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# VIOLENCE AND ITS REPERCUSSIONS IN THE LIFE OF CONTEMPORARY WOMEN

## A VIOLÊNCIA E SUAS REPERCUSSÕES NA VIDA DA MULHER CONTEMPORÂNEA

## VIOLENCIA Y REPERCUSIONES EN LA VIDA DE LA MUJER CONTEMPORÁNEA

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**ABSTRACT**

***Objective*:** to relate the types and consequences of violence that affect women. ***Method***: a descriptive, exploratory, quantitative approach using data from the Notifiable Diseases Information System (SINAN) in a sample of 1,570 reports from 2011 to 2014 in women victims of violence aged between 10 to 49. Data analysis was performed using the software Excel and SPSS version 23 that allowed the simple descriptive analysis and chi-square test. ***Results***: psychological violence was more present (n = 1230), followed by physical violence (n = 930); as for sexual violence, rape was the most prevalent (n = 249) and as forms of aggression threatening (n = 736). As a consequence, to health, post-traumatic stress was present in (n = 35) of the cases. ***Conclusion*:** updating data on violence against women is essential for health professionals in the fight against violence and in the specific planning of the offered actions and assistance. ***Descriptors*:** Violence Against Women; Comprehensive Care Health; Information Systems in Health.

**RESUMO**

***Objetivo***: relacionar os tipos e as consequências da violência que acometem mulheres. ***Método***: estudo descritivo, exploratório, de abordagem quantitativa, que utilizou os dados no Sistema de Informação de Doenças e Agravos Notificáveis (SINAN) numa amostra de 1.570 notificações do período de 2011 a 2014, em mulheres de 10 a 49 anos vítimas de violência. A análise dos dados foi realizada por meio dos softwares Excel e SPSS versão 23 que permitiu a análise descritiva simples e o teste Qui-quadrado. ***Resultados*:** a violência psicológica esteve mais presente (n=1230), seguida da violência física (n=930), quanto à violência sexual destacou-se o estupro (n=249) e como meio de agressão, a ameaça (n=736). Como consequência à saúde o estresse pós-traumático esteve presente em (n=35) dos casos. ***Conclusão***: a atualização dos dados de violência contra a mulher se torna essencial para os profissionais de saúde no combate ao agravo e no planejamento específico das ações e assistência oferecida. ***Descritores*:** Violência Contra a Mulher; Assistência Integral a Saúde; Sistemas de Informação em Saúde.

**RESUMEN**

***Objetivo***: reportar los tipos y de consequências que la violencia afecta a las mujeres. ***Método***: estudio descriptivo, exploratorio, enfoque cuantitativo utilizando datos de las Enfermedades de declaración obligatoria Sistema de Información (SINAN) en una muestra de 1.570 informes de 2011 a 2014 en las mujeres víctimas de la violencia con edades comprendidas entre 10 y 49. El análisis de datos se realizó utilizando el software Excel y SPSS versión 23 Que permitió que la prueba de análisis descriptivo y chi-cuadrado simple. ***Resultados***: la violencia psicológica fue más presente (n = 1.230), seguida por la física (n = 930); En cuanto a la violencia sexual, la violación fue la más frecuente (n = 249) y las formas de agresión que amenaza (n = 736). Como consecuencia a la salud, el estrés post-traumático estaba presente en (n = 35) de los casos. ***Conclusión***: la actualización de los datos sobre la violencia contra las mujeres es esencial para profesionales de la salud en la lucha contra la violencia y en la planificación específica de las acciones y la ayuda ofrecida. ***Descriptores*:** Violencia; Las mujeres; Profesionales de la Salud.

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## INTRODUCTION

Violence has reached significant proportions involving various sectors such as health, legal, social, among others. Since the mid-1970s, violence has become a public health problem, among which, violence against women represents a significant proportion of morbidity and mortality.[1]

As a result of a historical process of overvaluation of the masculine being, in detriment of the feminine, there has been a certain naturalization of violence against women, since even women and society to this day accept the submissive role in relation to man.[2] According to the National Policy on Combating Violence against Women "this type of violence constitutes one of the main forms of violation to their human rights, affecting them in their rights to life, health and physical integrity". Consequences are numerous, 1 out of 5 days of work absence is caused by violence suffered by women inside their homes; A woman who suffers domestic violence loses one year of healthy life every five years because of suffering violence.[4]

The problem can be manifested in various ways and with different degrees of severity, among which we highlight the types of domestic and family violence, physical, psychological, sexual, patrimonial and moral violence. In general terms, the consequences of violence against women are caused by conditions that are reinforced by gender inequality so entrenched in Brazilian society, which attributes to women having a subordinate attitude towards men.[5-6]

In Brazil in 2014, about 53 thousand cases of violence against women were registered throughout the country, and the most frequent type was physical violence, corresponding to about 52% of the total amount. Another aggravating factor was found in the frequency of aggressions, in which 43% of the women suffered daily aggressions and 35% of the aggression occurred weekly. Global data from the World Health Organization (WHO) studies show that about 1 in 3 of women aged between15-49 have experienced both physical and / or sexual violence by intimate partner or non-partner in their life.[7]

Violence against women is not something new, as it has always existed, and there are various forms of violence against women, from verbal aggression to sexual violence, and even racial discrimination, and there are studies which demonstrate the damage to society. Undoubtedly, all types of violence bring about some harm or damage to a woman's health, whether it is a cognitive, physical, mental, or other type of harm that brings suffering to a woman's life.

Understanding and identifying the aspects that involve violence against women, as well as the types and relationship with their consequences, can help in the construction of specific public policies and in the improvement of the offered health services as well as for the training and qualification of professionals of these services. Thus, it is extremely relevant that health professionals are trained and have the skills to identify the type of violence, define care and provide comprehensive assistance to women victims of violence.

The social and academic relevance of addressing this issue lies in understanding the aspects that involve this public health problem, seeking strategies to minimize them, because the damages are not directed only at women, but at society in general, because it is found in a context of social relations, which all involved suffer from the repercussions of this violence.

Supported in the discussions that surround the theme, it is questioned; What types of violence against women are more common? Which demographic group is the most affected? What are the consequences of violence on women's health? Therefore, to seek answers to this questioning, the objective remains:

- To relate the types and consequences of violence against women.
- To identify the sociodemographic profile of women victims of violence.
- To classify the most frequent types of violence.
- To analyze the consequences of violence on women's health.

## METHOD

The study is a dismemberment of the umbrella project << Understanding violence: the profile of violence against women in the countryside of Bahia >>.

An exploratory descriptive study of quantitative nature, [8] conducted in the period of November to December 2015 by the Health Department of the city of Vitória da Conquista, in the southwest region of the State of Bahia.

The data sheet of the Notifiable Diseases Information System (SINAN) was used as a data collection tool, which is mainly fed by information and investigation of cases of diseases that are included in the national list of compulsory notification diseases in the Ordinance No. 1,271, of June 6, 2014.

The target audience for the study are women who have been victims of violence at any facility that has the obligation to notify that it has a responsibility to notify cases of violence. Inclusion criteria were women who were victims of violence and of childbearing age, aged between 10 and 49. Exclusion criteria were male gender and other age groups. We used 1,570 notifications found in SINAN, 251 in 2010, 344 in 2011, 264 in 2012, 360 in 2013 and 351 in 2014.

The consolidated information system was analyzed by the study group and after the application of the inclusion and exclusion criteria, the data were extracted and figures were generated with the numbers of cases notified to the Department of Health in the period from 2010 to 2014 for consolidation and achievement of the objectives.

The data analysis was performed using the Excel program for the construction of the tables and SPSS version 23 was used for the simple descriptive analysis, and the chi-square test was used to compare proportions, the significance level adopted was ($p < 0.005$). With the help of the program the results were distributed in tables and graphs for better exposure and understanding.

The project followed the law established in Resolution 466/12, which regulates research guidelines and norms involving human beings. The umbrella project was also duly approved by the Research Ethics Committee after acquiring authorization from the site to perform data collection.

Data were collected after approval of the research by the Research Ethics Committee, under Protocol No. 1,292,819 and CAAE 49783515.3.0000.5578.

## RESULTS

According to data obtained by SINAN, between 2010 and 2014, 1,570 cases of violence against women were reported in Vitória da Conquista / BA. As a victim may suffer more than one type of violence. Figure 1 shows the socio-demographic profile of the victims in the municipality. There was a predominance of violence between the ages of 30 and 49 (45%), negro women (43.3%), incomplete schooling (46.1%), urban dwellers (90.5%) and single women (50%). Regarding the occupation, almost half of the responses (40.6%) were ignored, highlighting informal occupations and violence in domestic workers (5.3%).

Figure 1. Distribution of women according to sociodemographic profile Vitória da Conquista (BA), Brazil, 2015.

| Varables | n | % |
|---|---|---|
| Age group | | |
| 10 -19 years of age | 456 | 29.0 |
| 20 – 29 years of age | 406 | 26.0 |
| 30 – 49 years of age | 708 | 45.0 |
| Total | 1570 | 100.0 |
| Race | | |
| Brown-skinned | 680 | 43.3 |
| Caucasian | 247 | 15.7 |
| Negro | 217 | 13.8 |
| Asian | 9 | 0.6 |
| Indigenous | 3 | 0.2 |
| No comment | 414 | 26.4 |
| Total | 1570 | 100.0 |
| Schooling | | |
| Illiterate | 111 | 7.1 |
| Primary School incomplete | 725 | 46.1 |
| Primary School complete | 79 | 5.0 |
| High School incomplete | 161 | 10.3 |
| High School complete | 241 | 15.4 |
| Third level education incomplete | 40 | 2.5 |
| Third level education complete | 37 | 2.4 |
| No comment | 176 | 11.2 |
| Total | 1570 | 100.0 |
| Place of Work | | |
| Urban area | 1421 | 90.5 |
| Rural area | 131 | 8.3 |
| Peri-urban area | 11 | 0.7 |
| No comment | 7 | 0.5 |
| Total | 1570 | 100.0 |
| Occupation | | |
| University Professor | 1 | 0.1 |
| High school teacher | 16 | 1.0 |
| Nursing Technician | 13 | 0.8 |
| Manicurist | 24 | 1.5 |

| | | |
|---|---|---|
| Receptionist | 13 | 0.8 |
| Secretary | 19 | 1.2 |
| Home help | 83 | 5.3 |
| Maid | 34 | 2.2 |
| Hairdresser | 20 | 1.3 |
| Childminder | 8 | 0.5 |
| Salesperson | 56 | 3.7 |
| Seamstress | 14 | 0.9 |
| Student | 26 | 1.6 |
| Others | 605 | 38.5 |
| No comment/ignored | 638 | 40.6 |
| Total | 1570 | 100.0 |
| Marital Status | | |
| Single | 785 | 50 |
| Married | 517 | 33 |
| Separated | 120 | 7.6 |
| Widow | 10 | 0.6 |
| No comment | 138 | 8.8 |
| Total | 1570 | 100.0 |

In relation to the type of violence, the highest number of occurrences corresponded to psychological violence (n = 1230) followed by physical violence (n = 930) and sexual violence (n = 540), as shown in figure 1

| Type of violence | n |
|---|---|
| Psychological violence | 1230 |
| Physical Violence | 930 |
| Sexual Violence | 540 |
| Financial Violence | 503 |
| Violence (negligence) | 46 |
| Torture | 45 |
| Human trafficking | 4 |
| Others | 10 |
| Total | 3309 |

Figure 2. Types of violence. Vitória da Conquista (BA), Brazil, 2015. Source: SINAN data

Figure 2 shows the means used for the practice of aggression. Among them, hreatening was highlighted in almost half (n = 736) of cases reported in the period followed by forcing body strength and beatings (n = 575).

| **Type of aggression** | **nº** |
|---|---|
| Threatening | 736 |
| Forcing body strength/beating | 575 |
| Strangling | 150 |
| Cutting | 117 |
| Blunt Object | 92 |
| Firearm | 73 |
| Burning | 10 |
| Poisoning | 3 |
| Others | 97 |
| Total | 1853 |

**Figure 2. Types of aggression utilized to practice violence.** Vitória da Conquista (BA), Brasil, 2015**. Source: SINAN data**

In Figure 3, rape (n = 249) was the type of sexual violence most suffered by women, and sexual harassment was represented by (n = 105).

| **Type of sexual violence** | **N** |
|---|---|
| Rape | 249 |
| Sexual harassment | 105 |
| Sexual exploration | 14 |
| Pornography | 6 |
| Others | 7 |
| Total | 381 |

**Figure 3. Types of sexual violence sexual suffered.** Vitória da Conquista (BA), Brazil, 2015**. Source: SINAN data**

Regarding the consequences of violence on women's health, it was observed that post-traumatic stress had a higher proportion (n = 35) of the post-violence disorders analyzed, followed by behavioral changes with (n = 20), pregnancy with (N = 17) and the acquisition of

Sexually Transmitted Disease (n = 15), according to figure 4.

| Consequences of violence | n |
|---|---|
| Abortion | 2 |
| Pregnancy | 17 |
| Sexually transmitted disease | 15 |
| Suicide | 11 |
| Mental health altercation | 3 |
| Behavioral alterations | 20 |
| Post traumatic stress | 35 |
| Others | 22 |
| Total | 125 |

Figure 4. **Consequence of violence to the health of the woman Vitória da Conquista** (BA), Brazil, 2015. **Source: SINAN data**

The Chi-square test was used to identify the relationship between types of violence and the consequences of violence. According to the test there was a statistically significant difference between all types of violence and all types of consequences of violence (p = 0.000).

## DISCUSSION

The present study demonstrated that violence affects women of all age groups, but a predominance of occurrences in women in the adult phase was observed, mainly between the ages of 30 and 49 with 45% of the cases, followed by the age range of 20 to 29, with 26%. A similar result was found in a study on violence against women, which found that the majority of cases of violence (82.8%) were among adult women in the 20 to 59 age group.[9]

As for race, the majority of women (43.3%) declared themselves to be brown-skinned and almost all (90.5%) are urban dwellers. Another study showed that 93.4% of the victims of violence lived in the urban area of a medium-sized municipality in the central region of the State of Paraná.[9] According to the authors, these results show that women in rural areas can suffer or report less cases of violence. Thus, cases are underreported or there may still be an academic gap and superficial view for these women in published studies.

Regarding the educational level, it was verified that 46.1% of the victims of violence had incomplete primary education. These data reveal the low level of education of women who experience violence and attribute this to the women's economic dependence on the aggressor.[10]

In addition, the low level of education of both the victim and the aggressor can also hamper the resolution of everyday situations, the violence. Studies show that women with higher levels of schooling, homeownership and vehicle also suffer threatening, beatings, torture and are often sexually abused by their partners, almost all of them are from the same social, economic and cultural proportion in the studies.[11]

Regarding the occupation of the victims of violence, 40.6% of them did not comment on this field, and among the main activities performed and reported are informal occupations and 5.3% of domestic servants and 4% of salespeople stands out. However, the result found in this study does not show that violence is present only among women of the poorest class, since violence is independent of social class.

Violence is not an event that is present only in women of low income or of lower level of schooling, perhaps the incidence is higher in this class due to stress caused by poor conditions of existence, such as low wages, temporary or long-term unemployment. The intention of the aggressor is to keep the victim in a situation of dependence.[11] Women in higher socioeconomic situations, in addition to camouflaging violence, are silent and sheltered in their homes to prevent these occurrences from reaching the public environment, since many prefer to keep the relationship and status.

Regarding the marital situation, exactly half (50%) were single, 32.9% married, 7.6% separated and 0.6% widowed. In a study on the reports of violence against women in the municipality of Senhor do Bonfim / BA in the period from 2009 to 2013,[12] a greater number of single victims were found (16.3%) in relation to married women or in a stable union (6, 5%). For the author, the lowest percentage of married victims is justified by the fear of suffering more aggression on returning home, concern for the home and children and financial submission to the aggressor, these factors favor silence and the omission of complaints by these women, making marital violence hidden.

During the study period, there were more cases of psychological violence (n = 1230) followed by physical violence (n = 930) and sexual violence (n = 540). When analyzing the records filed at the Specialized Police Station

for Women's Assistance (DEAM) for April in 2010 in Salvador, there was also a higher incidence of psychological violence (54.5%) followed by physical violence (45%).[13]

Psychological violence occurs through verbal abuse, intimidation, rejection of affection, threat of beating the woman and her children, preventing the woman from working, having friendships or leaving; accusation of having lovers, among others.[14]

It is important to point out that some victims of psychological violence think that the acts to which they are subjected are not serious enough, nor important to take action to prevent such acts, such as reporting them to the competent bodies, which reinforces the power of generational male domination and acceptance of contemporary society.[14] Threatening, as a means of aggression, presented a similar result (n = 736) of that found by another study, (9) with 45.4% of threats, injuries and verbal abuse.

Forcing body strength based on beating presented with (n = 575) among the means of aggression used to practice violence, given that this is presented in isolation from the other means of aggression. Differently from this finding, researchers[9] analyzed forcing body strength under different means, not only characterizing them as beatings, but classified them as forcing body strength based on, punches, kicks, strangulations and pushes (25.5%), utensils and household objects such as brooms, chairs, irons, glasses, remote controls (16.1%); fire arms, knives, scissors, machetes, hacksaws, revolver, shotgun and guns (7.8%). In addition to the instruments already presented, there was still (5.2%): stones, iron rods, ropes, chains, belts, pieces of wood, glass, matches and alcohol to set the victim on fire.

Faced with this cruel reality, inside the act of practicing aggression, sexual violence is included one of the most terrible types of violence. This is considered to be any form of sexual activity that is not consensual, which represents a serious public health problem, that includes rape as the worst form of aggression that women may experience.[15] Rape is the type of violence most suffered by women in the study, followed by sexual harassment.

Violence against women is a public health problem that can have consequences and impacts on the social life and health, both physical and psychological of the victims. In the present study, a greater number of reports of post-traumatic stress because of the violence were found. Similar studies with the purpose of knowing the prevalence of women victims of violence through the cases reported in 2009 and 2010 by the Notifiable Diseases Information System (SINAN) in the city of Porto Alegre also verified post-traumatic stress therefore in 9.8% of the cases.[16]

Post-traumatic stress consists of reliving the trauma generating intense psychological distress and anguish, causing social isolation, professional unproductiveness, and a decrease in the quality of life of women who have been raped.[17] Damage to women's mental health has also been reported because of violence, irritability, diminished self-esteem, job insecurity, sadness, loneliness, anger, lack of motivation, and relationship difficulties.[18]

Another significant consequence refers to stress, which added to anxiety and phobias stand out in favoring the physical and mental consequences on health. Stress causes direct psychosomatic effects on health, such as immune diseases, allergies, changes in hormonal functioning, and can lead to the weakening of personal conditions, or influence the course of a preexisting disease, by overlapping other symptoms (sleep disorder, anorexia), or the appearance of new pathologies or inappropriate behavior.[6]

Among the harm caused by violence to women's health are mutilations, fractures, difficulties related to sexuality and obstetric complications.[19]

## CONCLUSION

Aiming to relate the types and consequences of violence that affected women in the municipality of the southwestern region of Bahia between the years 2010 and 2014, it was verified that among the types of violence observed there was a prevalence of psychological violence.

At the end of the study it was possible to trace the socio-demographic profile of women victims of violence characterized by women of brown skinned coloring, low schooling, various occupations, single women and residents of urban areas.

Post-traumatic disorders were the most common consequences in women victims of violence.

The relationship between the type and consequences of violence demonstrated an intrinsic and marked relationship between the types and consequences of violence. Reinforcing the consequences as inevitable in face of the types of violence practiced mainly between the types of violence and the problems in the mental health.

However, the figures found in the studies are still a small sample of the reality of violence, since according to the Ministry of Health there is a under-notification of the cases and only 10% of the Brazilian victims of violence report the aggressions to the health or judicial system.[20]

By understanding the importance of the information gathered in this study, it is proposed to health professionals, to exercise their role of caregiver, and also of educator, in a humanized and integral way. To always base the specific planning of their actions on the updating of data on violence against women, being aware of omission of the cases because, many of these cases are under-reported, which contributes to the lack of comprehensive knowledge both professionals as well as the woman victim of aggression.

Understanding and identifying the characteristics of violence allows the delineation and planning of health actions, [21] which are focused on the reality and on the presented needs of this aggravation which is considered a chronic and generational disease which results in infirmity in the contemporary world.

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