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# **ORIGINAL ARTICLE**

# GENDER VIOLENCE, SOCIAL BIAS AND DRUGS\* VIOLÊNCIA DE GÊNERO, VIÉS SOCIAL E DROGAS VIOLENCIA DE GÉNERO, VISTAS SOCIALES Y DROGAS

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### **ABSTRACT**

Objective: to analyze the gender violence suffered by women, users of the Psychosocial Care Center for Alcohol and Drugs. *Method*: this is a quantitative, descriptive, cross-sectional study of 30 women treated at CAPS AD, who were active in the Outpatient Health Actions Registry system and answered a structured questionnaire. Data was analyzed using nonparametric statistics. *Results*: the surveyed women presented a high level of violence in relation to the national average. It is noted that the factors that appeared as aggravating factors were race/color, education and housing, the biggest victims: black women and low education. *Conclusion*: the violence against women surveyed is aggravated by social factors. For the aggravating factors, the need to include discussions in the policies to combat violence is shown. The number of complaints is low, as is the demand for health services. *Descriptors*: Gender Violence; Mental Health; Drug Use; CAPS AD; Public Health; Violence Against Women.

#### **RESUMO**

Objetivo: analisar a violência de gênero sofrida pelas mulheres usuárias do Centro de Atenção Psicossocial Álcool e Drogas. *Método*: trata-se de um estudo quantitativo, descritivo, de corte transversal, com 30 mulheres atendidas pelo CAPS AD, que estavam ativas no sistema Registro das Ações Ambulatoriais de Saúde e responderam a um questionário estruturado. Analisaram-se os dados empregando a estatística não paramétrica. *Resultados*: apresenta-se, pelas mulheres pesquisadas, índice de violência elevada em relação à média nacional. Detalha-se que os fatores que apareceram como agravantes foram raça/cor, escolaridade e moradia, as maiores vítimas: mulheres negras e de escolaridade baixa. *Conclusão*: agrava-se, pelos fatores sociais, a violência praticada contra as mulheres pesquisadas. Mostra-se, para os agravantes, a necessidade de se incluir discussões nas políticas de combate à violência. Revela-se que o número de denúncia é baixo, assim como a procura por serviços de saúde. *Descritores*: Violência de Gênero; Saúde mental; Uso de Drogas; CAPS AD; Saúde Pública; Violência contra Mulheres.

## RESUMEN

Objetivo: analizar la violencia de género que sufren las mujeres usuarias del Centro de Atención Psicosocial de Alcohol y Drogas. *Método*: este es un estudio cuantitativo, descriptivo, transversal con 30 mujeres atendidas por CAPS AD, que estaban activas en el sistema de Registro de Acciones de Salud Ambulatoria y respondieron un cuestionario estructurado. Los datos se analizaron mediante la estadística no paramétrica. *Resultados*: las mujeres encuestadas presentaron un alto nivel de violencia en relación con el promedio nacional. Cabe señalar que los factores que aparecieron como factores agravantes fueron la raza/color, la educación y la vivienda, las principales víctimas: las mujeres negras y de baja educación. *Conclusión*: la violencia contra las mujeres encuestadas se ve agravada por factores sociales. Para los factores agravantes, se muestra la necesidad de incluir discusiones en las políticas para combatir la violencia. El número de quejas es bajo, al igual que la demanda de servicios de salud. *Descriptores*: Violencia de Género; Salud Mental; Uso de Drogas; CAPS AD; Salud Pública; Violencia Contra la Mujer.

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## INTRODUCTION

Gender bias was addressed in order to study the specific forms of violence that affect relationships with women in society, concurrently with vulnerabilities related to problematic drug use.

The term gender instead of sex will be used in this work for the emphasis on the historicity approached. The term gender is used to permeate the biological spheres, having a broader understanding of female and male. The concept emerged in the 1970s as a proposal by feminist scholars, aiming to overcome the biological determinism characterized in the term sex. In this sense, the social construction of male and female identities stood out.<sup>1</sup>

The authors show the importance of the concept of gender to denaturalize and deconstruct role definitions. Gender analysis has established a new methodological paradigm from three fundamental pillars: the break with biological essentialism; the methodological privilege to gender relations as opposed to the substantialized categories of men and women and the affirmation of gender transversality in other areas of the social. Gender thus comes to be understood as a category of analysis with theoretical and epistemic status and structuring character of society.<sup>1</sup>

It was pointed out in the literature that there are definite social roles for men linked to reason, culture and thought, while for women, roles related to emotions, body and passivity. In the course of history, relations have changed their dynamics with the taking of man by the figure of power. It was clarified that with the advent of the patriarchal family, in the civilizing era, the construction of female identity was formed and rooted in society.2 The norms that concerned the feminine were produced from the masculine discourse, because it was the men who had the word to define the place of the woman and, by them, the whole scope of their social functions, behaviors and beliefs was created. These norms were internalized by women, who became part of their roots, their beliefs and desires, with territorial and cultural specificities. It can be understood that, in the role of maintaining this logic, institutions such as educational and religious are positioned.

It is noteworthy that this cultural crossing, in addition to being deeply rooted in the public served by health services, is also at the heart of the medical community that serves these services, where power relations are strongly expressed. A study conducted at a medical university in Canada showed the relationship between male and female vertically, which is reflected in care.<sup>3</sup>

This results in the constructed objectification of the female body and its limitation to the private space in a current data where women are

raped indoors, while men suffer urban violence in common spaces.<sup>4</sup>

Symbolic violence is reinforced by institutions such as religion and the family, as they reproduce it within their social group.<sup>3</sup> Considering that, considering that violence against women is more present in the private space, conjugal violence appears as a central factor. It has been described that violence within marriage originates from gender inequalities through power relations.<sup>5</sup>

It was studied the coping of the problem of violence against women by the spouse, and the interviewed Family Health Strategy (FHS) teams reinforced the need for a service network between services and the community, citing that linear and isolated actions have no effect.<sup>6</sup>

There is a network to confront violence with specialized services and support services. The Psychosocial Care Network (PSCN) can be considered as support. PSCN is constituted by health services that support the mental health of the subject in its entirety, forming as an indirect support network, complementary. It is presented by the care services that serve the population using alcohol and other drugs, despite constituting a non-specialist network on gender violence, an important role in the care of people involved with violence. It is evident that the objective is to ensure that people with mental disorders and recurrent needs of crack, alcohol and other drugs can have access to the services offered in the health network.7

There is problematic drug use as an aggravating factor for the women interviewed in this study. In a research conducted with drug users in an inpatient unit, a direct relationship between sexual violence and illicit drug use was found. It is noteworthy that a significant part of the participants already had involvement with crimes (26.8%).

The study investigated the sexual behavior among patients with substance use disorder admitted to a specialized inpatient unit. The sample consisted of 587 adult individuals. The research shows important data to highlight the exposure of drug users to sexual violence. It is, however, necessary to think beyond substance, with in-depth cultural analysis.

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# **OBJECTIVE**

• To analyze gender-based violence suffered by women users of the Alcohol and Drugs Psychosocial Care Center.

#### **METHOD**

This is a quantitative, descriptive, cross-sectional study of women undergoing treatment at CAPS AD III Santana, who attended at least one consultation or group activity until the month prior to the beginning of the research (they are considered active patients). Included were all women who were 18 years of age or older.

It was used as a data collection instrument a structured questionnaire, developed for this research and divided into two parts: the first, aimed at collecting data on income, education, housing, marital status, age, race/color and type of drug used. In the second part, the objective questions about the violence suffered as physical, psychological and sexual aggression were highlighted. Data was collected from January to July 2017.

It is reported that the data was collected in the researched service, after groups and workshops, by the researcher herself in a private room with guaranteed confidentiality. It is reported that the data collected were tabulated for statistical survey on the percentage of violence suffered, and the type of each violence. The data is then crossed with sociodemographic characteristics, divided into groups by race, color, education, income and housing, and thus the prevalence of violence in certain groups was reached.

It is shown that the exclusion criteria were based on users who did not participate in CAPS activities until the month prior to the survey and under 18 years. Active users in the Outpatient Health Record (OHR) system were collected and the sample was for convenience.

It is noted that the average of women active in the service during each month of the survey was 42, and of these 37 were invited to participate and 30 participated.

It is stated that the research took place according to the norms and guidelines of the National Commission for Ethics and Research (CONEP), CAAE 59349716.3.0000.5463 of the Ethics Committee of the State Server Health Care Institute (IAMSPE), under the opinion 1,888,555 and CAAE 59349716.3.3001.0086 of the Municipal Health Secretariat of São Paulo (SMS/SP), under opinion 1.916.513, after submission to Plataforma Brasil, pursuant to the provisions of Resolution No. 466/12 of the National Health Council.

## **RESULTS**

It is shown that each month, on average, 49 women were active in the service. 36 women were invited to participate in the survey; four declined to answer the questionnaire; two agreed to answer, but gave up, and 30 women agreed to participate and answered the full questionnaire. Of these, 28 are cisgender and two transgender.

It is found that 84% suffered repeatedly, three or more times; 62% of the authors were men and 38% women; 42% of women who suffered such damage said they were jealous; 27% also cited as one reason the divergence of opinions; 20% cited other reasons and 11% could not say the reason for the offenses, however, of the total of women victims of verbal violence, only 8% reported the occurrence.

93% with reports of violence against 83% of brown or indigenous women and 75% of white women.

It is noted that 28% of respondents have been prevented from working, studying or attending places by someone else; 45% of these were banned by the partners themselves; 45% by other acquaintances and 10% by the father; 64% of them thought that bans may also be related to their use of psychoactive substances and 36% did not see a relationship between these facts; 81% also related bans to being female and 19% saw no relationship. Jealousy was cited as a motive 46% of the time; other reasons were cited in 36% and 18% could not mention what motivated the prohibitions; 18% reported the fact and only 9% reported what happened in a health service.

Regarding race/color, 60% of black women have been prevented from working, studying or attending places; Indigenous or brown women reported that they were never prevented, and among white women, 25% had this experience.

73% of the respondents cited the physical aggressions suffered, and of these, 78% have been repeatedly beaten, citing three or more times; 9% twice and 13% once. Some women were attacked by people of both sexes, pointing out several people as aggressors. Men were suggested in 96% of the reports, and part of the interviewees cited more than one aggressor. When answering who were the aggressors, the partners pointed out in 57% of the reports. The father appeared in 22% of the reports; the mother in 17% and siblings in 13%; 22% of women were also beaten by other known people and 9% also by unknown people; Regarding the motivations for the physical aggressions suffered, the most cited was jealousy, although some women cited more than one reason. Jealousy appears in 53% of reports; differing opinions and noncompliance with the aggressor's orders appear in 13% of the reports each; other reasons are cited in 30% and 4% of the aggressed could not say the

It is emphasized that physical aggression, when analyzed by race/color, appears in 87% of black women; 57% in brown or indigenous women and 75% in white women.

Among women who suffered physical aggression, 18% reported it; The same 18% sought a public health service to report the incident and 9% of the women found the aggressions justifiable.

It is pointed out, about sex made against her will and/or other acts of sexual nature committed when the user was under the influence of psychoactive substances, which 43% of women said they were victims, with 100% of male aggressors; of these, 60% were sexually assaulted three times or more; 27% of victims were raped twice and 13%, once, and among the perpetrators of the violence, only 7% are unknown to the victim. It is added that partners appear in 53% of the reports, but the father appeared as aggressor in 7% of the reports and 33% were friends or acquaintances.

It is noted that only 14% of victims felt that rape may be related to drug use; 14% of the victims reported the crime and only 7% sought a health service to report the incident; 7% of victims still considered being forced to have sex as normal; 14% did not think it was normal, but did not recognize it as violence and 79% were clear that they suffered sexual violence.

From the perspective of race/color, it is emphasized that 66% of black women said they had already had sex against their will, but among indigenous brown women, the rate dropped to 14% and among white women 50 % had this experience.

When asked if they had sex or were molested while using psychoactive substances, 30% of the women said ves and, in 100% of cases, the author was male; 7% of respondents did not remember if a fact like this has occurred and 63% never experienced it, but some women cited more than one aggressor, and among men aggressors, in 44% of the aggressions, men known to women appeared; in 33% of the reports, the partners were indicated and, in 22%, they were unknown. It was stated by most women (67%) that, at the time of the incident, they were not in a position to answer for their actions; 22% thought it was normal; 22% said it is not normal, but did not recognize it as violence; 56% recognized it as sexual violence; approximately 90% of the victims did not report the incident and only 22% sought a health service to report this occurrence.

It is emphasized that black women surveyed, in addition to being more exposed to violence, have lower education, where 66% did not complete elementary school, 7% have incomplete high school; 7% have completed high school; 14% have incomplete higher education and 6% have completed higher education.

Among brown women, 17% were declared illiterate; 17% did not complete elementary school; 34% have incomplete high school; 16% have completed high school and 16% have completed higher education.

Among the white women surveyed, the lowest level of education found was incomplete high school, with 12.5% in this profile; 50% have completed high school; 25%, incomplete superior and 12.5%, complete superior.

Two transsexual women in the sample reported having suffered physical violence: one by their partner and unknown men and the other by known and unknown men, but both related the reasons to gender factors.

It was also reported by these women, who were already forced to have sex unwillingly by partners and also by other known and unknown men, and one of them also reported that, being on drugs and unable to respond for her actions, was subjected to sexual violence, but none of the above violence was reported and also, in neither case, was sought a health service to talk about what happened.

# DISCUSSION

It is admitted that, although the proposal was to study with all the people assisted in this CAPS AD who identify with the female gender, it was quite difficult to access the transsexual women in this research, making their statistical data irrelevant, since they are not found in any of them. computerized system data relating to being transgender or cisgender. Thus, transgender women with their male names were registered in the databases, and there is no information on the current number, the number of active women, among others, only those who regularly attend the service are informally identified by professionals. Therefore, it is believed that there is an urgent need to identify these people in computerized systems to facilitate access. Although the transgender public, although very small in this sample, has the highest rate of violence suffered.

Significant differences were found in the rate of violence suffered by women with different levels of education, ethnicity and social class. The vulnerabilities present in the lives of the women surveyed are related to the increase in aggression. It is also demonstrated by the public surveyed very low rate of police complaints about the facts occurred, as well as very low demand for health services. It has been reported by few women who have been advised about gender violence in UHS.

Due to the dimension of this problem, the need for discussion about the relationship between violence and gender in mental health services emerges. According to the national average, 1% of women reported having suffered sexual harassment, 9 whereas in this survey it was observed that 50% of the sample of CAPS AD users suffered, and of these 57% by from partners or former partners.

It was found that the National Policy for Integral Care to Women (NPICW) proposes that mental health services turn their attention to gender issues, given that women are burdened with responsibilities that affect their well-being and psychological health.<sup>10</sup> The authors indicate that CAPS should pay attention to the

sociocultural reality of the population served and provide answers to gender issues.

It was found in the literature review that the consequences of sexual violence in women cause innumerable damage and that the aggressor, being an intimate partner, exacerbates these consequences, added by the feeling of betrayal and lack of perspectives. Nevertheless, it was shown by this research that the demand for UHS by victims of violence is small.

It is shown in the literature that working with male aggressors appears late, which may render the change in logic ineffective. It is explained that the first women's police stations that emerged in 1985 had no male-oriented projects. In the second half of the 1990s, attention began to be directed to aggressors in non-governmental organizations.<sup>11</sup>

The traditional family is presented as a perpetuating institution of violence, reproducing its relevance and hiding it, which is shown in the results of this research, where partners are the main aggressors and parents are also mentioned in the answers.<sup>4</sup>

It is pointed out that once the expected roles and behavioral norms for men and women are conceived in an asymmetrical relationship, violence finds a fertile environment to happen.<sup>5</sup>

Psychological violence can be understood as any act in which women feel diminished, slighted, threatened to develop, etc., because it is the type of violence that can occur in a veiled way, where the victim blames himself and not. recognizes that this is an aggression process, which can make the reporting of victims very heterogeneous and subjective. However, in the national survey conducted in 2009, it was found that 2% of women suffered psychological violence, while in the sample of this study, 87% of women interviewed suffered verbal abuse and 73% already felt humiliated and diminished.

It was shown, by observing the social asymmetries, by this research, that the higher prevalence of violence among the women surveyed is presented in the public with greater economic and educational scarcity.

In a national survey of 2,372 women, it was found that 52.7% of respondents reported drunken aggression where most of the aggression was by their partners, confirming the place of domestic violence and gender bias.<sup>12</sup>

The main profile of women treated at CAPS AD Santana is characterized by a low socioeconomic status, and part of the women is deprived of the right to housing, and most of the women surveyed have very low income, up to one minimum wage., and almost half did not complete elementary school; 17% are still homeless and exposed to many other risks.

Due to the low education level, coupled with the difficult access to security and protection policies, the lack of information and resources to react to this reality is triggered, which can be seen in the reduced number of complaints.

# CONCLUSION

It is necessary to broaden the actions focused on gender issues in public health services, specifically for the alcohol and drugs service. High rates of this research are shown, indicating the need for greater intervention and prevention with the researched public.

It is proposed to public health, the role of articulator of these instances, as legal and social support, and participation in education about gender and violence as a work guideline. In addition, the task of articulating the network in a clinical-political action is already foreseen in the Register of Outpatient Health Actions, as seen in the theoretical body of this study, which includes community interventions.

The importance of bringing feminist studies in the education of professionals is highlighted, including medical education, pointing out that the academic environment is led by men.<sup>3</sup> The biologicist view of suffering can be reinforced by having prevalent male diagnostics without such training. It is believed that gender training would bring the medical community to fairness care and turn its practices towards the marginalized.

It was stated in research about nurses' discourse about women who suffer violence that victim assistance goes beyond the technical-scientific issues, bringing the need to overcome the care model, directing the eyes of the team and managers to social problems and humanized relations between professionals and users. The authors also pointed out that the Nursing team can more easily identify the issues of violence, offering guidance and helping to end the silence of the victims.

In the current scenario, the researched public presents difficulties to recognize the gender bias in this process and to break the confidentiality, which is indicated in the results of this research. Little is said about gender and violence in public health services. This reading is given by the report of the women interviewed where the majority reported never being oriented about gender violence in health, a result that is also expressed in the lack of recognition of some violence suffered as such and in the lack of complaint.

Remember that underreporting of violence is not just a Brazilian phenomenon. A study conducted at the University of Madrid found that 71% of women underreported physical aggression compared to 35% underreported physical aggression by men; Similarly, 49% of women underreported sexual assault compared to 44% of underreported sexual assault by men. <sup>14</sup> It is noted, however, in this study that underreporting is high.

In Brazil, it was pointed out that, in their research, women's discourse on conjugal violence decreases the seriousness of the fact, where the aggressions are justified by the fact that they do not fulfill their social role as good housewives, also blaming the use of alcohol by aggression, not recognizing the gender issues involved.<sup>5</sup>

The minimization of the fact and the fear have been pointed as factors for the lack of complaints and the fact of not seeking help, as mentioned in this research.

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