



**BODY IMAGE OF WOMEN WHO SUFFERED PHYSICAL VIOLENCE**  
**IMAGEM CORPORAL DE MULHERES QUE SOFRERAM VIOLÊNCIA FÍSICA**  
**IMAGEN CORPORAL DE MUJERES QUE SOFRIERON VIOLENCIA FÍSICA**

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**ABSTRACT**

**Objective:** to understand the repercussions of physical violence on women's body image. **Method:** qualitative, descriptive and exploratory study developed with five women accompanied by the Center for Women's Attention in a situation of violence. The data were produced from semi-structured interviews and analyzed by the Collective Subject Discourse technique. **Results:** from the discourses, four Central Ideas Synthesis emerged - Repercussions of violence in the body image of the woman; Association of lesion site and body image; Physical dehydration and Mental exhaustion. **Conclusion:** the physical violence suffered by an intimate partner affected the self-image and triggered the physical and emotional illness of the participants, being necessary, the interprofessional teams in the care of the woman who suffered physical violence, a sensitive and supportive look in the planning and execution of the care of not be limited to the treatment of physical injuries. **Descriptors:** Violence Against Women; Intimate Partner Violence; Injury and Injury; Body image; Self-image; Domestic violence. **Descriptors:** Violence Against Women; Intimate Partner Violence; Wounds and Injuries; Body Image; Self Concept; Domestic Violence.

**RESUMO**

**Objetivo:** compreender as repercussões da violência física na imagem corporal da mulher. **Método:** estudo qualitativo, descritivo e exploratório desenvolvido com cinco mulheres acompanhadas pelo Centro de Atenção à Mulher em situação de violência. Os dados foram produzidos a partir de entrevistas semiestruturadas e analisados pela técnica do Discurso do Sujeito Coletivo. **Resultados:** dos discursos, emergiram quatro Ideias Centrais Síntese - Repercussões da violência na imagem corporal da mulher; Associação do local da lesão e imagem corporal; Adoecimento físico e Adoecimento mental. **Conclusão:** a violência física sofrida por parceiro íntimo afetou a autoimagem e desencadeou o adoecimento físico e emocional das participantes, sendo necessário, às equipes interprofissionais no atendimento à mulher que sofreu violência física, um olhar sensível e solidário no planejamento e na execução do cuidado de forma a não se limitar ao tratamento das lesões físicas. **Descritores:** Violência Contra a Mulher; Violência por Parceiro Íntimo; Ferimentos e Lesões; Imagem Corporal; Autoimagem; Violência Doméstica.

**RESUMEN**

**Objetivo:** comprender las repercusiones de la violencia física en la imagen corporal de la mujer. **Método:** estudio cualitativo, descriptivo y exploratorio, desarrollado con cinco mujeres acompañadas por el Centro de Atención a la Mujer en situación de violencia. Los datos fueron producidos a partir de entrevistas semiestructuradas y analizados por la técnica del Discurso del Sujeto Colectivo. **Resultados:** de los discursos surgieron cuatro Ideas Centrales Síntesis - Repercusiones de la violencia en la imagen corporal de la mujer; Asociación del lugar de la lesión e imagen corporal; Enfermedad física y Enfermedad mental. **Conclusión:** la violencia física sufrida por un socio íntimo afectó la autoimagen y desencadenó enfermedad física y emocional de las participantes, siendo necesario, a los equipos interprofesionales en la atención a la mujer que sufrió violencia física, una mirada sensible y solidaria en la planificación y en la ejecución del cuidado de forma que no se limita al tratamiento de las lesiones físicas. **Descritores:** Violencia Contra la Mujer; Violencia de Pareja; Heridas y Lesiones; Imagen Corporal; Autoimagen; Violencia Doméstica.

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## INTRODUCTION

It is known that physical violence to the woman is a traumatic occurrence that affects her twice, deeply marking her life, because, in addition to the possible injuries to see, it generates shame and other emotional losses that are considered her invisible marks.<sup>1</sup>

It is a development of violence against women, considered a serious public health problem and violation of human rights, and it is estimated that one in three women worldwide has suffered physical or sexual violence by an intimate partner. The highest incidence occurs in Africa (36%), East Mediterranean (37%) and Southeast Asia (37.7%).<sup>2</sup> In Brazil, data from the Women's Assistance Center show that, 140,350 registered reports of violence against women in 2016, 50.70% were cases of physical violence.<sup>3</sup>

It should be considered that this type of violence does not usually occur in isolation, and there is a trend of its evolution and intensity, which usually begins with verbal offenses, repression and morale reduction, having as a result, physical injury. This is detrimental not only to physical health, but also to emotional health, which can result in disorders such as post-traumatic stress, anxiety, depression, eating disorders and suicide attempts.<sup>2</sup>

It is emphasized that the head, neck and face are among the areas of the woman's body most affected by physical violence<sup>4</sup> whose intentional provoked facial traumas reaffirm male domination, which results in aggression to the woman's face by herself treat body part with high visibility<sup>5</sup> and easily accessible area. Even if the lesions and scars disappear, being exposed to physical violence leaves deep marks that contribute to the low self-esteem of the woman, who then feels inferior and careless with her body image.<sup>6</sup>

It is believed that the low self-esteem related to the presence of facial changes is explained in the conception of the face as identity so that, when suffering some type of aggression that causes deformity or alteration, the face happens to be seen as the recognition of a fatality in the life of the victim, differently than when it affects another part of the body,<sup>7</sup> so that the fact of having the face affected by the violence by intimate partner intensifies in the woman the shame and the humiliation.

It is pointed out that, therefore, a common outcome in situations of physical aggression against women is the embarrassment of

exposing the body marked by the lesions, which is why it hides it from people and from itself, because it fears judgments. This results in emotional damage and their self-image.<sup>1</sup>

It is thus perceived that the mental representation that is built on the body itself is impaired in battered women occurring the depreciation of the self-image, which negatively affects the personal identity of the woman, which can result in the inability to establish new relationships and constitute wounds emotional disorders that can scarcely heal without the accompaniment of different spheres of care.<sup>5</sup>

The body is considered something that goes beyond visible qualities. It expresses the essence of being, its colors and the inner sonority that the external world supplies.<sup>8</sup> A woman who experiences violence, especially physical, has her body affected and she responds physically or emotionally.

It is added that, in considering that the object of this study is "the body image of women who suffered physical violence" that, when searching for scientific productions on the subject, gaps were identified in the discussions, specifically referring to the state of Pernambuco, thus, a shortage of work related to the theme.

In this paper, answers to the following questions were sought: Does physical violence impair the woman's body image? What are the repercussions?

It is considered that the research is relevant considering that the results will contribute to the knowledge and will serve as a basis for an inter-professional approach in the care not only of visible lesions, but also that the necessary sensitivity can be developed to visualize invisible lesions in women who experienced experiences of physical conjugal violence.

## OBJECTIVE

- Understanding repercussions of physical violence on women's body image.

## METHOD

A qualitative, exploratory and descriptive study was carried out in the city of Petrolina-PE, at a Reference Center for Care of Women in Situations of Violence (RCCW), with data collected between November and December 2017, after approval by the Committee of Ethics and Deontology and Studies and Research (CEDEP) of the Federal University of the São Francisco Valley, under the opinion nº 2.292.330.

As participants, women who met the inclusion criteria of being at least 18 years of age and having suffered physical violence by intimate partner were enrolled as participants. They signed the Free and Informed Consent Term (FICT) and were guaranteed secrecy and anonymity, and the participants were identified by names of gemstones: Amethyst, Diamond, Emerald, Turquoise and Sapphire.

Prior to the interviews, a process of approximation was carried out through reflexive workshops of an individual nature, with the aim of working on emotions and feelings, above all the self-esteem and self-confidence of the participants.

The data were subsequently collected through semi-structured interviews and recorded with the consent of the participants. After transcription, the complete material of the five interviews for the NVIVO® software was exported in its 11<sup>th</sup> version, free trail in the period limited to the organization and analysis of data for storage and coding. NVIVO is a program that allows to evaluate qualitative methods and other types of research in such a way that the researcher can organize, analyze, find information with unstructured data and also share.<sup>9</sup>

In this software, you import files into a tool called Fonts. In it, one could insert research resulting materials into two subdivisions: internal sources and external sources. The organization of the data is done through the tool called "Nodes", in which are grouped the topics of interest and that coincided in the

content. Understanding each "node" as "category", it can be subdivided into subcategories.

It is also possible to create diagrams with imported texts. For this work, we chose the "cloud of words", which consists of a tool that displays the most recurring words in a given node. The larger word is the one that appeared most frequently in the references, thus facilitating the interpretation of which word was most used by the interviewees.

Subsequently, the material was analyzed using the Collective Subject Discourse (CSD) technique in which the discourse is summarized in fragments of various discourses with the same context in a discourse written in the first person singular.<sup>10</sup> With the use of this technique, we allow the analysis of the collected verbal material in which the Central Synthetic Idea (CSI) was extracted for each category and its corresponding Key Expressions (KE). CSI reveals, briefly, the purpose of each response analyzed and which KE will be formed and grouped in a homogeneous way.<sup>10</sup>

It is shown in figure 1, after that, after the organization and analysis of the interviews with the aid of the software and with the CSD, that four CSI.

Order Number	Central Synthetic Idea
01	A- Repercussions of violence in the woman's body image
02	B- Association of lesion site and body image
03	C Physical depletion
04	D- Mental depletion

Figure 1. Central Ideas Summary of the body image of women victims of physical violence interviewed. Petrolina (PE), Brazil, 2018.

## RESULTS

The group consisted of five women with a mean age of 46 years, ranging from 37 to 52 years old, self-declared brown (n = 2), yellow (n = 2) and black (n = 1) was interviewed. The majority divorced (n = 3), all with children and only two live with them. With regard to schooling, only one was not literate. The others ranged from incomplete elementary school to incomplete secondary education. All of them work in the autonomous occupations; day laborer, educational assistant, cook and community health agent and most receive up to a minimum wage.

In the first stage of the interview, violence was questioned where the most observed aggressions were: verbal abuse, punching, shoving, slapping, attempted suffocation, hair pulling, pinching, kicking, tapping, and using objects (throwing, drilling, beating). The most affected areas were: head, neck, face, arms, back, thorax and legs.

Interviews were managed in the "sources" tool and its contents were imported to the "external sources" tool, where the material of each participant identified by name of precious stones distributed in Alphabet: Amethyst, Diamond, Emerald, Turquoise and Sapphire. The nodes per interview varied

between six and nine, according to excerpts from the speeches used.

Subdivided the node "Repercussions of physical violence in women's health" in the subcategories "Mental dehydration" and "Physical exhaustion" and these, in four other subcategories.

It is equivalent, considering the number of interviews cited in the node, to the amount of sources. Thus, the node "Mental depletion" was fed by five sources (five interviews) and had twenty-three references equivalent to twenty-three passages.

Figures 2 and 3 show the clouds of words, of interest, generated from the categories: "How did you feel before violence"; "How he felt after the violence" and "Emotional dejection," respectively. In this tool of the software, the words that appeared in larger size are the ones that were repeated more during the interviews facilitating the visualization of the data. For example, in Figure 2, the word "beautiful" appears prominently and can be considered to have had a high rate of recurrence in discourses.



Figure 2. Cloud of words from the category "How it felt before violence". Petrolina (PE), Brazil, 2018.



Figure 3. Word cloud of the categories "How felt after violence" and "Emotional dejection". Petrolina (PE), Brazil, 2018.

◆ **Collective Subject Speech**

It was possible to understand, in the discourse of the collective subject of the five women, the repercussions of the physical violence in the body image of the woman.

**Central Idea Synthesis A- Repercussions of violence in the woman's body image**

It is indicated in the content of the speech that experiencing physical aggression has

modified the way of perceiving one's own body.

*I never set myself up for anyone. I like it, vanity is part of my art. When I was with him I did not feel good about it and people started to realize that I was not getting ready. I saw my whole body deformed by so many beatings, I thought about tearing my skin because it was bothering me. I no longer felt like a human being, I felt like an*

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*object, because I was being raped every day, dirty and filthy. The mirror and the lipstick were my enemies, I painted my nails and I felt ugly, horrible, I do not look pretty, I do not feel good. (DCS: Turquoise, Amethyst, Sapphire, Emerald).*

### Central Idea Synthesis B- Association between the lesion site and its impact on body image

In the speech, the face is presented as the place with the greatest impact on body image. So being beaten in this region is like having stolen everyday life.

*As it always was on the face, and it turned purple, I was ashamed to go out and expose myself. He lived hiding or leaving with my bruised face. When he was going to work, he had a black eye and they had dark glasses to hide. A neighbor of mine who said I had to have platinum, diamond, gold teeth. I lost two teeth the day he wanted to put my head inside the hood of the car on. I have a mark on my mouth, but when I put lipstick I cannot tell (DCS Diamond, Sapphire, Turquoise)*

### Central Idea Synthesis C- Physical depletion

It is observed that the physical aggressions contributed to the triggering of health problems such as obesity, joint pain and the suspicion of stroke.

*I was fat and ugly, you know the ugly duckling? So! But, I was sad for the body I had and I ate. When he attacked me, he spoke by pulling his hair (...) that I was very fat. My whole body was aching, my joints ached. Once I ended up falling on the parallelepiped and cutting off my head, maybe that was the cause of my first stroke (DCS: Amethyst, Diamond, Sapphire).*

### Central Idea Synthesis D- Mental depletion

Women are emotionally affected by the negative repercussions that went beyond physical injuries, triggering low self-esteem and depression.

*When I finished picking up, I did not feel like anything. I felt diminished, I felt so small at that moment, devalued. I cry directly, I have depression, even to say this is difficult. In front of a mirror, I see a very bitter woman, hard, suffering, insensitive, because he woke me up this beast, that monster. I regret having put the marriage forward, it was to have left at the beginning. When I look back I remember how bad it was, I feel a revolt that I could have avoided, the feeling is not good. I feel such pain that I say, "My God! Oh my God, what have I done so much in my life to be going through what I'm going through? Was I the*

*baddest person in the world to go through this pain? ". It is a pain that has an hour that does not give even the desire to eat. I do not want anything, I ask God for strength. I have to allow myself, I can not live the rest of my life like this. I have to allow myself to be happy, I know it will be a while longer. (DCS: Amethyst, Diamond, Emerald, Sapphire, Turquoise)*

## DISCUSSION

It was possible to perceive, with the content of the narratives, that the experience of physical aggression by an intimate partner reached, in such a way, the life of the participants, that left them marks that last going beyond the perceptible lesions in the physical body.

It was evidenced that the way of perceiving the body itself changed and contributed to the loss of the motivation that existed before. It was perceived that what was vanity gave way to demotivation and carelessness with one's own body where one observes that the woman, when perceiving the changes in the body due to physical aggression, lost interest in looking after herself and her appearance. This behavior is common in these situations where it is found that women come to see themselves with disapproval and dissatisfaction. In them, the perception of the body image, after the experience of physical aggression, affects its self-esteem and the emotional balance.

The subjectivity of these women is apprehended regardless of the degree of injury.<sup>1</sup> In addition, there seems to be an association between the location of the injury and the intensity of the impact on the body image of the battered woman, since, as perceived in the speeches, physical aggression to the face intensified the damage, unlike the occurrences in other parts of the body. In such cases, they are ashamed to show their faces and use subterfuges to hide the lesions. This affects social living and interactions, being one of the reasons for absenteeism at work.<sup>12</sup>

It is demonstrated that, in addition to body image, exposure to physical violence interferes with the health-disease process<sup>13</sup> affects distant organs and is associated with the onset of Common Mental Disorders (CMD)<sup>14</sup> characterized by the presence of signs and symptoms such as insomnia, fatigue, irritability, forgetfulness, difficulty concentrating and other somatic complaints.

It is inferred that depression and anxiety were frequent complaints by the participants of this study corroborating research developed

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to investigate the incidence of CMD in rural settlements in Rio Grande do Norte and Piauí when it was identified that among the factors associated with the onset of these disorders in women, they were exposed to intimate partner violence.<sup>15</sup>

In some women, symptoms such as frequent headache, dizziness, changes in blood pressure, and musculoskeletal discomfort are associated with the violence that was then suffered.<sup>16</sup> These are symptoms that are often overlooked by most health professionals, since they do not associate them the exposure of women to violence due to unpreparedness in the approach.<sup>17-8</sup>

It is noted in this chain of losses that the participants' exposure to physical aggression left scars that surpassed the physical barrier. Printed in memory, they left existential marks that, although invisible, have repercussions in their lives in an intensity superior to the marks resulting from the injuries.

It is observed that the victims reacted with disinterest for life, self-devaluation, emotional instability and resentments, emotional damages that have hindered their lives to this day. In these cases, the body stores hurts that hurt beyond what it has suffered physically.<sup>11</sup> Research developed with women who experienced violence found similar characteristics as stress, anxiety and low self-esteem.<sup>19</sup> For these women, it is as if time does not pass and their lives be trapped in memories.

A limitation in this study is a reduced number of participants considering a single location and scenario of data collection. This does not guarantee that the results obtained can be replicated to other similar situations. Their results will be useful for planning and implementing care for women victims of intimate partner physical violence.

## CONCLUSION

It is evident from the results of this research that physical intimate partner violence affected the self-image of the participating women and the health-disease process, being a risk factor for the triggering of physical and mental disorders. Physical injury was a risk factor for the onset of emotional problems that remained and accompany them throughout life.

It is noteworthy that, mistreated, women felt unmotivated and devalued: the physical body, which formerly symbolized beauty and enthusiasm, gave way to discouragement, in which having the face struck both physically

and emotionally, because of the visible injuries to the eyes that faded with the passing of days, deep marks emerged that time could not erase and this gave rise to mental illness.

In this way, it is recommended that the interdisciplinary team, especially the nurses, develop the necessary sensitivity in attention to battered women to perceive beyond physical injury.

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