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EXPRESSIONS AND REPERCUSSIONS OF CONJUGAL VIOLENCE: PROCESSES OF WOMEN IN A PROBATE COURT

EXPRESSÕES E REPERCUSSÕES DA VIOLÊNCIA CONJUGAL: PROCESSOS DE MULHERES NUMA VARA JUDICIAL

EXPRESIONES Y REPERCUSIONES DE LA VIOLENCIA CONYUGAL: PROCESOS DE MUJERES EN UN TRIBUNAL DE SUCESIONES

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ABSTRACT

Objective: to know the expressions and repercussions of conjugal violence. **Method:** quantitative, documentary and descriptive study. Data were collected from 212 cases of conjugal violence recorded at a Violence Court for Peace at Home. The processing took place from the frequency distributions presented in figures. **Results:** based on the information contained in the process, women reported experiencing psychological (90.09%), physical (76.64%), moral (69.34%), patrimonial (24.06%) and sexual (19.34%) violence. The recorded repercussions relate to the triggering of hematomas (47.9%), skin lesions (35.9%), excoriations (12%) and fractures (4.2%), all associated to physical assault, which took place using body force (76.64%), white arms (11.97%) and firearms (11.39%). **Conclusion:** although the processes register all expressions of violence typified by the Maria da Penha Law, the consequences are related only to the physical aggression, pointing to the need for adequacy of the investigation form at the courts. **Descriptors:** Violence Against Women; Gender Identity; Law Enforcement; Public Health; Criminal Law; Intimate Partner Violence.

RESUMO

Objetivo: conhecer as expressões e repercussões da violência conjugal. **Método:** estudo quantitativo, documental e descritivo. Os dados foram coletados a partir de 212 processos de violência conjugal registrados em uma Vara de Violência pela Paz em Casa. O processamento deu-se a partir de distribuições das frequências apresentados em figuras. **Resultados:** com base nas informações contidas no processo, as mulheres referiram vivenciar as violências nas formas psicológica (90,09%), física (76,64%), moral (69,34%), patrimonial (24,06%) e sexual (19,34%). As repercussões registradas relacionam-se ao desencadeamento de hematomas (47,9%), lesões de pele (35,9%), escoriações (12%) e fraturas (4,2%), todas associadas à agressão física, a qual se deu através do uso da força corporal (76,64%), de armas branca (11,97%) e de fogo (11,39%). **Conclusão:** embora os processos registrem todas as expressões da violência tipificadas pela Lei Maria da Penha, as repercussões relacionam-se apenas à agressão física, apontando para a necessidade de adequação do formulário de investigação nas varas. **Descritores:** Violência Contra a Mulher; Gênero; Aplicação da Lei; Saúde Pública; Justiça criminal; Violência por Parceiro Íntimo.

RESUMEN

Objetivo: conocer las expresiones y repercusiones de la violencia conyugal. **Método:** estudio cuantitativo, descriptivo y documental. Los datos fueron recogidos a partir de 212 casos de violencia conyugal grabados en un Tribunal de Violencia para la Paz en el Hogar. El procesamiento ocurrió a partir de las distribuciones de frecuencia presentadas en tablas. **Resultados:** con base en la información contenida en ese proceso, las mujeres dijeron que habían experimentado violencia en las formas psicológica (90,09%), física (76,64%), moral (69,34%), patrimonial (24,06%) y sexual (19,34%). Las repercusiones registradas se refieren a la aparición de hematomas (47,9%), lesiones en la piel (35,9%), excoriaciones (12%) y las fracturas (4,2%), todos ellos asociados a la agresión física, que se llevó a cabo mediante el uso de la fuerza corporal (76,64%), armas blancas (11,97%) y el de fuego (11,39%). **Conclusión:** aunque los procesos registren todas las expresiones de violencia tipificadas por la Ley Maria da Penha, las consecuencias están relacionadas exclusivamente con la agresión física, apuntando a la necesidad de adecuación de la forma de investigación en los tribunales. **Descriptor:** Violencia contra la Mujer; Identidad de Género; Aplicación de la Ley; Salud Pública; Derecho Penal; Violencia de Pareja.

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INTRODUCTION

Although representing a serious public health problem with serious repercussions for women’s health, professionals do not recognize conjugal violence as a cause associated with the search for the health service. Therefore, the professional preparation for the knowledge of its expressions and repercussions is essential, which will foster the identification process of the grievance, essential condition for a life free from violence.

A study conducted with women who denounced their spouses show that the sense of justice and the need for protection mobilize them to seek legal-police support.¹ However, the number of women who communicate the crime in the judicial-police space is not representative of the female population who experiences the phenomenon, since the silence still permeates the relations within the private sector.

With promulgation of Law 11,340, on 07 August 2006, the number of complaints increased 28%, according to information from the Women’s Service Center - 180.² This growth is a response to the toughest applications of the law, such as protective measures, which are giving greater confidence to women.³ There is also greater visibility on the forms of the expression of violence, typified by Maria da Penha Law, namely: physical, psychological, moral, sexual and patrimonial.

Regardless of its forms of expression, the experience of violence by women generates costs for various sectors, once it requires care and intersectoral articulation of areas such as police, social, legal, health and education. Specifically in relation to health scenarios, estimates show that around 40 thousand Brazilian women seek assistance services for treatments related to the experience of violence. Only with hospitalizations, the annual cost for the Unified Health System exceeds the sum of five million in Brazilian currency.⁴ However, this value does not represent the actual expenditures in the health sector for services provided to women in situations of violence since it is limited to records of hospitalizations. These usually occur due to physical violence, such as burns, stabs, shots and more severe physical assaults; and/or due to, for example, depression or suicide attempt due to the somatization of the experienced violence.⁵

When experiencing a conjugal life permeated by violence, women tend to a somatization of the event. The somatization

results in physical and mental illness, whose signs/symptoms are little associated to violence, which alert to the masking of the problem. Thus, a more attentive professional look is necessary to relate health demands to the family context, scenario where the conjugal violence emerges. However, national and international studies point out the difficulties of professionals to suspect and/or recognize the physical and psychological repercussions of conjugal violence, as well as to refer for the network. This deficiency may relate to the training that does not include the violence in the academic curricula.⁶⁻⁷

Based on the assumption that the knowledge about the theme conjugal violence is essential to subsidize the process of professional preparation and that they are unaware of and/or do not identify it while meeting women who experience the grievance, the following question arises: What are the forms of expression of conjugal violence and repercussions recorded in legal processes?

OBJECTIVE

- To identify expressions of conjugal violence and repercussions for women from legal processes.

METHOD

This is a quantitative, documentary, descriptive study, linked to the research "Reeducation of men and women involved in criminal processes: coping strategy of conjugal violence", under funding from the *Fundação de Amparo à Pesquisa do Estado da Bahia* (FAPESB - Foundation for Research Support of Bahia).

The study was conducted based on the analysis of 212 cases under jurisprudence of the 1st Court for Peace at Home, in Salvador, Bahia. The inclusion criteria included ongoing legal processes recorded in 2014 and referring to conjugal violence. In general, cases of violence against women are represented at specialized police stations. These operate in conjunction with the Public Ministry, which appreciates the surveys and forward them as a legal process for the courts. The representation of violence can be held at regular police stations or directly in the Public Ministry.

Data were collected with the aid of an instrument, built based on the Documentary Analysis Form, which is completed during women’s care by the social worker and/or psychologist of the court. The form consisted of two blocks: the first one, to characterize women, contained questions relating to

sociodemographic aspects and the second, to meet the study object, contemplating questions on the expressions of conjugal violence, specifying, in case of physical assault, the methods used and the injured body part; and the repercussions, which include the physical damage and the use of licit/illicit substances.

Data were collected between March and April 2015, in eleven visits previously scheduled with the judge, legal representative of the court in question. She provided a room at the headquarters for the collection. The data obtained were stored in EXCEL spreadsheets and processed in the STATA program, version 11.0 (StataCorp, CollegeStation, TX, USA) through distributions of frequencies.

The study respected the ethical aspects advocated by Resolution 466/12 of the National Health Council, with the approval of the Research Ethics Committee of the Nursing School of the Federal University of Bahia, under protocol 877.905.

RESULTS

Based on the records in the 1st Court, women were between 25 and 49 years old, most of them were black, unmarried, mothers, have completed at least secondary education and exercise paid activities, although with up to two minimum wages.

The average time living with the spouse and in situations of violence, until deciding to complaint, was five and seven years, respectively. At the time of the complaint, almost all of them no longer lived with their partners (90.56%).

Data regarding expressions and repercussions of conjugal violence were organized from the following categories:

◆ Expressions of conjugal violence

Based on the records, psychological violence consists of the most frequent form of expression in the 1st Court (90.09%), followed by the physical (78.77%), moral (69.34%), patrimonial (24.06%) and sexual (19.34%) violence (Figure 1). Importatnly, all women have experienced at least two expressions of violence; and some have already experienced all five forms.

Figure 1. Expressions of violence experienced by women (n=221). Salvador (BA), Brazil, 2014.
Source: Legal processes recorded in 2014 in the 1st Court for Peace at Home.

Data show that physical assault occurs predominantly by means of physical force (76.64%), followed by the use by White arms (11.97%) and firearms (11.39%) (Figure 2). The

most affected were body regions: face (24.53%), head (19.43%), neck (13.21%) and upper limbs (12.26%) (Figure 3).

Figure 2. Mean used for physical assault (n =167). Salvador (BA), Brazil, 2014.
Source: Legal processes recorded in 2014 in the 1st Court for Peace at Home.

Figure 3. Body region affected by the physical assault (n=167). Salvador (BA), Brazil, 2014.
Source: Legal processes recorded in 2014 in the 1st Court for Peace at Home.

◆ **Repercussions of conjugal violence**

Also associated with physical assault, the study revealed repercussions, such as hematomas (47.9%), skin lesions (35.9%), excoriations (12%) and fractures (4.2%) (Figure 4). It also signaled to the experience of

conjugal violence and consumption of licit substances (9.44%), mostly represented by the use of antidepressants (5.2%), followed by alcohol (1.9%) (Figure 5). No case presented records of women using illicit substance.

Figure 4. Repercussions of physical assault (n=167). Salvador (BA), Brazil, 2014.
Source: Legal processes recorded in 2014 in the 1st Court for Peace at Home.

Figure 5. Use of licit substances by women (n=20). Salvador (BA), Brazil, 2014.
Source: Legal processes recorded in 2014 in the 1st Court for Peace at Home.

DISCUSSION

The study warns to the various ways in which violence expresses in the conjugal relationship. Some experience all expressions typified by the Maria da Penha Law: moral, sexual, psychological, patrimonial and physical. Research performed with women victims of violence at a Special Protection Unit in the city of Fortaleza, Ceará, Brazil, points out that few cases presente only one form of expression.⁸ Corroborating, a study shows, in the international contexto, that the Colombian women do not experience separately the various expressions of violence.⁷

In relation to sexual violence (19.34%), the least mentioned form of expression in the cases, studies carried out in the south and northeast regions draw attention, once their percentages are lower than the ones found in

this study, which ranged from 1.93% to 4.4%⁴⁻⁹ including information from the Women’s Service Center - 180, whose record was 4.3% in the first half of 2016, although representing an increase of 149% related to the year 2015.² A study conducted in the USA ratifies it, alerting to the experience of marital rape in the marital relationship (7.3%).¹⁰

The lowest percentage of complaint by sexual violence suggests the understanding that the sexual relationship with her partner is a female obligation. This causes women not to realize they are experiencing marital rape. Scholars on violence against women agree that the non-understanding of rape is a reality experienced by women, who do not understand the forced sex as an expression of sexual violence.¹¹ This situation is related to the patriarchal model of society in which women are submissive to man and submit to

male sexual desire, putting them as passive object of this relationship.¹⁰⁻¹¹

With a percentage much higher than the sexual expression, moral violence was recorded in 69% of cases, representing the third most frequent form that mobilizes women to the complaint. However, many studies, such as from the United States, Uganda and Brazil, when addressing the expressions of violence, they do not mention the moral form.^{1,4,10} Others bring smaller percentages as well as the researches carried out in the south and northeast regions, which showed that the moral violence was the least common, with 16% in both regions.^{4,9} The Women's Service Center - 180 presents an even smaller percentage: 6.51%.²

On 9 June 1994, the Inter-American Convention to prevent, punish and eradicate violence against women, known as the *Convenção de Belém do Pará* (Convention of Belém-PA), understood that violence against women covered only the physical, sexual and psychological expressions. Such forms of expression were, therefore, known in 33 Latin American countries since this document was published in Portuguese, Spanish, French and English, and above all by the fact that Brazil was one of the signatory countries. This conjuncture allows elucidating the reason why many studies do not mention expressions, such as the moral and patrimonial, although these forms have been typified since 2006, with the promulgation of the Maria da Penha Law.¹² This non-understanding of the acts characterized as patrimonial and moral violence is also reality of underdeveloped countries, such as Uganda¹, as well as developed countries, such as the USA,¹⁰ which until today have no law classifying moral and patrimonial expressions.

The patrimonial violence, quoted in 26.06% of cases analyzed in this study, was also observed in a smaller percentage in other studies. A national study with women who had denounced conjugal violence showed a percentage of 10% for this typification of violence.¹² The report of the Women's Service Center - 180 presented a lower percentage, which informed patrimonial violence in 1.93% of cases.² A research conducted in Minas Gerais, Brazil, indicates that women little perceive this type of violence, because they are unaware that the retention, subtraction, partial or total destruction of their personal objects by the aggressor is a crime and is provided for in the Maria da Penha law.¹²

Psychological violence was the most mentioned in cases (90.09%), being the threat by spouses the main complaint (88%). The

percentage of records relating to psychological violence is consistent with quantitative study, conducted with 103 women who represented their spouses in a police station in the south of Brazil, which showed that the most prevalent type of violence is the psychological, with 86.5% of the cases.⁹ Nevertheless, according to a report by the Women's Service Center - 180, psychological violence accounted for only 31.10% of the registered cases.² The underreporting of this kind of violence may relate to the fact that this reality manifests in a veiled way, being the threat the main form of violence, as advocated by a study in Cambodia.¹³

Although psychological violence has been most mentioned type in our study, we cannot affirm this is the expression that mobilizes women to seek the protective equipment to the person in a situation of violence. Many studies corroborate the physical assault as the expression that encourages women to the complaint, even if this is not the only form of violence experienced by them. National and international studies conducted with women who reported the crime at police stations report that physical violence was the most prevalent,^{4,14-15} a datum that also corroborates the Women's Service Center - 180.² Contrary to these findings, physical violence in our study represented the second most reported form (78%). This situation can be related to the investigation, by professionals from the police station and/or the court, of other forms of violence experienced by the woman, not restricting to the expression reported by her at the moment she communicates the case.

Regarding acts of physical violence, the WHO/PAHO classifies as gravity, considering moderate acts: threats without using firearm or relating to sexual abuse, patrimonial violence and physical assault in the form of shoving, pinches, slaps, without the use of any needlestick instrument or that generate contusions. The so-called severe acts are those which have temporary and/or permanent injuries, leaving scars, burns and use of white arms or firearms.¹⁶

In our study, regarding the means used for physical violence, we found the use of physical force (76.64%) or white arms (11.97%) or firearms (11.39%), confirmed by other studies. Researches developed with women experiencing conjugal violence in northeastern Brazil revealed lower percentages with respect to the use of physical force, with 40.1% of the cases and the use of White arms or firearms with

percentages of 7.6%.⁸ The aggression by firearms (52%) represented the main cause of death among deaths investigated in a study conducted in Brasília, followed by needlestick, sharp or bruising instrument (30%), which refer to white arms.¹⁷ The process of social construction of gender, based on the patriarchy, strengthens the domination of man over woman, naturalizing the use of physical force and white arms and firearms as a way of imposition in the relationship.¹¹

The sites most frequently affected with physical assault were face, head, neck and upper limbs, totaling 65.6% of affected areas. A study corroborates the results, indicating the same regions as the most affected at the time of the assault.¹⁸⁻¹⁹ The involvement of the upper limbs possibly occurs during the attempt of self-defending from the attacks to the face, which is corroborated in a study conducted in Belém, Pará, Brazil.¹⁹ Symbol of humiliation, attacks directed to the woman's face (22.6%) were also observed in another study developed with women victims of conjugal violence in Salvador, Bahia, Brazil. This warns that the assault on the woman's face affects her sensuality, lowering her self-esteem, and argues that, at the moment of aggression, the spouses purposely choose the face in order to exercise the power they believe they have over their partners.²⁰

As consequences of physical assault, women showed bruises, skin lesions, excoriations and fractures. Such damage to the physical integrity of the victims are ratified in national and international studies, in France, which add cuts, lacerations, bruises and sprains, and warn that the presence of these lesions may even lead to death.³⁻⁴ In addition to these signals, there are the physical and emotional effects resulting from the process of somatization of such experience. International and national surveys show that, when somatization of violence occurs, women tend to present with headache, epigastric pain, insomnia, mood instability, aggressiveness, anxiety, low self-esteem, depression, social isolation, suicidal ideations and suicide, among other symptoms.^{6,21} A research with women from Bahia with histories of life permeated by violence, rejection and lovelessness reveals that they manifest emotional problems that culminate in the decision to interrupt their own life.²² In the international context, a study with women who have denounced violence by an intimate partner recognize post-traumatic stress disorder (PTSD), fear

and self-blame as repercussions of the phenomenon.²³

Studies point to the difficulty recognizing the physical repercussions, as well as psychological, from the somatization of violence.⁶ A research developed in Israel reveals that the basic care professionals do not recognize and do not notify physical and psychological repercussions from somatization for not being visible elements in the care.²⁴ This limited perception of professionals can be related to the fact that the form of the court just mention items related to physical aggression.

Although the study did not allow stating the repercussion of violence, it draws attention to the use of licit substances by women (9.44%), especially antidepressants (5.2%). Corroborating, researches developed in the southeast and northeast regions showed that approximately 30% of women in situations of violence reported the use of antidepressants and associated such event to symptoms, such as anxiety, phobias, low self-esteem, depression and suicidal ideation and behavior.^{17,21,25} Although this study has identified much smaller percentages than the evidence in the scientific literature, the relationship between the consumption of antidepressant substances and the experience of conjugal violence cannot be denied, warning to the vulnerability of women in impairment of mental health.

CONCLUSION

Based on the records of legal processes, the study revealed that conjugal violence is expressed in the psychological (90.09%), moral (69.34%), patrimonial (24.06%), sexual (19.34%) and physical (76.64%) forms. The latest occurs by using physical force and white arms and firearms. The physical assault affects mainly the face, head, neck and upper limbs, bringing repercussions such as hematomas, skin lesions, excoriations and fractures.

Considering the severity of conjugal violence with repercussions on the physical integrity of women, as the findings show, this context highlights the distance between health and violence. Thus, the essentiality of professional preparation becomes clear to associate clinical and behavioral aspects presented by women experiencing violence in order to identify women who experienced the grievance and, from there, design actions to fight the problem. However, the study is limited by the fact that the form used in the court shall be limited to the visible marks of direct aggression, not contemplating

symptoms related to the process of somatization of the experience. Such a gap compromises the sizing of the magnitude of the phenomenon, including in terms of the most reliable cost for the health sector.

Another limitation of the study relates to the consumption of licit/illicit substances, information contained in the form investigated, but that does not allow associating cause and effect. This is because, although revealing the percentage of women, for example, that use an anxiolytic, the findings do not indicate if it results from the experience of violence. In terms of the lack of records relating to the use of illicit drugs, such information may have been influenced by the fear of women in confessing that they use banned substances because they are facing a legal process and, *a priori*, they wish their children's custody. This restlessness awakens to the need for studies outside the legal-police scenario establishing the interface between experience of conjugal violence and involvement with drugs.

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