41, respectively). Almost one third of the victims (29.2%) reported having searched for support services, being hospitals or health centers the most searched by women in physical (71.1%), sexual (58.3%) and psychological (45.6%)

- 1 Undergraduate Nursing Student, Federal University of Campina Grande, Campina Grande, Paraíba, Brazil.
- 2 Nurse, Masters in the Graduate Program in Public Health at State University of Paraíba, Campina Grande, Paraíba, Brazil.
- 3 Masters student in the Graduate Program in Public Health at the University of Integration of the Americas, Asuncion, Paraguay.
- 4 Nurse, Professor at the Federal University of Campina Grande, Campina Grande, Paraíba, Brazil.

Contact information:

Luana Gislene Herculano Lemos.

Address: Address: Rua Ana Azevedo, No 209, Palmeira. ZIP CODE 58401093, Campina Grande, Paraíba, Brasil.
Tel: +55 83 988175851.

✉ luanaa_cg@hotmail.com

violence situations. However, 70.8% of the interviewed reported not searching for institutional help.

Conclusions: The survey results show that violence against women is still cause for concern, especially in public health area. It reinforces the need of measures that actually effect the public policies in meeting this demand.

Keywords

Violence against Women;
Health Care; Public Health.

Introduction

Violence is considered a serious issue in public health, defined by the World Health Organization (WHO) as the use of intentional physical force or power, real or as a threat, against one's self, against other person or against a group or a community which results or has many chances in resulting in injuries, death, psychological damage, lack of development or privation [1, 2].

Among the many kinds of violence, the United Nations General Assembly considers violence against woman any violent gender act which results or can result in physical, sexual, psychological damage, or suffering for women. In this perspective is included the threatening to perform such acts, the cohesion and freedom privacy, on the public or private environment. [3].

These aggressions can occur in different spaces, among then the in-house one. Violence against women practiced by an intimate partner assumes expressive indexes. From 48 population-based researches conducted worldwide it was identified that among 10% and 69% of women already suffered aggressions by their partner. In these cases, gender influence has been indicated as one of the most important factors among those which actuate on violence's causality chain. One of the frequent provokers of violent acts against women refers to situations of contestation or transgressions to rules that are imposed by society, such as dependence and female submission [4, 5].

In Brazil, population-based studies have showed that 43% of the women who were interviewed declared to have suffered violence practiced by a man in their life. One third admitted to have suffered some kind of physical violence, 13% of sexual violence and 27% of psychological violence. Husbands, ex-husbands, boyfriends and ex-boyfriends were the main aggressors, ranging from 88% of the slap authors and pushes to 79% of the perpetrators of forced sexual relations. One in five women refer to have suffered at least one episode of violence practiced by a man. It is worth mentioning that 80% of these situations occurred between people who kept conjugal relationships [6, 7].

Recent international studies have showed the high prevalence of at least one type of violence against women. In Nepal Rural, over half (51.9%) of the married women, among 15 and 24 years old, have suffered some sort of violence by an intimate partner [8]; in Karachi, Pakistan, the self-reported prevalence among women from 25 to 60 years old was 56.3% [9]. In India, this prevalence was 56% [10] and in Spain, 24.8% of women related being mistreated by their partner at some point in life, presenting variations of prevalence according to the zone [11].

This way, violence against women is notoriously configured as a serious issue that is common to world health and to the human rights, by its growing prevalence, which reflects in the health-disease process, which may increase women's vul-

nerability to suffering standards, illness and even death. This requires, consequently, actions directed to multidisciplinary attention, which occur with countless challenges, mostly the practice that identify new cases and the articulation of a preventive and curative assistance [1, 12].

Therefore, the objectives of the research were: to identify the prevalence of the many acts of violence practiced by intimate partners against women, to analyze the risk factors for the occurrence of such acts on the familiar context and to describe the support services searched by women who were victims of domestic violence, as well as the reasons why some women do not search for institutional help.

Methods

It's a cross-sectional study, conducted in the family health strategy units in the city of Serra Talhada, located in the state of Pernambuco, Brazil, totalizing 15 units. The population was composed of 16.159 women between 15 and 49 years old, living in the city and who have already had a relationship with men. The choice of the age range for the research occurred according to use of the same age range applied on the data collection instrument [14, 15].

It was a probabilistic sampling by conglomerate in an extract (sanitary district). The sample calculation considered the prevalence of 46% violence [13], adopting a 95% trust level and a 5% margin of error, with a 1.2 design effect (Deff) and a 10% increase for losses or refusals. The final sample was estimated at 493 women.

As a data collection instrument a quiz originally developed by the World Health Organization, denominated as "Multi-country study on Women's Health and domestic violence", validated and adapted to Brazil, was used [14, 15]. The questionnaire contemplates information referring to socioeconomic data, society, affective relationships, injuries, impacts and coping, other experiences and attitude regarding gender roles. The data was collected, by the assigned researcher, in a private and reserved

room in the Health Units, from February to April, 2015. The interviews lasted for about 30 minutes.

The data base was built directly on the SPSS® (*Statistical Package for the Social Sciences* – version 18.0) for allowing a satisfactory statistical analysis, being developed through the process of double entry, with automatic checking of the data consistence and amplitude.

Descriptive statistics (absolute distributions, percentages, average and standard deviation) and analytics (bivariate and multivariate Poisson's regression with robust variance) were used, with a 5% significance level. On the multivariate analysis, were inserted the variables that presented $p < 0.20$ on the bivariate analysis, remaining in the final model the variables with $p \leq 0.05$.

The ethical assumptions from the National Health Council's 466/2012 resolutions were respected and the study was approved by Paraiba's State University's researches ethical committee (Opinion nº 28057614.0000.5187).

Results

It is observed on the study a prevalence of young women, among 20 and 29 years old (34.5%), who graduated on high school (45.6%), with their own income (70.8%) and with a partner (94.5%). Regarding violence's prevalence, 46.8% of the women reported being victims of aggression by their partner, most of them suffering from more than one type of violence (68.4%). Regarding the type, psychological violence prevailed (37.3%), followed by physical violence (33.7%), and sexual violence, with 18.7%. The most prevalent age group for all kinds of violence was from 20 to 29 years old.

The use of alcohol and illicit drugs, as well as the partner's involvement on frequent fights on the community and on the Family circle have showed to be strongly associated with a higher prevalence of the violence against women ($p = 0.001$ and prevalence reasons of 5.08; 1.41; 1.34 and 1.41, respectively) (Table 1).

Table 1. Association between the occurrence of violence against women and the lifestyle of your partner. Serra Talhada- PE, 2014.

Variables	Occurrence of violence				Bivariate		Multivariate ²	
	Yes		No		Unadjusted Poisson Regression ¹		Adjusted Poisson Regression ³	
	n	%	n	%	P-value	(95% IC)	P-value	(95% IC)
Partner is an alcoholic								
Yes	216	63.7	123	36.3	0.001	6.542 (4.018-10.651)	0.001	5.085 (2.991-8.646)
No	15	9.7	139	90.3		1.00		1.00
Partner is an drugged								
Yes	81	98.7	1	1.3	0.001	2.732 (2.393-3.118)	0.001	1.415 (1.186-1.689)
No	145	36.1	256	63.9		1.00		1.00
Partner is involved with community violent fights								
Yes	109	80.7	26	19.3	0.001	2.392 (2.007-2.851)	0.001	1.341 (1.091-1.649)
No	106	33.7	208	66.3		1.00		1.00
Partner is involved in family fights								
Yes	112	74.6	38	25.4	0.001	2.224 (1.844-2.684)	0.001	1.417 (1.192-1.685)
No	96	33.5	190	66.5		1.00		1.00

Source: data collection, 2014. ¹: Poisson regression not adjusted for independent variables and the occurrence of some kind of violence. ²: Variables incorporated in the multivariate model (p <0.20): Partner is an alcoholic; Partner is an drugged; Partner is involved with community violent fights and Partner is involved with community violent fights. ³: Poisson Regression Multivariate adjusted for the: Occurrence of violence Variables through by the Backward Procedure.

The injuries resulting from physical violence suffered by the women interviewed and the frequency on which they occurred were described on **Table 2**. The higher prevalence regarding the injuries were contusions (72.9%), cuts, perforations or bites (59.6%) and torsions or dislocations (59.0%).

Almost one third of the victims (29.2%) reported having searched for help. The hospitals of health

Table 2. Type of physical injuries observed in violence against women. Serra Talhada, PE, 2014.

Type of physical injuries	Absolut number	Percentage (%)
Cuts, punctures or bites		
Yes	99	59.6
No	67	40.4
Bruises		
Yes	121	72.9
No	45	27.1

Type of physical injuries	Absolut number	Percentage (%)
Twists or bone dislocations		
Yes	98	59.0
No	68	41.0
Burns		
Yes	35	21.1
No	131	78.9
Deep cuts		
Yes	50	30.1
No	116	69.9
Bone fractures		
Yes	18	10.8
No	148	89.2
Dental fractures		
Yes	25	15.1
No	141	84.9

Source: data collection, 2014

Table 3 Demand for support services in accordance with the type of violence suffered for women. Serra Talhada, Pernambuco, 2014.

Support Services	Types of Violence					
	Psychological		Physical		Sexual	
	n	%	N	%	N	%
Police						
Yes	23	12.5	31	18.7	16	17.4
No	161	87.5	135	81.3	76	82.6
Hospital or Health centers						
Yes	84	45.6	118	71.1	54	58.7
No	100	54.4	48	28.9	38	41.3
Social Service						
Yes	33	17.9	23	13.8	11	11.9
No	151	82.1	143	86.2	81	88.1
Juridical Service						
Yes	02	1.1	04	2.4	01	1.1
No	182	98.9	162	97.6	91	98.9
Non-governmental Women's Organization						
Yes	03	1.6	06	3.6	02	2.2
No	181	98.4	160	96.4	90	97.8
Religious Leaders						
Yes	23	12.5	25	15.1	07	7.6
No	161	87.5	141	84.9	85	92.4

Source: data collection, 2014.

centers were the support services most searched by women in situations of physical (71.1%), sexual (58.3%) and psychological violence (45.6%). The other most searched services by women who suffered psychological violence were social services (17.9%).

For the ones who suffered physical and sexual violence, the search for hospitals and health centers was followed by the search for police stations (18.7% and 17.4% respectively). Other institutions also searched by women in a violence situation were the juridical services, non-governmental Women's Organization and religious leaders (**Table 3**).

Among women who did not search for institutional help (70.8%), the announced motives were: the knowledge of women in similar conditions to

theirs who were not helped (22.9%), fear of suffering more violence (21.2%), considering violence as normal in a relationship (17.7%), shame (16.9%), the self-blaming for the violence they suffered (12.1%), fear of losing their children (3.5%), fear of ending the relationship (3.5%) and fear of staining their family's reputation when making the violence public (2.2%).

Discussion

It is noticed that the occurrence of other forms of violence remains high, especially the ones that can be easily hidden, such as the elevated prevalence of psychological abuses [16]. There are more intimate situations in which the male domination is still present, like the sexual relations where the gender differences are strongly marked and natural [17]. However, new social attitudes are being taken when it comes to physical abuse, like the decrease of its acceptability as a way of male power manifestation.

Some studies have listed what is known to be risk factors for the occurrence of violence by an intimate partner, classified by individual values, such as low socioeconomic level, lower levels of education, separation or divorce, pregnancy, exposure to inter parental violence during childhood, sexual abuse, depression, the nocive use of alcohol and other drugs. Relationship factors, such as educational disparity, higher number of children and dissatisfaction or marital disagreement. Community factors, such as acceptance of traditional gender roles, unemployment, poverty, higher rate of illiteracy among women, violence acceptance, low proportion of women with high autonomy levels and social factors are the divorce regulations, laws on protection wedding and traditional gender social rules [18-20]. Some of these associations were not found on the present study, such as violence risk factors by an intimate partner, low income and female schooling.

The results showed higher prevalence of women who were victims of two or more kinds of violence. Other researches have found similar results, highlighting the multiple occurrence of physical, sexual and psychological aggression, and warning that the superposition of many kinds of violence seems to be associated to higher case gravity and consequently the search for specialized services [16, 21-22].

Beyond the higher occurrence of multiple violence, investigations showed that the major part of aggressions against women do not constitute on one single event, but on repetitive events that can continue for many years. This context predisposes to a negative repercussion on physical, mental and social health of victimized women. The reflections of this problem are noticed on the scope of health services, whether it is by the complexity of the attendance they demand, or by the costs they represent [23].

Another relevant finding on this research, which reiterates literature showed the Association between the use of alcohol and drugs by the aggressor and the situations of violence against women [18, 24-26]. The use of psychoactive substances by the man shows itself as an important risk factor for the partners violence against his woman, being responsible for psychopharmacological effects related to changes in behavior that trigger the aggressions, creating environment for arguments, name calling, insults, offenses and threats, which may result in physical and sexual violence and severe consequences [27].

Regarding the search for support institutions on violence situations, a few women searched for a service. Low searching levels were found on other international studies [10, 28-29]. The main searches were for the hospitals and health centers, followed by police stations and social services. What can be noticed was the non-internalization of these reference services among each other, continuing or complementing the assistance. However these institutions did not seem to be very resolute on the

interviewee's part for the management of aggression cases.

Studies shows that the precarious structures, low resoluteness, lack of prepare of the political and juridical jurisdiction contribute for women to give up continuing the legal procedures on the violence cases. Still, they point that the unfamiliarity by professional regarding the women support services, as well as the articulation among them and not knowing how to make appropriate referrals contribute for the services' low effectiveness when dealing with domestic violence [30-33].

On the health scope, public politics advocate that the care to women in a violence situation must be given by inter sectorial networks, constituted by varied services and institutions [1, 17]. The implementation of objective attention networks provides the link among governmental and non-governmental institutions that make it possible to identify, receive and fully and continuously care for women who experience violence situations, what represents an important challenge to overcome.

Some limitations can be attributed to the study. The research's cross-sectional design was set to estimate the prevalence of the violence against woman by an intimate partner lifelong, but it can have taken to the recalling bias by the interviewees. Furthermore, because of the intimate nature of the study's theme, it cannot be affirmed that the results were not underestimated by the interviewees' denial to expose their conjugal issues, even though the data collect was performed in a private environment on the health units.

Conclusion

The high prevalence of psychological, physical and sexual violence performed by intimate partners against women revealed in this study show that his phenomenon is still a reason to be concerned, especially on the collective health area. It was observed that domestic violence is still prevalent in young and

adult women and women who live in a troubled family context. The partner's life style also influenced on the prevalence of the aggressions against the victims, however, most of these ravished women do not search for institutional help.

The violence indexes bring to life a paradox reality on our everyday, where there is progress on debates and legislations by the State and Society, but at the same time are contrasted by numbers that portray terrifying and un-human realities. The impacts on life and family health, due to the violence perpetrated on this environment tend to restrict women's autonomy and with that, interfere in the effective search for help.

This way, it is reinforced the need for measures that indeed, effectuate the public politics on the care for women, with the shared accountability among the many support services and the need for the implementation of programs destined to the primary prevention of this problem, making possible the creation and monitoring of multi sectorial plans of action regarding the fight against domestic violence.

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