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RESEARCH

Violência contra a mulher: agressores usuários de drogas ilícitas

Violence against women: aggressors drug users

Violencia contra las mujeres: los agresores usuarios de drogas ilícitas

Camila Daiane Silva¹, Vera Lúcia de Oliveira Gomes², Marina Soares Mota³, Giovana Calcagno Gomes⁴, Cristiane Lopes Amarijo⁵

ABSTRACT

Objective: to delineate the profile of aggressors' users of illicit drugs and of the victims and to identify the ways of violence denounced in the Police Station Specialized of Women's Assistance. **Method:** documentary study, with 195 examinations contained in DEAM files between October 2011 and March 2012, concerning violence against women, who aggressors were illicit drug users. **Results:** most of the aggressors were white men, between 16 and 57 years old, incomplete elementary education and beyond the illicit drugs, they were under the effect of alcohol drinks at the moment of the aggression. The victims were white, between 18 and 84 years old, complete elementary education and five of them had degree. Physical aggression was the main way of violence reported. **Conclusion:** the magnitude of this problematic evidence shows the need of development interventions of support to the victims and effective public policies to interrupt the cycle of violence. **Descriptors:** Drug users, Violence against women, Nursing.

RESUMO

Objetivo: delinear o perfil dos agressores usuários de drogas ilícitas e das vítimas, e identificar as formas de violência denunciadas na Delegacia de Polícia Especializada no Atendimento às Mulheres. **Método:** estudo documental, com 195 inquéritos, constantes nos arquivos da DEAM entre outubro de 2011 e março de 2012, referentes à violência contra a mulher, cujos agressores eram usuários de drogas ilícitas. **Resultados:** na maioria dos casos, os agressores eram homens, brancos, entre 16 e 57 anos, com ensino fundamental incompleto e, além das drogas ilícitas, estavam sob o efeito de bebida alcoólica no momento da agressão. As vítimas eram brancas, entre 18 e 84 anos, com ensino fundamental completo, cinco possuíam curso superior. A principal forma de violência denunciada foi a física. **Conclusão:** a magnitude dessa problemática evidencia a necessidade do desenvolvimento de intervenções de apoio às vítimas e de políticas públicas efetivas para que o ciclo de violência seja interrompido. **Descritores:** Usuários de drogas, Violência contra a mulher, Enfermagem.

RESUMEN

Objetivo: definir el perfil de los agresores usuarios de drogas ilícitas y de las víctimas e identificar las formas de violencia reportada en la unidad de policía especializada en la atención de las mujeres. **Método:** estudio Documental, con 195 averiguaciones que figuran en los archivos de DEAM, entre octubre 2011 y marzo 2012, en relación a la violencia contra las mujeres, y que los agresores eran usuarios de drogas ilícitas. **Resultados:** la mayoría de los agresores eran hombres, blancos, de entre 16 y 57 años, con la escuela primaria completa y además de las drogas ilícitas, se encontraban bajo la influencia del alcohol en el momento de la agresión. Las víctimas eran de raza blanca, de entre 18 y 84 años, con escuela primaria completa, y cinco tenían educación superior. Se informó que la principal forma de violencia fue la física. **Conclusión:** la magnitud de este problema demuestra la necesidad de desarrollar intervenciones para apoyar a las víctimas y políticas públicas eficaces para detener el ciclo de violencia. **Descritores:** Usuarios de drogas, Violencia contra las mujeres, Enfermería.

1 Nurse. Ph.D. in Nursing in the Graduate Program in Nursing from the Federal University of Rio Grande - FURG. Member of the study Group and Research in Nursing, Gender and Society-GEPEGS. Address for correspondence: 404 Duque de Caxias street, apt. 501, center, Rio Grande, Rio Grande do Sul, Brazil, CEP: 96200-020.E-mail: camilad.silva@yahoo.com.br 2 Nurse. Ph.D. in Nursing with Post-graduation by the State University of Rio de Janeiro. Professor of FURG. Leader of GEPEGS. Tutor from the PET Nursing Group. 3 Nurse. Master degree in Nursing by the FURG. Member of the Study Group and Research in Nursing Children and Adolescent Health - GEPECSA. 4 Nurse. Ph.D. in Nursing. Professor of FURG. Leader of GEPECSA. 5 Nurse. Master degree student in Nursing from the Graduate Program in Nursing from FURG. Member of GEPEGS.br

INTRODUCTION

Violence against women is a universal phenomenon, which affects the population regardless of the degree of development of the country, social groups, culture, religion, level of education or financial condition.¹⁻² It was defined as “any action or omission based on gender that causes death, injury, physical, sexual or psychological suffering and moral or patrimonial damages”.³ Data about this phenomenon are alarming. Worldwide, one in three women suffered beating, rape or any other form of violence.⁴ In Brazil, one in five women claims to have faced some form of violence by a man, and, every 15 seconds, one woman is beaten.⁴

In order to curb domestic violence and family against women, was sanctioned in Brazil the law nº 11,340/2006, known as the Maria da Penha Law (LMP), which defines family violence as that practiced by person with lace inbred or who consider themselves akin and how domestic violence the practiced in permanent living space people, regardless of family bond. 3 the Act recognizes violence in its forms: physical, psychological, sexual, patrimonial and moral.

This law was created with the purpose of punishing the aggressors and to reduce the high rates of crime against women, protecting them and ensuring their rights and giving them greater autonomy, however, the data reveal that violence against women is still quite expressive in Brazilian territory.³ estimated that the indexes of underreporting of violence against women are high. Among the factors contributing to this situation are fear and threats of new attacks, shame and insecurity in conduct complaint, the financial and emotional dependence on the abuser's partner and the belief that continue in the relationship is the best thing for the children.⁵

Only in the State of Rio Grande do Sul, 267 women were victims of homicide between 2006 and 2008, of these, 34% were protected by the Maria da Penha Law. In 30% of cases, the author's own companion and 78% of the assaults took place in their homes. 6 the violent act is strongly associated with alcoholism, being the southern region the most prevalent in alcohol abuse, particularly among men with elementary school. 7 the use of alcohol and other drugs, such as marijuana, cocaine, acid and ecstasy, by intimate partners maintains a direct relation with the risk of the woman become a victim of sexual and physical violenceas well as exposure to sexually transmitted diseases (Stds) and the human immunodeficiency virus (HIV).⁸

Due to the impact of the violence on victims ' quality of life is that this theme becomes relevant to the healthcare industry. In this sense, the Nurse can play a fundamental role in identifying, in greeting and support for victims. To this end, it is necessary that this health professional and his team know signs of violence and act both preventively and in victim support. Such expertise can reduce the physical, mental and

emotional impact, as well as spending on public health, and also represent the difference between the life and death of the victim.⁹

The basic health care nurses have more intimate contact with the population assigned, which facilitates the knowledge of local reality, contributing to the detection of cases of violence or families in situations of vulnerability. In this sense, these professionals claim to understand the meaning of violence, as well as identify the different types of this crime, in addition to being able to develop curative and preventive actions, in an attempt to avoid the revitimização.¹⁰ on the other hand, some for no detection of cases of violence as a result of misinformation, lack of preparation, structural limitation of services, their training, feeling of helplessness before the problem, among others.¹⁰

The police stations Specialized in attendance to women (DEAMs) have been shown to be strong allies in the fight against this form of violence, however, the municipality of Rio Grande/RS account only with a DEAM. It is known that the lack of epidemiological data constitutes an obstacle to the establishment of public policies that aim to change this panorama.

Accordingly, the question that guides this study is: what is the profile of the victims and the aggressors users of illicit drugs and the forms of violence recorded in police station specialized in attendance to Women, in the municipality of Rio Grande/RS? The objective to delineate the profile of the victims and the aggressors users of illicit drugs, as well as identify the forms of violence against women denounced the police station Specialized in serving women in the municipality of Rio Grande/RS.

METHOD

Documentary research, with quantitative approach, developed at DEAM in the municipality of Rio Grande/RS, implemented in August 2009 in this city with port, university and coastal characteristics, then, with a well-diversified population.

Since the implementation of DEAM until December 2011 approximately 3,000 Police Reports of violence against women were recorded. However, 902 were about women being 18 years old or above and were in the police's archives between October 2011 and March 2012, period in which data was collected. The inquiry dealt with in other bodies of the judiciary and those with victims under 18 years old were excluded. Finally, from the 902 inquiries, 195 were from aggressors users of illicit drugs, composing the sample of this study.

For data collection, an instrument adapted to the Excel program was elaborated, containing information relating to the victim, aggressor and aggression. As for the victim the variables used were: age, skin color, education, number of children with the aggressor and source of income. As for the aggressor: gender, age, skin color, education, relationship

to the victim, number of children with the victim, use of alcohol at the time of the aggression and criminal records. Also, the variables related to the type of violence suffered, the victim's request to render the aggressor and giving up of the complaint.

For analysis of data tabulated, absolute and relative numbers were used, building tables for better understanding of the phenomenon studied. The project was approved by the Ethics Committee in Research of the Federal University of Rio Grande under the opinion 137/2011, respecting the precepts of the Resolution 196/96.

RESULTS AND DISCUSSION

For the presentation and discussion of results, it is observed the profile of the aggressor, then the victim profile, and ending with the way of aggression and the outcome of the complaint.

Aggressors' profile

In this research, most of the aggressors were men, aged between 16 and 57 years old, mainly the age group of 30 to 39 years old, with 41.0%. A portion of 72.8% of the accused have declared white color. As for the level of education, 79% had elementary school complete or incomplete (Table 1). In the degree of kinship with the victim, 68.2% were intimate partners; and from them, 54.8% had their relationship broken up and 45.1% maintained the relationship at the time of the violence. It should be noted that the son (53.1%) constituted the main defendant among the relatives' aggressors.

Considering that all the aggressors in this study were users and were under the influence of illicit drugs at the time of the aggression, 50.8% of them were under the influence of alcohol. The data relating to the use of alcoholic beverages were not listed in 44.1% of the records, which could reveal a larger number of consumers of legal drugs. It was observed that, besides violence against women, 72.8% of the defendants had committed other offenses, because they had a criminal record. That information did not appear to 15.9% of defendants, which does not mean criminal reputation.

Table 1. Distribution of the aggressors according to gender, age, skin color, education, relationship to the victim, alcohol use, and criminal record. Rio Grande/RS, Brazil

SOURCE: Police reports registered in DEAM/RG/RS, from 2009 to 2011.

Variables	n°	%
Gender		
Male	192	98,5
Female	2	1,0
Not informed	1	0,5
Age group		
Under 19 years old	9	4,6
20 to 29 years old	70	35,9
30 to 39 years old	80	41,0
40 to 49 years old	26	13,3
50 or more	7	3,6
Not informed	3	1,5
Skin color		
White	142	72,8
Black	50	25,6
Not informed	3	1,5
Education		
Elementary school	154	79,0
High school	20	10,3
Illiterate	2	1,1
Not informed	19	9,8
Relationship to the victim		
Intimate partner	133	68,2
Family member	49	25,1
Other person	11	5,6
Not informed	2	1,1
Use of alcohol		
Yes	99	50,8
No	10	5,1
Not informed	86	44,1
Criminal background		
Yes	142	72,8
No	22	11,3
Not informed	31	15,9

Victims' profile

The age of the victims ranged from 18 to 86 years old, with the age group between 20 and 29 years old, with 41.0% of reports, and 80% of the victims declared to be white. With regard to education, 71.3% had elementary school complete or incomplete. It is highlighted that 3.1% had higher education. Regarding to some form of income, 28% of victims had remuneration. That information was not in 62.6% of the reports, data revealing a larger number of victims financially dependent of the aggressor. From the 195 women who have suffered violence, 29.2% had two or more children with the aggressor.

Table 2. Victims' distribution according to age, skin color, education, income, number of children with the aggressor. Rio Grande/RS, Brazil

SOURCE: Police reports registered in DEAM/RG/RS, from 2009 to 2011.

Variables	n°	%
Age group		
Under 19 years old	9	4,6
20 to 29 years old	80	41,0
30 to 39 years old	49	25,1
40 to 49 years old	28	14,4
50 or more	29	14,9
Not informed		
Skin color		
White	156	80
Black	38	19,5
Not informed	1	0,5
Education		
Elementary school	139	71,3
High school	41	21,0
Higher education	6	3,1
Illiterate	3	1,5
Not informed	6	3,1
Income		
Yes	56	28,7
No	17	8,7
Not informed	122	62,6
Children with the aggressor		
No children	71	36,4
1 child	37	19,0
2 or more children	57	29,2
Not informed	30	15,5

The violence

The violent act does not occur in isolation, associated to one or more ways of violence. It was identified that 40.2% of the records referred to physical violence, followed by psychological (31.4%) patrimonial (16.5%), sexual (6.2%) and morals (5.7%). Most women suffered aggression or threats before to the complaint. In 98.4% of cases, the victims wished

to render the aggressor and 1.6%, did not. It is highlighted that 72.8% of the victims continued with the render process and 27.2% gave up.

The gender violence consists of any violent act in which the gender of the aggressor and the victim differs. However, this term is used in the literature to describe men's violence against women. In this study, most of the aggressors were men, thus it was realized that women also assault, however few studies show about this type of violence. Approaching the results obtained, a retrospective and documentary study, conducted with 446 police reports registered between October and November 2007, in Women's Defense Police Station at Ribeirão Preto/SP, revealed that the aggressors belonged to the age group above 35 years old, were white and had complete elementary school¹¹.

It was evidenced that the intimate partners are the main aggressors, a fact confirmed in another study that shows that two out of every four married women have suffered physical violence by their husbands.¹² Data show that the probability of a woman being raped, beaten and even murdered by her intimate partner is larger than by a stranger.¹¹

The aggressors in this study were illicit drug users and were under its influence at the time of the assault. Women who denounced the violence by the companion, in two police stations in the interior of Rio Grande do Sul, Brazil, showed that the use of alcohol and drugs are among the actions carried out by them, and that made the social conviviality difficult.² A study conducted in the United States of America (USA) identified that excess alcohol was present in most cases of robbery, murders and violence primarily with children and between husbands and wives.⁸

As for the profile of the victim, although there are records of violence against women over 50 years old, the youngest age group predominates, constituting a major concern, since they are women of reproductive age and are economically active.¹ In another research, there was a predominance of victims over the age of 35 years old.¹¹ Women aged between 21 and 35 years old face a higher risk of suffering violence compared to the group under the age of 20 years old.¹³

Jealousy is one of the most cited reasons for the victims as triggers of violence by intimate partners.¹² It is believed that such feeling is instigated in the aggressor because the companion is young, beautiful and seek financial independence. During this period, women have a more active social life, and can become vulnerable to violent acts by unknown people.¹⁴

Most of the victims declared to be white. However, these data do not necessarily reveal that they are the most victimized by gender violence, since this crime is independent of skin color. It is assumed that other ethnic groups can be under-report the cases. Black women tend to perform fewer complaints, especially if their aggressors are black, due to the stigmata among people of black color and the organs of repression.¹

It is noticed that there is a big difference between the percentage of victims with elementary school complete or incomplete, and the one with higher education. Despite this, it is believed that women with less education know their rights, once report their aggressors. Results of a research show that although the report of violence decrease among people with longer education, the prevalence among women with higher education is also

high.¹³ Demystifying that violence occurs more frequently among women of low economic class or education, other research also identified that 28.3% of victims who reported the assault in the State of São Paulo had incomplete or complete higher education.¹²

In most cases, economic dependence appears as justification for the victims maintain the relationship with the aggressor. In this study, it was identified that most victims had some remuneration, assuming, therefore, that this factor influence them to make the complaint. Similar data were found in a research conducted from 38,009 records of violence against women in Police Stations Specialized to Women Assistance in the metropolitan region of Rio de Janeiro, during the period from 2003 to 2008, where most of the victims had a remunerated occupation.¹

Many victims had at least one child with her aggressor. This data is similar to those of another study which identified that the greater the size of the family, the greater the chances of violence against women occurring.¹³ Scholars studying about trans-generational violence, stated that a home with violence against women is likely to co-exist other types of violence against children. In general, the aggressor is always the holder of the power, being physical, economic, political, social and even intellectual.¹⁻²

In marital relationship, the little or no autonomy of women puts her in a position of inferiority and passivity in front of her partner, what makes her think he has power over her. This sense of superiority causes the same practice acts of violence against the partner, because, according to his patriarchal view of the world, they are considered natural, normal in a marital relationships.¹⁵

Physical violence was the most complaint, possibly being more easily to identify by victims and often followed by rape.¹¹ In other research, the main way of violence was psychological, physical and sexual, followed by the abuse or rape caused by strangers, or by the intimate partner.¹⁶

The forced sexual act exercised by the husband is hardly understood by the victim as a way of violence, since she believes to be a marital obligation and he believes he has the right about her wife. However, a study points to existence of women who recognize sexual intercourse held against their wish as a way of violence.¹⁵ It is worth emphasizing that in many countries there is not a law against marital rape.¹²

Psychological violence occupied the second place in police reports of this investigation. This data suggests that women are able to identify other ways of aggression, besides physics. A research revealed that most victims who reported their aggressors, in Police Stations Specialized to Women Assistance in the metropolitan region of Rio de Janeiro, suffered psychological violence.¹

When the woman takes the decision to complain the aggression suffered by the companion, she breaks with the socially accepted precepts and seen as the natural relationships. It also reflects the desire to break away from habits and customs that she no longer tolerates due to suffering generated by such a situation, seeking peace, restarting their and their life.²

It was noticed that many victims gave up from the process. The decision to complain involves many factors, not always occurring the first violent episode. Many women just take courage to break the silence after suffering numerous aggressions, which could take more

than 10 years.¹¹ Among the justifications of non complaint are the fact of financial relying from the aggressor, for shame, for wanting to maintain the well-being of children, by believing that there's nothing she can do about abuse or even for not being aware of their rights.¹⁷ Even, the maintenance of the family and the disbelief regarding the punishment of the aggressor to the victim discourage the complains.⁴

CONCLUSION

This study reached the objective proposed to delineate the profile of aggressors and victims, as well as to identify that most records referred to physical violence and that, in a significant part of the cases, there was recurrence of aggression. This way of violence has historicity. Patriarchal patterns underlie the Brazilian Civil Code, which ran from 1916 to 2002. Throughout this period, the culture of women being subaltern remained legitimized. In this sense, it is worth emphasizing that it was from the feminist movements that this modality of violence won social visibility. Until then, the submission of the wife was naturalized, her role as caregiver of the children and the husband was legitimized, as well as the use of violence against the non-fulfilment of this role in the domestic space.

The current Civil Code and the Maria da Penha Law represent a breakthrough for the achievement of gender equity. However, cultural issues still inhibit the complaint and the quest for human rights, because this conduct brings economic and social implications, as well as triggers feelings of guilt, fear, shame and helplessness. Reviewed the outcome of the cases described in this study, it appears that the victims wished to render the aggressor and they continue the process, however, it is believed that most cases still remains veiled.

Thus, violence against women constitutes a public health problem that requires a different look by the government agencies. The results prove the need for formulation of strategies of care for victims and aggressors' insertion in recovery programs, in order to reduce recidivism and break the cycle of violence.

With regard to health professionals, especially nurses, they are essential for sensitizing and training for a suitable host for the victims, identifying their real needs, establishing trust and compulsory notification of cases of suspected or confirmed.

The main limitation of this study, common to documentary investigations, consists in the lack of systematization and incompleteness of the records. Nevertheless, the data are indispensable to delimit the complexity of the phenomenon and highlighting prospects for resolution of the problem of violence against women.

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Contact of the corresponding author:
Camila Daiane Silva
Rua Duque de Caxias, 404, apto 501, centro, Rio Grande, Rio Grande do Sul, Brasil, CEP: 96200-020. E-mail: camilad.silva@yahoo.com.br