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VIOLENCE PROFILE AGAINST WOMEN ASSISTED IN A REFERENCE CENTER

PERFIL DA VIOLÊNCIA CONTRA MULHERES ATENDIDAS EM UM CENTRO DE REFERÊNCIA

PERFIL DE LA VIOLENCIA CONTRA MUJERES ATENDIDAS EN UN CENTRO DE REFERENCIA

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ABSTRACT

Objective: to describe the profile of violence against women. ***Method***: documental, exploratory and retrospective study with a quantitative approach, performed in an Assistance to Women Reference Center (CRAM) in the municipality of Cajazeiras/PB, composed of a multidisciplinary team whose actions taken based on the reception, promotion of professional development courses, campaigns, information dissemination and practices that increase their well-being and self-esteem. A form was used to fill in the data found in the 157 records, which were analyzed from the literature. The research project was approved by the Research Ethics Committee, CAAE 32529214.8.0000.5180. ***Results***: the profile outlines women of reproductive age, with incomplete primary education, white, married, housewives and children. The partner was reported as the main aggressor, using primarily psychological violence, followed by physical and moral violence. ***Conclusion***: it is possible to increase knowledge, especially of professionals involved in care so that they become able to recognize such grievance. ***Descriptors***: Violence Against Women; Women´s Health; Battered Women.

RESUMO

Objetivo: descrever o perfil da violência praticada contra mulheres. ***Método***: estudo documental, exploratório e retrospectivo, com abordagem quantitativa, realizado em um Centro de Referência de Atendimento à Mulher (CRAM) localizado no município de Cajazeiras/PB, composto por uma equipe multiprofissional cujas ações desenvolvidas baseiam-se no acolhimento, na promoção de cursos de aperfeiçoamento profissional, campanhas, disseminação de informações e práticas que elevem seu bem-estar e autoestima. Utilizou-se um formulário para preenchimento dos dados encontrados nas 157 fichas de acolhimento, os quais foram analisados a partir da literatura. O projeto de pesquisa teve aprovação pelo Comitê de Ética em Pesquisa, CAAE nº 32529214.8.0000.5180. ***Resultados***: o perfil delineia mulheres em idade reprodutiva, com ensino fundamental incompleto, brancas, casadas, domésticas e com filhos. Sendo o companheiro, o agressor mais relatado, utilizando, sobretudo, da violência psicológica, seguida da física e moral. ***Conclusão***: é possível ampliar o conhecimento, principalmente dos profissionais envolvidos no atendimento para que se tornem capacitados a reconhecerem tal agravo. ***Descritores***: Violência Contra a Mulher; Saúde da Mulher; Mulheres Maltratadas.

RESUMEN

Objetivo: describir el perfil de la violencia practicada contra mujeres. ***Método***: estudio documental, exploratorio y retrospectivo, con enfoque cuantitativo, realizado en un Centro de Referencia de Atención a la Mujer (CRAM) localizado en el municipio de Cajazeiras/PB, compuesto por un equipo multi-profesional cuyas acciones desarrolladas se basan en el acogimiento, en la promoción de cursos de perfeccionamiento profesional, campañas, diseminación de informaciones y prácticas que eleven su bien-estar y autoestima. Se utilizó un formulario para completar los datos encontrados en las 157 fichas de acogimiento, los cuales fueron analizados a partir de la literatura. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE nº 32529214.8.0000.5180. ***Resultados***: el perfil delinea mujeres en edad reproductiva, con enseñanza primaria incompleta, blancas, casadas, domésticas y con hijos. El compañero, es el agresor más relatado, utilizando, sobretodo, la violencia psicológica, seguida de la física y moral. ***Conclusión***: es posible ampliar el conocimiento, principalmente de los profesionales envueltos en el cuidado para que se tornen capacitados a reconocer tal agravo. ***Descriptores***: Violencia Contra la Mujer; Salud de la Mujer; Mujeres Maltratadas.

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INTRODUCTION

Violence against women is a phenomenon present throughout the humanity history and occurs according to the social, economic and cultural contexts in society. Nevertheless, it only had visibility as a real problem recently with the emergence of feminist movements and the recognition of women´s rights in the decade of 1960.[1] It should be noted that this abuse affects its victims regardless of race, age, social class, culture or education level.[2]

This type of violence is presented in different ways: psychological, physical, ethical, equity, sexual, women trafficking, sexual harassment, among others.[3] There are several consequences of this brutality that impact on biological, mental, spiritual and social diseases, resulting in the difficulty of living and acquire new life experiences.[4]

Faced with the growing number of women exposed to this problem, movements and claims have emerged that sought to eradicate this abuse. Thus, with the evolution of this scenario, public policies and specialized services have been developed to meet the victimized women and give a greater focus and visibility to the problem, having as a major goal the provision of support and resolution of the situation. Among these services there are the Special Police Center for Assistance to Women (DEAMs) Shelters and Multi-professional Reference Centers.[5]

In order to provide protection and legal support, on August 7, 2006, Law 11.340/06 has emerged, better known as Maria da Penha Law, which is based on the creation of mechanisms to restrain domestic and family violence against women.[6] However, for women to feel really safe and free of attackers, state intervention must take place by putting into practice the execution of laws, and ensure that public policies of care are developed.[7]

Arising new cases every day and persistently, it is noticed that more and more studies need to be developed on the topic for understanding how this scenario interfere in the process of life, illness and death of victimized women.[4]

The nurse as a co-participant in this process is a professional of great importance in assistance to women and can perform essential interventions to improve their conditions, and their service and contact enables the knowledge of how certain circumstances may signal a case of violence and since then, have the confidence to act in order to try to improve the situation of the victim.[8]

Gradually, violence against women receive due importance needed, from the characterization of the profile of the victims, enabling an active and effective intervention in reducing and eradication of this disease. However, for the actions be effective, it is necessary to provide to professionals of care services, means that may improve the reception of victims and enable the development of combat actions, making it even more specific and geared to women´s needs. Thus, before all the problems exposed, this study aims to:

Describe the profile of violence against women.

METHOD

Documental, exploratory and retrospective study with a quantitative approach, performed in an Assistance to Women Reference Center (CRAM) in the municipality of Cajazeiras, Paraíba. This place consists of a multidisciplinary team whose actions are based on the reception, promotion of professional development courses, campaigns, information dissemination and practices that increase their well-being and self-esteem.

To conduct the study, the population were all women victims of violence treated at CRAM in the period from 2010 to 2013, and who had records in the service. Thus, in the developed research, there were 157 records used about violence against women.

To obtain the data, an instrument of the type previously built form for completion of records found was used. The research material was organized and tabulated by Microsoft Office Excel 2010 program, based on a focus of the quantitative method, using descriptive statistics, making use of tables, and data resulting from quantitative variables presented as percentages, in which analysis was conducted from the theoretical background on the subject.

For the study, it became necessary reflection on human dignity, because even if the research has involved human beings in an indirect way, this was the focus of the study. As for the preservation of anonymity, confidentiality of the facts was guaranteed as a basic principle, ethical criteria were considered recommended by Resolution 466/2012 of the National Health Council[9], with regard to studies involving human beings, which were guaranteed anonymity, respect and confidentiality of information. Because it is not a direct research but documental, it was not submitted to the Consent and Informed Form. Therefore, the project was approved by the Research Ethics Committee

of Santa Maria School, Cajazeiras under CAAE 32529214.8.0000.5180.

RESULTS

There were 157 records obtained in the period from 2010 to 2013. Out of this total, 2010 had the lowest number of assistance, with 24 (15.29%), and in 2011 there was the highest quantity of women assistance with 71 (45.22%), representing an increase of 29.93% over the previous year, so 2012 and 2013 obtained 29 (18.47%) and 33 (21.02%) assistance respectively. Thus, it was possible to establish the profile of violence because of their knowledge of the issues involved in abuse practiced against women.

The study results will be presented in tables according to the division previously held on the form used for data collection and the sociodemographic characteristics of the victimized women were reported in table 1.

Table 1. Distribution of socio-demographic characteristics of violence against women - Cajazeiras, 2014.

Socio-demographic data	n	%
Idade		
Under 18	10	6,37
19 to 29	36	22,94
30 to 39	42	26,75
40 to 49	22	14,01
50 to 59	18	11,46
Over 60	13	8,28
Not informed	16	10,19
Education		
Illiterate	25	15,92
Incomplete elementary school	54	34,40
Complete Elementary school	6	3,82
Incomplete High school	18	11,46
Complete High school	33	21,01
Incomplete higher education	2	1,27
Complete higher education	3	1,91
Not informed	16	10,20
Race		
White	66	42,04
Black	30	19,10
Yellow	1	0,64
Brown	53	33,76
Indian	1	0,64
Not informed	6	3,82
Marital Status		
Single	40	25,48
Married	75	47,77
Widow	8	5,10
Separated	25	15,92
Not informed	9	5,73
Profession		
Maids	35	22,30
Farmer	19	12,10
Housewife	17	10,83
Studant	5	3,18
Auxiliary of services	3	1,91
Other	39	24,84
Not informed	39	24,84
Children		
Yes	125	79,62
No	20	12,74
Not informed	12	7,64

The age ranged from 14 to 86 years old, demonstrating the prevalence of violence among women of 30-39 years old (26.75%). Another relevant data, displayed in the study refers to the number of violence against elderly women (8.28%). Therefore when compared to the first group, corresponding to less than or equal to 18 years old (6.37%) it was realized that violence was more relevant. Regarding education, the study shows that the highest incidence was in women with incomplete elementary school (34.40%). Cases of victims with incomplete higher education (1.27%) and complete higher education (1.91%) were also recorded in CRAM.

With regard to race, it was found predominantly white women (42.04%) and, with regard to marital status, 47.77% are married. Regarding profession, other occupations accounted for 24.84% of cases, however, the occupation that stood out was maids (22.30%). The data collected also showed that 79.62% had children. In the second segment, the types of aggressors according to marital status were addressed.

Table 2. Distribution of women suffering violence according to marital status and type of aggressor – Cajazeiras, 2014.

Marital status	Types of aggressors									
	Partner		Ex-partner		Relative		Someone known		Other	
	n	%	n	%	n	%	n	%	n	%
Single	10	6,37	6	3,82	16	10,19	6	3,82	6	3,82
Married	48	30,57	3	1,91	10	6,37	10	6,37	2	1,27
Widow	-	-	-	-	5	3,18	-	-	4	2,55
Separated	1	0,64	10	6,37	8	5,10	3	1,91	-	-
Nto informed	3	1,91	-	-	1	0,64	2	1,27	3	1,91
Total	62	39,49	19	12,10	40	25,48	21	13,38	15	9,55

It was found that in 39.49% of cases the main aggressor was the partner, predominantly in married women (30.57%), among those who suffered most violence in relation to this aggressor type.

According to Table 3, it showed the types of violence suffered by women according to the years of assistance.

Table 3. Distribution of types of violence according to years of assistance – Cajazeiras, 2014.

YEAR Types of Violence	2010		2011		2012		2013		TOTAL	
	n	%	n	%	n	%	n	%	n	%
Physical	8	2,17	35	9,49	17	4,60	24	6,50	84	22,76
Sexual	-	-	4	1,08	2	0,54	4	1,08	10	2,71
Psychological	16	4,34	61	16,53	27	7,32	23	6,23	127	34,42
Moral	7	1,90	42	11,38	20	5,42	8	2,17	77	20,87
Patrimonial	5	1,36	15	4,07	4	1,08	6	1,63	30	8,13
Torture	2	0,54	12	3,25	11	2,98	6	1,63	31	8,40
Other	2	0,54	4	1,08	2	0,54	2	0,54	10	2,71

Among those suffering violence, psychological aggression prevailed in 34.42% of cases in which in 2010 was 4.34%, in 2011 16.53%, showing a higher prevalence in 2012 (7.32%) and in 2013 (6.23%). In addition to psychological violence, physical (22.76%) and moral (20.87%) were the most occurred.

DISCUSSION

The proportion of cases found in the study may be attributed to the fact of being the recent operation of the service and still be a barrier to cope the situation for women, which leads to not seek the service provided and consequently ends up distorting the reality, leading to underreporting of cases. However, it is possible to develop actions for this situation, even if a portion of the occurrences, since it is the revelation of an extremely complex problem, therefore, needing immediate intervention to avoid having to wait for more cases.[10]

According to the demographic data of women victims of violence treated at CRAM, there was a predominance of aggression among women of reproductive age and economically active, making them more prone to lack of employment, lack of motivation, discouragement for family construction, changes in their state health and consequent reduction in life expectancy.[11]

The number of cases of violence against older women can be attributed to the elderly vulnerable to this type of situation because many of them have limitations and need a special care, being more vulnerable to aggression. This happens because in most cultures the elderly do not receive the due respect they deserve, occupying a marginalized position, causing the old age turns out to be emphasized as something inferior connotation, dependent, which favors unfair attitudes and discriminatory, causing the emergence of violence.[12]

White women predominated in most cases, being certified by other studies as women who most denounce violence compared to other ethnic groups, but that does not imply that they are the most victimized.[13-14] In other words, the prevalence of this finding may be related to not correct categorization of ethnicity of these women by the professionals who perform the service, as in other studies, prevalence of brown color among the victims, or the fact that women black usually denounce less violence when their abuser is their partner and black, what do think about the existing prejudices and the situation of their partner if the condition was denounced, leading them to bear more such a situation, often avoiding the complaint, in order to protect them.[11,15-16]

Regarding education, studies show that this variable is inversely related to violence, that is, the smaller the higher education is susceptibility to aggression and the same occurred in the reverse situation. It is believed those with low education are more

subject to abuse, because the lower the education level, the lower the qualification. This fact may come to favor the submission of relationship between victim and aggressor, causing them to remain in the cycle of violence.[17] The data are in agreement with the findings of this study in which there was a higher incidence of women with incomplete elementary school.

People with low income and low education are more likely to be exposed to health and social grievances, since women who fit this profile become less favored than material goods, as well as information about their rights. For this reason, the maids are a risk group in the research. Thus, women can live with this kind of violence due to their condition, lack of shelter, family support, fear and insecurity that usually lead to a difficulty to break this circumstance, implying fear of denouncing and being punished by their abusers .[16,18]

However, it is noteworthy that even women with less education are the main victims of violence, we must stress that all are subject to this condition, since the situation makes no precedent, because although women with a highest level of education submit further clarification of their rights and having more alternatives fleeing violence, they still represent a portion of the victims and are not free of this condition.[19] Thus, in line with this reality, the study exposes cases of victimized women with higher education, suggesting motivational strategies to cope with the situation, with the establishment of positive attitudes toward life, greater autonomy and self-esteem.

Thus, more favored class women are also part of this scenario. The difference is that these cases are usually reported in offices, private offices of various professionals such as doctors, psychologists, lawyers, which leads to under-representation of complaints, leaving such poverty as the main condition associated with violence.[20]

Married women in the study represent the main victims of violence, being identified in research because this characteristic being usually related to family, social, financial, remaining in the relationship and continue suffering abuse.[21-22] Thus, they are those that suffer most because there is a context that makes them take the situation forward, resulting in various consequences for their life, as social isolation and depression because they generally think they need to get used to the condition since most often the desire to be free not only depend on them, there is always something to be related to withstand such aggression.

The main aggressors were their partners, and they often have feelings of regret after provoked the attack, but soon new situations of violence happen, leading to a vicious cycle in which often becomes difficult their disrupting.[23]

The data also indicate the prevalence of partners as the aggressor in the marital situation in which women are married. Therefore, this feature found contributes to the emergence of both physical and psychological risks, as these women are exposed to violence in general within their homes, and even more difficult to confront because the aggressor is a person of their friendship, with emotional involvement.[24] Therefore, it is very common to most people judge these women because they do not denounce their abusers, but who judges generally do not have this problem, or do not know what really happens and that those victims who experience this situation, many times are people suffered, working people who need their home because there is no other place to go, so they prefer to be silent, even not to suffer further abuse or lose their roof and its food.[25]

The results showed greater evidence of women with children, showing one of the reasons that lead victims to endure violence for a longer period of time, since in such cases the woman hopes to keep her family because often find that they will not be able to educate them alone, and they need their partners to share the responsibilities and costs. Therefore, in such cases, the coping of this problem demands much attention to victims, but also to the children,[1] since the violence involves two-dimensional data, physical and psychological commanded all living directly with that woman.

Therefore, all this context corresponds to a more complicated condition, since now the involved ones are not only the victim and the aggressor but also people who do not deserve or need not go through such situations. Thus, it can be justified because many children are sometimes the aggressors reported by women victims of violence. Thus, if a family restructuring is necessary, making the relationship between men and women, parents and children become more symmetrical at home, taking the possibility of changing social and individual behaviors of that family.[11] Thus, the relationship is the most affected in the face of such an occurrence, because what they experience along with their mother will have

consequences for the rest of life, some of them can even overcome it, but never forget.

Psychological violence was more prevalent in the study, reflecting greater attention to be taken in relation to these women, since when there is physical violence, damage caused by the aggressor heals, but the evil that psychological violence cause beyond all the physical pain they will feel as it is something hurts their soul. Therefore, this type of violence is characterized in several ways, such as rejection, indifference, which often leave marks and will be with the person for life, can become unrecoverable in individuals previously considered healthy and usually she is accompanied by physical aggressions.[18]

This type of violence is more practiced in the residence of the victim, reason why of their silent because their reverberation happens between the walls of houses and is present in all other types of violence, thus interfering in the physical, psychological and moral integrity of the women.[26] Therefore, the presence of an atmosphere of fear and recurring threats on her life and her children highlights the helplessness, guilt and submission experienced by these women.[24] Thus, it became clear that in addition to the psychological, physical and moral were the most occurred, highlighting the fact that these generally are interconnected when they happen.

CONCLUSION

This study defined the profile of violence against women in a Reference Center of Cajazeiras/PB in the period from 2010 to 2013. Thus, the research results can serve as guidance for public policy in the municipality to improve the reality found. Therefore, it is necessary to know the dynamics of violence and aspects that are involved.

With the development of the research, it was noticeable that this issue despite being something frequent, few people are interested in the subject, thinking that this should only refer to those involved, leaving more and more this scenario in the lives of many people, and families. Thus, recognition, acceptance, prevention and intervention before this violence become extremely important regardless of the service to which this woman look for.

For gradually get a change what today is a problem, more studies are necessary to be conducted and educate everyone about the effects of such a situation, in order to expand knowledge, especially of professionals involved in the care of victimized women, to become trained to recognize such grievance.

Regarding the limitations of this study, medical records, for its restriction on demographic data that restrict understanding aggressors´ profile and factors for the involvement of this violence, which suggests a better organization of professionals involved in this care process in order to collect specific data of users and their aggressors, enabling better research and action on this reality.

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