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Representations of violence against women and its relationship to their quality of life

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ABSTRACT

Aim: To analyze social representations of violence against women. **Method:** This is a qualitative case study based on the theory of Social Representations. One hundred women were interviewed and data was obtained through the technique of free recall against the inductor term 'violence against women'. **Results:** The study showed that the structure of social representations is centered on elements such as aggression and disrespect, which are complementary to a lack of preparation of the offender for life, abuse, crime, discrimination, resentment, power and suffering. **Discussion:** Data analysis showed that violence affects women from its physical form to the most subtle, resulting in suffering, fear, insecurity and indignation. **Conclusion:** It was concluded that violence affects the quality of life of women and there is a need for the creation of strategies for coping with this phenomenon, considering the uniqueness and complexity of each situation experienced.

Descriptors: Violence against Women; Domestic Violence; Quality of Life; Family Nursing.

INTRODUCTION

Social violence experienced by women is a worldwide health problem and is expressed in epidemiological and criminal indicators that demonstrate a high prevalence, as well as high magnitude and increasingly severe episodes. According to the United Nations (UN), it has already reached epidemic levels and it keeps growing; confronting it is recommended in order to achieve millennium development goals⁽¹⁾.

In Brazil, from 1998 to 2008, forty-two thousand women were murdered at a pace that nearly resulted in restricting the increase in the female population, with annual rates for the period totaling 4.25 homicides per 100,000 women⁽²⁾. In Belo Horizonte and its metropolitan area, during the time period 1980 to 2005, there was a rapid growth in homicide mortality in almost all female age groups⁽³⁾.

It is observed that violence affects the population unequally based on gender, age, ethnicity and social space. All social groups are affected by violence, however, people with increased vulnerability to aggression and violence are still those considered as having less power or social value, determined culturally, such as women⁽⁴⁾ who are the focus of this study.

Violence is part of the daily reality of any citizen and it is exacerbated by daily broadcasts on television and in written media which portray a certain banality to its propagation. However, beyond this visible violence, there is also a covert form, in the passive acceptance of the daily impositions to which women are exposed. Named as "symbolic violence"⁽⁵⁾, this arises in social relationships that do not involve physical coercion and it occurs even with a degree of consent by the person who suffers it.

The starting point is therefore the assumption that both subjective and symbolic dimensions of violence should be recognized,

with their signifiers and representations, so as to avoid its trivialization and naturalization. These are characterized as a subtle form of domination, becoming an obstacle to the recognition of violence. Thus, one must understand the phenomenon of violence in its various nuances, not only what is visible and apparent, but also what is felt and understood subjectively and presents itself in a subtle way, not revealed.

On the one hand, it appears that even in known situations of violence against women, there have been difficulties highlighted in the professional practice of health workers in dealing with the problem⁽⁶⁾. On the other, the health sector can have a significant impact on promoting disclosure and combating violence against women, particularly in health promotion for people and their families in their social contexts, as developed by teams of the Family Health Strategy (FHS).

In this context, we emphasize that social representations of the phenomenon of violence are fundamental to thinking on the issues affecting the health of the population, which provides essential understanding towards building health policies that favor well-being and quality of life⁽⁷⁾.

It is noteworthy that Social Representations Theory (SRT) favors social dimensions, such as the beliefs, habits and experiences of groups or populations, which are relevant because they make up the reality of people⁽⁸⁾. In its socio-cognitive dimension, it exerts some constraint on the behavior of people, which affects that of others, thus constituting a social behavior that expresses the value system of the group that needs to be understood⁽⁸⁾. Thus, social representations are relevant for allowing the world to abstract the meaning of each individual and their community and discuss it in a meaningful form⁽⁸⁾.

It is believed that, from the meanings that women attach to the phenomenon of violence

against women, we can build concrete possibilities for coping and hence improve quality of life. Thus, this study aims to analyze the social representation of violence against women and its relationship to their quality of life.

METHOD

This is an excerpt from a master's thesis that used a qualitative approach based on the Theory of Social Representations⁽⁸⁾ and the Central Nucleus Theory⁽⁹⁾.

The study setting was a basic health unit in the municipality of Nova Lima, located in the metropolitan region of Belo Horizonte, Minas Gerais. The study subjects were 100 women who sought advice from the health service during the period of data collection in January 2011, when they were invited to participate. Inclusion criteria specified that women should be resident in the catchment area of the unit and aged between 20 and 49, because it is considered that they might already have had some sort of relationship with a male. At the initial meeting, we informed them of the research objectives and the terms of the study and a consent form was signed.

Data collection was performed, by the technique of free word using the induction term **violence against women**, along with noting the variables that identified the respondents, such as age, ethnicity, marital status and the presence or absence of children. The technique consisted of asking subjects to verbalize five words or phrases that came immediately to mind in relation to the inductive term, attributing an order of importance to the words evoked and justifying the assigned ranking; all this was recorded using digital media.

The first step in the analysis was the formation of a "Dictionary of evoked words" constructed by grouping the words or phrases spoken

by the subjects, according to their attributed meanings or approximations. Each group of words was then identified by a standard term, considered to have the most representative meaning and which replaced the words and expressions when they were entered into an Excel worksheet, during the second phase of analysis. In the third phase, the sheet was subjected to analysis using the software EVOC 2000 (Ensemble de Programmes Permettant l'Analyse des Evocations - 2000 version), to build the Table of Four Houses⁽¹¹⁾, which was then subjected to a descriptive analysis of the terms that constitute "the structure of social representation of violence against women." The recorded interviews were transcribed verbatim and underlie the findings by representation.

Legal ethical procedures were followed, as proposed by Resolution 196/96, and the project was approved by the Ethics Committee in Research of UFMG, in December 2010, under the opinion number: ETIC 0570.0.203.000-09. To guarantee anonymity, the interviewees were identified by the letter "I" followed by their order of interview number.

RESULTS

The structure of social representation of violence against women

The *corpus* for analysis of social representations consisted of 479 words evoked by the subjects; of these words, only 40 were different and these were grouped into 36 standardized words. The minimum frequency was 9, the intermediate frequency was 31 and the Range (average of the average orders of evocation - AOE) was 2.5.

Table 1 shows the distribution of the most significant evoked words in relation to violence against women and which have originated the representation structure.

The combination of frequency and average order of evocation of each word determines the set of words constituting the core of representations. Thus, the words featuring central characteristics that were more frequent and were more readily evoked by the subjects of the study were: aggression and disrespect.

Aggression was represented as something that is directed against another person, a form of expression of violence that is present in three dimensions: physical, verbal and moral, most notably the first on the number of evocations compared to the others. Within the meaning of the standardized term aggression, in the "Dictionary of Evoked Words" the following words were grouped: hitting, fighting, brutality, beating, bruising, pounding, hair pulling and purple bruises that reinforce this emphasis by the women on physical aggression as violence.

The presence of violence in everyday life, whether through the media or by experience, especially in relation to physical aggression, may be evidenced in the following excerpt:

I90: "[...] we see a lot, a lot of aggression ... this is what we most see today on

the street. Many people, many guys beating women and stuff."

Verbal violence is mentioned less frequently in the speech of the women, but they demonstrated strong emotional repercussions. The mark left by what is said can generate such a profound and negative impact on a woman that it corresponds to a physical assault.

I64: "But it's something that hurts a lot too, you know? Very often it hurts more than if you slap somebody, according to what is said."

Invisible marks are also left by disrespect, which is another word included in the central nucleus. From the point of view of the interviewees, aggression and disrespect are related in the sense that the second comes before the first:

I18: "Because when disrespect starts then anything can happen."

I46: "If the person is respected, for sure there will be no violence. This is what I think, you know?"

Table 1: Structure of the social representation of women from a health service in Nova Lima regarding the inducing term "violence against women". Minas Gerais 2011

AEO	< 2,5			≥ 2,5		
Average Frequency	Evoked term	Freq	AEO	Evoked term	Freq	AEO
≥ 31	Central Nucleus			1st Periphery		
	Aggression	122	2,451	Lack	64	3,656
	Disrespect	34	2,176			
< 31	Contrasting elements			2nd Periphery		
	insecurity	13	2,462	Abuse	21	3,238
	Wickedness	28	2,214	Crime	13	3,077
				Discrimination	13	3,154
				Indignation	30	2,500
				Power	16	4,063
			Suffering	26	3,038	

Source: Research data, 2011.

Freq: Frequency

AEO: average evocation orders

The lack of respect in a relationship is understood as something that can culminate in aggression and, moreover, the presence of respect is an impeding and critical factor to the non-development of violence. We noticed that the women attached a certain degree of importance to respectful relationships, which reinforces the term disrespect as representational in the structure of violence described in the Central Nucleus.

In the **first periphery**, which is located in the upper right quadrant of Table 1, we find the word Lack that, despite having the second highest frequency, is not in the central nucleus, because of the order of over-delayed evocation, meaning that it was a word more prepared mentally.

In the "Dictionary of Terms", this element groups different senses of meaning, such as: Lack of attitude of those who are assaulted; Lack of love; Lack of faith; Lack of basic conditions and Lack of preparation of the offender for life, and we'd like to highlight this last expression. It was also observed that some characteristics of the aggressor are described by the interviewees when they evoked words that are part of that lack of preparation for life, namely: immaturity, impatience, intolerance, selfishness, without character, lack of wisdom, irresponsibility and lack of understanding.

It is noteworthy that, for some interviewees, the individual characteristics of both the aggressor and the recipients of aggression have a relationship with the violent processes experienced. We noticed that some speeches assigned women some responsibility for the occurrence of violence for presenting features that favor the attitude of the offender, as noted in the words that gave rise to the terms: lack of self-esteem and lack of attitude. From this point of view, the women acknowledged a portion of guilt for the violent acts committed against them.

In addition to these specific elements that could generate violence, women also pointed to a socially imposed model that assigns more value to men, to the detriment of women, which can be represented by the term discrimination found in the **second periphery**. Therefore, in addition to visible forms such as aggression, there is a more subtle kind of violence related to the place of women in society:

I92: "Because sometimes, the woman, as she is a female ... I think she doesn't have much value. People, both at work and at home, don't understand her very much because she is a woman."

Even though there is the recognition that rights may be equal, there is the realization that a woman's place is always seen as lower than the man's:

E19: "Because, generally, women always want to have the same right as their husbands and sometimes it is not so. Actually women always have to retract more. They are always subject to men."

The term power was explained through the following words in the dictionary: authority, domination, sexism and imposition. It refers to the occurrence of male domination, evident in the daily life of women that, often, prevents them from exercising their freedom.

Discrimination and power are closer to the central term disrespect as they are more subtle forms of violence; they are part of the farthest periphery, in the lower right quadrant of the four quarters box in the so-called second periphery. This quadrant has the characteristic of being associated with the daily experiences of individuals and, thus, complements this quadrant through

the following elements: abuse, crime, anger and suffering. It can be observed that these words are constituents of the representation of violence against women. However, it does not mean that there is a perception of power in the relationships present in this context, that is, the recognition of a symbolic violence as something real, even given the fact that products of male dominance are part of the discourse of some women. On the other hand, it can be inferred that finding these subtle elements in the representational structure of violence against women is an important step towards change.

The abuse in the women's representation concerns sexual abuse, which is a type of violence and which strengthens the word aggression in the central nucleus. It does not seem peripheral from the interviewees' point of view; on the contrary, women experience such abuse within the context in which they live, whether by the constant dissemination of it in the media or as a part of their daily lives:

I62: "I think it's ... sexual life. Nowadays we see it a lot. There are a friends of ours; I know cases like this [...]."

Likewise, the word crime was evoked, strengthening the situation of aggression. It is presented as the ultimate embodiment of a violent act, reaffirmed by the evocations that this term represents in the dictionary, namely: murder, killing, shooting, stabbing, hanging and torture. Its evocation is also linked to issues of the current context and the media.

The word indignation represented a sense of outrage provoked by the fact that women were raped, which is an aversion to violence. However, suffering reflects the losses resulting from violence, by encompassing bitterness, anguish, heartache and sorrow, all elements used in the dictionary. This suffering is presented both as the

result of physical assault and as a consequence of psychological aggression:

I71: "Because pain is not only pain ... pain is physical too, right? But this is the pain of the soul; this is a deep pain inside."

In the lower left quadrant are the words insecurity and wickedness. The elements of this quarter make up the **contrast zone**, which are elements of low frequency, but they are considered important by the subjects and may reveal elements that reinforce the first periphery or the existence of a minor sub-group within a different representation.

Insecurity comes as part of the context of violence, whether through the feeling of fear of the repetition of the violent act, through the fear of denouncing it or through the lack of social support. Wickedness expresses women's position in relation to the element represented. In the constitution of the dictionary of meanings of standardized words, it included the terms meanness, cowardice and cruelty, which are negative feelings often aroused by violence in the subjects.

The words insecurity and wickedness reinforce the central nucleus, since they are feelings generated by aggression.

DISCUSSION

Violence against women involves repetitive acts that tend to worsen in frequency and intensity⁽¹²⁻¹⁴⁾ and may be presented in the form of rape, murder, forced prostitution, the sexual abuse of girls and the trafficking of women, among others.

It is evident that, when presented in its various manifestations, violence affects the

quality of life of the population^(15,16). However, it is kept silent and its manifestation occurs through disorders of physical, sexual, psychological and even fatal order, without, however, presenting evidence that violence was the triggering factor of the evil presented. When it does not generate fatal consequences, violence can trigger anxiety, phobias, depression, disorders, post-traumatic stress, use and abuse of licit or illicit drugs and suicide attempts, among other things, thereby affecting the quality of life⁽¹⁷⁾.

Physical violence is the form of aggression most recognized by current society and it is also emphasized in the media, which reinforces the term as the most representative of the present study. However, despite the fact that the visible becomes easily recognized in daily life, by the striking and apparent marks that it provides, there is the recognition, even if subliminally, that there are other forms of violence present and frequent in the everyday lives of many women. They leave no visible marks on the skin, however, they impact symbolically on the experience of each woman, such as when the participants indicated aggression through words such as "something that hurts a lot," or is "hard to forget" and, sometimes, describing it as even worse than physical aggression, since it leaves marks on the soul, not easily erased. To reiterate, then, aggression through words causes wounds of the soul, which are very difficult to cure. This can directly affect the lives of women, in their self-esteem and in their health-disease process, without which they would be able to realize the origin of this process⁽¹⁴⁾.

This has a direct impact on everyday relationships between men and women. The socially constructed value of male rights overlapping the female, characterized by the submission of the latter to the former, although verbalized by the interviewees, does not show that there is an understanding on their part of the sociocultural

processes that establish the differences between the two genders. This can be noticed when it justifies the devaluation of women in any situation, whether public or domestic, by their condition of being a female.

It was noticed that, sometimes, the women reproduced the masculine model, even if unconsciously, when thinking according to the logic that prevails in society, in which the woman is a fragile being. Therefore, it was not clear that these social values are allocated unequally between men and women, and even more so, it underlies the relationships between them⁽⁵⁾.

Distinct reports show characteristics such as submissiveness, passivity and retraction that constitute the social values attributed to females over those belonging to males and this reinforces the symbolic violence, in which the differences between the sexes are naturalized in ways of thinking and are products of the relation of domination⁽⁵⁾. Such ideas are so embedded in people's lives that the fact that women are submissive and socially obligated to accept the control of a man, is naturalized and, therefore, becomes an unshakable truth.

Providing visibility to this issue, as models of masculinity are imposed by the society that should be questioned, can there be a way to change posture and even values in society?

However, it is noted that the measures adopted in relation to coping with violence in Brazil are still timid and this has led to a fatalistic understanding regarding this phenomenon; they have strengthened ideas of the weakening of the State and its institutions before criminality, causing fear and insecurity in individuals and in the collective imagination⁽²⁰⁾.

In the interviewees' reports, violence is presented distinctly, as something close to reality for some women and far from it for others. It is often perceived as presenting a difficulty in defining the term, of how to place violence on

the agenda for discussion in the government and of how to achieve effective intervention in an intersectoral manner.

It is a fact that there is an underestimation of violence in the data, especially when dealing with women and children who do not speak out for shame or for fear of reprisals by the offender. It is also important to consider the lack of registration and updating of the data from professionals and the non-recognition of certain forms of violence that contribute to this underestimation⁽¹⁷⁻¹⁸⁾.

As for the aggressor and the space in which violence occurs, there is a difference between male and female. While men are more likely to be the victims of homicides by strangers in public spaces, women are more likely to be assaulted by known and intimate persons, in a private environment⁽¹²⁾.

This study allowed us to recognize that violence is part of the daily lives of women, in an apparent and forceful manner, as symbolically represented by many of the feelings described, such as fear, insecurity, anger and suffering, which impact negatively on their lives, interfering with their ability to live harmoniously. One can also see women beginning to search for answers to explain the phenomenon, and expressing dissatisfaction with gender relations, which, in a way, demonstrates the willingness of women to overcome the adverse conditions present in their social context.

CONCLUSION

The results of this study reveal that violence against women is preceded by acts of **disrespect** and is expressed concretely through **aggression**. The probable reasons for its occurrence are based on certain social and, especially, individual needs. The various manifestations of violence,

from the most subtle to the most extreme, are evidenced in the daily lives of women and end up generating further suffering.

Domestic relationships of domination by a partner, although mentioned and evoked in the cognition of discrimination and the power of representation, are not yet understood as acts of violence. Suffering linked to aggression and disrespect was not mentioned as a feeling inherently related to power and discrimination; in addition, it is noted that women themselves, unconsciously, reproduce models of masculinity. It is understood that the mechanism of domination still needs to be seen as something that can affect the health of women and therefore should be recognized as a reason for seeking treatment from health services. Regarding aggression and disrespect, they are seen as something that affects the quality of life of women; however, many prefer to remain silent and are also silent about the violence in their social relations.

It is emphasized that addressing violence against women depends on coordinated and intersectoral proposals involving actions and strategies from various sectors of society, governmental or not, as well as those of the women themselves in order to improve their quality of life. An important step is the recognition that this is a complex phenomenon that is coated with subtleties and to be silent is not always the best strategy.

Health professionals need to understand violence in its various manifestations and develop actions to promote health as a strategy to cope with it. Eyes must be directed to the less evident, the less obvious, to what is not verbalized at the time of a consultation or service, to that which accumulates daily and is the generator of a constant suffering capable of triggering physical ailments that are more easily treated.

There is also the feeling of something unfinished when ending this discussion, since it is not possible to close this topic in these pages. Therefore, the impossibility of finishing it is a characteristic of the limits of this study. It is possible to resolve the issues of physical and visible violence and to constitute laws to criminalize them, but we must realize that there are other types of violence that leave deeper marks that are difficult to overcome and forget and which may, perhaps, be seriously affecting the lives of many women.

REFERENCES

1. World Health Organization, Department of Gender, Women and Health Family and Community Health. Addressing violence against women and achieving the Millennium development goals. Geneva: WHO; 2005.
2. Waiselfisz JJ. Mapa da Violência 2011: Os Jovens do Brasil. 1ª Edição. Brasília: Ministério da Justiça, Instituto Sangari; 2011 [acesso em 2 nov 2011]. Disponível em: http://www.sangari.com/mapadaviolencia/pdf2011/homicidio_mulheres.pdf.
3. Villela LCM, Moraes AS, Suzuki CS, Freitas ICM. Tendência da mortalidade por homicídios em Belo Horizonte e Região Metropolitana: 1980-2005. Rev. saúde pública. 2010; 44(3): 486-95.
4. Trindade ZA, Menandro MCS, Cortez MB, et al. Atendimento às pessoas em situação de violência: o lugar e as práticas do psicólogo em Programas da Região Metropolitana de Vitória -ES. Pesqui. Prát. Psicossociais. 2010; 4: 49-60.
5. Bourdieu P. A dominação masculina. 6ªed. Rio de Janeiro: Bertrand Brasil; 2009.
6. Vieira LB, Padoin SMM, Landerdahl MC. A percepção de profissionais da saúde de um hospital sobre a violência contra as mulheres. Rev. gaúch. enferm. 2009; 30(4): 609-16.
7. Oliveira WF. Violência e Saúde Coletiva: contribuições teóricas das Ciências Sociais à discussão sobre o desvio. Saúde Soc. 2008; 17 (3): 42-53.
8. Moscovici S. Representações sociais: investigações em psicologia social. Petrópolis: Vozes; 2003.
9. Abric JC. A abordagem estrutural das representações sociais. In: Moreira ASP (Org.), Oliveira DC (Org.). Estudos interdisciplinares de representação social. 2ª ed. Goiânia: AB; 1998. p. 27-38.
10. Vergès P. Ensemble de Programmes Permettant l'Analyse des Evocation - EVOG [Conjunto de programas que permitem a análise de evocações] - versão 5. Manual Provence, 2003. [manuscrito]
11. Sá CP. Núcleo central das representações sociais. 2ª ed. Petrópolis: Vozes; 2002.
12. Angulo-Tuesta A. Violência contra a mulher: interfaces entre os setores de saúde e de direito. Conferência Nacional de Saúde do trabalhador: Trabalhar Sim, Adoecer Não; Maio 2005 [acesso em maio 2010].; Brasília. Disponível em http://www1.saude.ba.gov.br/cesat/3aCNST/DOC_BASE3CNST.pdf
13. Soares BM. Enfrentando a violência contra a mulher. Brasília: Secretaria Especial de Políticas para Mulheres; 2005.
14. Schraiber LBL, D'Oliveira AFPL, Falcão MTC, Figueiredo WS. Violência dói e não é direito: a violência contra a mulher, a saúde e os direitos humanos. São Paulo: Editora UNESP; 2005.
15. Organização Mundial de Saúde. Estudio multipaíses de la OMS sobre salud de la mujer y violencia doméstica contra la mujer: primeros resultados sobre prevalencia, eventos relativos a la salud y respuestas de las mujeres a dicha violencia: resumen del informe. Ginebra: OMS, 2005 [acesso em 10 out. 2011]. Disponível em http://whqlibdoc.who.int/publications/2005/924359351X_spa.pdf.
16. Minayo MCS. Violência: um velho-novo desafio para a atenção à saúde. Rev. bras. educ. méd. 2005; 29(1): 55-63.
17. Palazzo LS, Kelling A, Bèria JUG et al. Violência física e fatores associados: estudo de base populacional no sul do Brasil. Rev. saúde pública. 2008; 42 (4): 622-29.
18. Moura L, Reis P, Faustino A, Guilhem D, Bampi L, Martins G. Vivências de violência experimentadas por mulheres do Distrito Federal: estudo

descritivo. Online Brazilian Journal of Nursing (serial Interest 2011) December 31; [cited 2013 february 01]; 10(3): available from <http://www.objnursing.uff.br/index.php/nursing/article/view/3534>.

19. Fonseca RMGS. Violência contra a mulher. In: Fernandes RAQ, Narchi NZ (Orgs.). *Enfermagem e Saúde da Mulher*. Barueri: Manole; 2007.
20. Souza ER, Lima MLC. Panorama da violência urbana no Brasil e suas capitais. *Ciênc. saúde coletiva*. 2007; 11, suppl. 0: 1211-22.

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Amanda Rodrigues Garcia Palhoni – Participation in the research project, data collection and analysis and drafting of the article.

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