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Giving up reporting the aggressor: reports of female victims of domestic violence*

DESISTINDO DA DENÚNCIA AO AGRESSOR: RELATO DE MULHERES VÍTIMAS DE VIOLÊNCIA DOMÉSTICA

DESISTIENDO DE DENUNCIAR AL AGRESOR: TESTIMONIO DE MUJERES VÍCTIMAS DE VIOLENCIA DOMÉSTICA

Lin Chau Jong¹, Maria Lúcia Araújo Sadala², Ana Cristina D' Andretta Tanaka³

ABSTRACT

The goal of this study is to describe the experience of female victims of domestic violence, who forfeited the lawsuits against their aggressors. The interviews were oriented by the question: *What was your experience of forfeiting the denunciation of your aggressor?* Three themes emerged from the convergence of the testimonies: *time passed from the aggression to the denunciation and then to the forfeiting; the partner, the family, the women's precinct; reflecting about the experience*, which described the studied phenomenon. The women expressed ambiguous feelings for their aggressor: affection, anger, humiliation and fear. They recognize that they are dominated and humiliated, but notions of justice and equality between spouses do not appear in the testimonies. Forfeiting can be understood in the context of the reproduction of the traditional family structure, conditioned to economic and social factors. Results highlight implications about the role of the Women's Precinct and the healthcare institutions in the care for women who were victims of domestic violence.

KEY WORDS

Violence against women.
Domestic violence.
Family relations.
Women's health.

RESUMO

O objetivo do estudo é descrever a experiência de mulheres, vítimas da violência doméstica, que desistiram do processo contra seu agressor. As entrevistas foram orientadas pela questão: *Como foi sua experiência de desistir da denúncia contra seu agressor?* Das convergências dos depoimentos emergiram três temas: *o tempo vivido da agressão até a denúncia e desistência; o companheiro, a família, a delegacia da mulher; refletindo sobre a experiência vivida*, que descrevem o fenômeno estudado. As participantes expressam sentimentos ambíguos em relação ao agressor: afetividade, raiva, humilhação e medo. Reconhecem que são dominadas e humilhadas. Porém, noções de justiça e igualdade entre os cônjuges não aparecem nos depoimentos. A desistência do processo pode ser compreendida na concepção da reprodução da estrutura familiar, condicionada a fatores econômicos e sociais. Os resultados remetem à reflexão sobre o papel da Delegacia da Mulher e das instituições de saúde na assistência à mulher vítima da violência doméstica.

DESCRIPTORES

Violência contra a mulher.
Violência doméstica.
Relações familiares.
Saúde da mulher.

RESUMEN

El objetivo fue describir la experiencia de mujeres, víctimas de violencia doméstica, quienes desistieron de denunciar a su agresor. Las entrevistas guiadas por la pregunta: *¿Cuenta su experiencia al arrepentirse de denunciar a su agresor?* "De las convergencias en los testimonios surgieron tres temas que describen este fenómeno: *tiempo que pasó desde la agresión hasta la denuncia y arrepentimiento; el compañero, la familia, la comisaría de la mujer; reflexionando sobre la experiencia vivida*. Las participantes expresan sentimientos ambiguos sobre el agresor: afectividad, rabia, humillación y miedo. Reconocen ser dominadas y humilladas. Nociones de justicia e igualdad entre los conyugues no son mostrados. El desistir puede ser comprendido según la concepción de reproducción de la estructura familiar, condicionado a factores económicos y sociales. Los resultados permiten reflexionar sobre el rol de la Comisaría de la Mujer y de las instituciones de salud para la atención a mujeres víctimas de violencia doméstica.

DESCRIPTORES

Violencia contra la mujer.
Violencia doméstica.
Relaciones familiares.
Salud de la mujer.

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INTRODUCTION

Domestic violence against women comprises several situations, such as physical, sexual and psychological violence inflicted by intimate partners. Always present in the history of humanity, this situation was only acknowledged as a public health aggravation in the 1990s by international organizations like WHO⁽¹⁾. Ten years earlier, Law was the first area that offered opportunities to protect women who were victims of aggression. From then on, governments and civil societies worldwide are aware that this is a public health problem and regards human rights⁽²⁾. Looking at aggression to women from the public health perspective offers new pathways to apprehend the several dimensions of this phenomenon, which has several aspects: judicial, epidemiologic, social and psychological. It enables the development of multi-sector responses. However, because of this complexity, there is still neither a social place nor a field of intervention and knowledge which acknowledges this theme as its specific object. Women who suffer aggression do not have access to this specific space to be heard, leading some scholars to note the *social invisibility* of this aggravation⁽³⁾. Hence, such a specialized area, with an appropriate language to analyze and reflect on these issues, is inexistent. That is why the difficulties faced by healthcare professionals in delivering adequate care to domestic violence victims are so significant. In addition to emergency services, the healthcare providers intend to prevent the health aggravations by actively searching for cases, during the anamneses of women receiving care.

However, due to the professionals' lack of preparation, the violence cases detected can lead to healthcare rejection, labeling it as a *social pathology* or some psychiatric diagnosis, without effectively being so. In this condition, violence and its effect on women do not find an adequate channel for expression, with the woman overall being reduced to a helpless victim, who needs tutoring and is considered incapable. It would be essential for health professionals in care delivery to women at the healthcare services to establish some sort of responsible listening relations with them, offering support and clarifications, including them as responsible for decision making⁽³⁾.

In Brazil, studies have pointed at sub-notification of violence against women: women refuse to use legal resources to defend themselves from the aggressor. And when they do, they forgot the complaint⁽⁴⁻⁷⁾. These data are similar to international studies⁽¹⁾. In spite of the institutional support to protect her, the woman refuses to defend herself from the aggression inflicted by her partner. Studies conclude that everyday violence is not even perceived as a violation of rights by the women: it is considered *normal* in the family context^(1,3-4). The aforementioned data show the difficulties of women in seeing themselves as citizens, defending their rights.

Looking at aggression to women from the public health perspective offers new pathways to apprehend the several dimensions of this phenomenon, which has several aspects: judicial, epidemiologic, social and psychological. It enables the development of multi-sector responses.

The promotion of patients' autonomy, encouraging them to become responsible for their own care and assuming their rights and responsibilities is one of the objectives of nursing care. Autonomy is understood as the skill of being self-sufficient and responsible for oneself. At the same time, it covers a right acknowledged ethically and legally⁽⁸⁻⁹⁾. This educational role of the nurse can be defined as patient *advocacy*: it consists in orienting and informing patients about healthcare; feasible treatment alternatives and possible results⁽⁸⁾. Concomitantly, nurses provide assistance and support so that they can assume their decisions consciously. In healthcare for women who were victims of domestic violence, the nursing team is present since the first contact, responding to their plea for help. The nurses, by showing availability and acceptance to listen to them and encouraging their expression about the experience, open a space for them to become the protagonists of their own care. Such actions correspond to recent WHO recommendations for care delivery to female victims of aggression: promoting their equality and awareness of their human rights⁽¹⁾. When the woman's position is

defined at the moment she enters the healthcare services, her central position in the whole process, the possibility of becoming aware of her condition of citizen is unveiled⁽⁹⁾. In the referrals to other sectors that take part in this type of healthcare, such as the legal sector and social work, she will probably be more aware of her position of equality and holder of rights, since this is how she was inserted in the first healthcare actions. It will be fundamentally important that the professionals in these other sectors offer continuity to the educational work of encouraging the woman's autonomy⁽¹⁾.

THE STUDY

The first study author, who is an obstetric nurse and also a teacher, has experienced situations of domestic violence involving women during pregnancy and childbirth. Such events are not isolated, but a reality in their day-to-day routine. This observation originated the master's thesis project⁽¹⁰⁾, which looked at the profile of the woman who was a victim of domestic aggression, in the author's professional activity region. The results showed women who suffered aggression and, after denouncing the aggressor, usually waives the right to go on with the lawsuit. This disquieting result led her to investigate the meaning of this forgoing in the existential context of the victims of domestic violence. In this sense, listening to their experience seemed to be the most adequate pathway to understand their lives.

OBJECTIVES

The study objective is to comprehend the meanings that women attribute to the experience of denouncing the aggressive partner and later forgoing the report.

METHOD

The phenomenological approach was chosen as the most adequate method to carry out the study. This is a qualitative research modality, which focuses on listening to the reports of the study participants through recorded interviews, guided by a single question: *How was your experience of forgoing the report against your aggressor?*

The study was developed in a city in the state of São Paulo, using data and information from the Women's Police Precinct - *Delegacia Policial da Defesa da Mulher (DDM)* – to select study participants. The group included 12 women who filed complaints at the precinct, between 2003 and 2004 (Table 1), and who gave up continuing the lawsuit against their aggressor.

Data were collected through individual interviews, which were recorded by the researcher. Eight interviews were held in a reserved room at the DDM and four were held at the participants' homes. The interviews occurred from March to June/2004 and March to June/2005.

Ethical considerations

The research project was approved by the Ethics Committee of Faculdade de Medicina de Botucatu, UNESP (OF.

192/2001), and authorized by the Women's Police Precinct. After clarifications about their right to secrecy and the anonymity of their participation, the respondents signed the term of consent.

RESULTS

The study data were analyzed according to *phenomenological reduction, analysis and interpretation*⁽¹¹⁾. Initially, in the individual analysis of each testimony – *ideographic analysis* – the units of meaning of the description were identified, which answered the question of the study, reaching the comprehension of the meanings the participant attributed to the experience. Later, convergences of the units of meaning of all testimonies – *nomothetic analysis* – were sought, which describe the general truths about the studied phenomenon. From these convergences, three main themes emerged: 1) Length of time from the aggression to the complaint and forgoing; 2) the partner, the family, the women's precinct; 3) reflecting about the experience. Parts of the testimonies will be cited in the analysis of these categories, with the goal of clarifying the interpretation of the data.

The names mentioned are fictitious, randomly assigned to the participants (Chart 1).

Chart 1 – Women victims of domestic violence, answering the question *How was your experience of forgoing the report against your aggressor?* - Botucatu - 2004

Participants	Age	Occupation	Education	Marital Status	Children	Post-aggression	Number of aggressions
P1 Mariana	20	Housewife	Incomplete Primary	Married 6 years	2	Reconciled	2 occurrences
P2 Joseli	26	Housewife	Incomplete Primary	Stable union 5 years	0	Separated	1 occurrence
P3 Cecilia	21	Housewife	Incomplete Primary	Stable union 5 years	2	Separated	2 occurrences
P4 Rosa	38	Housewife	Incomplete Primary	Married 18 years	3	Reconciled	2 occurrences
P5 Aparecida	19	Housewife	Incomplete Primary	Stable union 2 years	0	Separated	1 occurrence
P6 Denise	38	Maid	Incomplete Primary	Married 16 years	3	Reconciled	2 occurrences
P7 Edna	22	Sales clerk	Incomplete Primary	Stable union 4 years	0	Reconciled	2 occurrences
P8 Roseana	47	Housewife	Incomplete Primary	Married 18 years	1	Reconciled	1 occurrence
P9 Maria	47	Janitor	High school	Married 10 years	1	Separated	2 occurrences
P10 Wilma	29	Cashier	High school	Married 10 years	1	Reconciled	1 occurrence
P11 Joana	21	Laundry employee	Primary school	Stable union 2 years	3	Reconciled	Inúmeras occurrences
P12 Cristiane	39	Nursing assistant	High school	Married 4 years	2	Separated	1 occurrence

Length of time from the aggression to the report and forgoing

The participants described their time as *during* and *after* the aggression, remembering the *time before the aggression*. Seeing oneself as the victim of a partner they trusted was a milestone in their lives. Pain, anger and insecurity started to dominate their existence. They saw themselves unable to lead a normal life.

The aggression was physical and verbal, often with their children present. Often, the conflict escalated, afflicting the families of both partners and also their workplaces. In almost all testimonies, drinking was noted as the main cause of the partner's aggressiveness. As Rosa described:

He is someone who drinks and becomes fearless when he does so. He transforms, behaves violently... he starts acting rudely, aggressively... it happened twice with me. I needed to go to the police because he was so drunk that I was afraid that he would get a knife, I don't know, because we don't have guns in the house. That's when I turned him in.

Aggression happens repeatedly. Joana talks about the type of violence that she was a victim of since her previous marriage:

I've been beaten violently for 10 years. He beat me even more, on my face... I'd even see stars, sparks, I blacked out. I've been broken, he broke my ribs, my finger, kicked me, threw me out on the street like a dog.

The feeling of anger and humiliation led the woman to publicly denounce her aggressor. For some, more than that: they fear for life. Denise explains her reasons:

At the time I felt humiliated, afraid, I asked for help, because he drinks, he threatens to kill me and my children and throw me out of the house... all of it because he drinks.

By denouncing her partner, the woman exposes herself and also her condition of humiliation within the family. It is not possible to believe in marriage and in family anymore. Maria describes it:

My experience of going to the precinct to report him was very sad, very difficult... we've been married for 11 years, we live together, we have a son [...] having to turn in the father of my son for aggression is a very difficult situation.

Aparecida states that the report set limits for the aggressor, repressing his violent behavior:

I was afraid of him, because he knew I wouldn't do anything. Because he threatened me many times and I never did anything, but when he found out I had reported him he was afraid.

Denise said what she expected of reporting:

I wanted him to pay for his errors, and I wanted him to understand that a woman is not meant to be used in bed or in any other place, she's meant to be respected.

Women justify forgoing the lawsuit against their partners: because of the affection they still feel for them, wish-

ing to keep the family together or economic dependence. Wilma states:

Then he started begging for a second chance, my daughter started to get sick too and, as I said, I like him. I decided to give him another chance, because I think everybody has the right to a second chance.

Edna stepped back, hoping that her husband would change:

When we come home we get calmer, then we change our minds and we decided to talk [...] We decided to give it another chance, he's going to a psychologist and I like him very much [...] I think he'll change, he can change too.

Joana is hopeless:

I've never had anywhere to go, I never made much money, I work with cleaning, I make 275 reais and I have a daughter, her father doesn't give us alimony and I have no other means of survival. I know this is not an excuse to stay with him. If I'm with him, it's because I must still feel something for him.

The study participants, at first, reacted to the aggression, using the only available weapon: reporting it to the legal powers. Several have taken this course more than once, with some saying that there were good immediate results. However, when they *came back to reality*, probably under extreme pressure from family members, husband and children – or even when they became aware that they were dependent on their husbands – they stepped back and reassumed their position of women within the traditional family. The pathway from reporting to forgoing can be understood by noticing its existential reality as she experiences it: she becomes aware, after attempting to advance her autonomy, that this autonomy is not within her reach. Continuing with the lawsuit against her aggressor, in her perception, would be more complex and difficult, and even unfeasible, in relation to the *reality of violence*, which is her reality.

One author⁽¹²⁾ analyzes the women's decision of *suspending* the complaint against their aggressors differently: it would be an element of negotiation the victim has to barter with the accused, so that he would interrupt his aggressions and resume his role in the family. In this case, even disfiguring the ethical conception of citizenship, such as the *legitimate exercise of her rights*, the woman would use the resources available for her to struggle for what she considers *her rights*.

The partner, the family, the women's precinct

In their descriptions, the women include the co-participants of their experiences: they talk about their relations with their partners, families and the women's precinct.

The partner is the central figure. The relations with him degraded due to what happened. There are conflicting feelings: There is still affection, which led to an approximation with this man, with whom they have children and to whom

they still feel connected. But this man has betrayed her: he becomes a threat by hitting her. Joana talks about her insecurity regarding her husband, whom she financially depends on:

So, when he's drunk, he's capable of killing, he'll do anything when he's drunk; so, that's how I feel, my life is at risk with him and without him. Anyway I'm at risk.

The statements reveal certain hues of this affection – from love to anger and despair to pity and regret, when they perceive the weakness of the aggressor. Rosana unveils her conflicting feelings:

I felt really bad afterwards, I couldn't sleep [...] I felt really, really bad [...] it seemed like our son demanded something from us, because the father is good, he's very good. There's a part of him with many problems, he's angry, but that's because I was feeling betrayed [...] really betrayed [...] And later I gave up, I went there and gave up on the complaint.

On forgoing the complaint, the woman reviews her position in the family and evaluates the situation under another perspective: she sees the partner's fragility, or his disease. Maria justifies it:

Then, I'm giving up on turning him in because of the state of his health, he's very sick and I don't want to have to answer for that later, that although their father beats me, they know that their father shows that he likes me very much [...].

As if their aggressor became the victim.

For some of them, however, the relations with their husbands will not change, since previous experiences show recurrent behavior: Denise reports:

Just like the other time, it was like this [...] I don't know who was the Sheriff who called him out there, who talked with him [...] she scared him very much, because he's afraid of the police [...] That's a sign that his drinking is simply convenient [...] just like many men out there, they drink to feel brave enough to come home and intimidate their families or beat the family at home.

There are extremely conflicting situations, such as that of Joana, who feels insecure about the violence at home, but recognizes that her husband is essential for her subsistence. She is afraid all the time:

I think that someone who hasn't changed for a long time will never change. I think, I know I'll still be abused by him...

In this conflicting situation with her partner, the woman exposes her ambiguity. For example, in the discourse below, Cristiane tries to relativize the aggression she suffered:

Then I gave up, because I didn't want to hurt anyone. If I kept that up, I'd be hurting, because, deep down inside, I refuse to believe that he's such a mean person. And, after all, all he did was to slap me once. One slap, and I want to forgive him, believing that it was an accident, let's say.

However, a question is raised: if the violence was so banal, why was the aggressor reported in the first place?

In this scenario, children are shown as victims. The mother sees that filing a complaint against the father could greatly affect the safety and welfare of the child. The feeling of guilt, present at the moment of reporting, is added to the feeling of responsibility for depriving the child of living in a stable household. In view of the children, the woman fears being judged. By intending to spare them, she decides to forget what happened and focus on the healthy side of the family relations. At the same time, she fears certain damages, consequences of the violence experienced, for the child. Joana says:

That day when he abused me, he got a knife, he sharpened two knives and came against me, I had to run and leave the house with the girl. So, what happens with the mind of my daughter, with my mind?

Several respondents mention having resorted, at the moment of aggression, to the help of relatives or friends, who supported them in the decision of reporting their partners. By supporting them, these friends and relatives also contributed to the forgoing of the lawsuit since, feeling safer, the woman chose to adopt a course of action that would not bring any further problems. Joseli, who left the aggressor and went back to live with her family, talks about her desire to overcome everything and get a new life:

I thought that, if I stayed here, he would keep on tormenting me, because he went back to his ex-wife, his family. I'm going back home, because this is the reason for my forgoing the complaint and have no more problems in the future.

Essentially, she wishes to go back to her previous life and break free from what happened.

On the other extremity, Joana, with no family support, describes the reasons why she waived her defense in a situation of extreme dependence, in which she cannot see any perspective for her own future:

I'm on a leave from my job because of depression, because I have a nephew who killed himself on the door handle, he hung himself, it took a long time, and I saw everything [...] I cannot break free from this shock, and I can't break away from him, I can't live alone, I don't have anyone, only my 14-year old daughter and me. And the money I make can't pay the rent and support her, it's not enough for anything.

In this context, the women's precinct is mentioned as an important support for the woman who was abused by her partner. Some participants see it as a place where they will be able to confirm their rights, such as Aparecida:

I'm not afraid of him anymore, but, if I had to do it again, I'd turn him in again, and everyone who suffers this type of aggression has to look for the precinct, because it's not right.

Denise hopes that the punishment serves as an educational measure:

At the women's precinct, they'll believe me [...] there are weeks when he drinks too much, other weeks he doesn't. I need them to tell him what's right and what's wrong [...] I want them to call him out there and give him a lesson in morals, which he really needs.

Others report previous experiences of reporting that had no result, since the public organ was powerless to solve their problem. Cecilia justifies her forgoing:

the scribe, that girl who talks to us there, she told me that it would turn out nothing, that this would only scare him, a complaint they could do nothing about [...] Today's justice, the man hits, they come and talk to him, tomorrow the man hits again, and it keeps on going like that [...].

The participants, apparently, do not understand, or were not effectively informed, of the supporting role of the women's precinct in situations of domestic violence. One of them gave up the complaint because she was formally requested to come to the precinct, along with her husband. She understands that this request is a type of punishment, and she would not deserve it. There is no perspective, for her, that the women's precinct could play an actual educational role: helping both, in the sense of reflecting and discussing their marital problems, mediated by a professional who would encourage them to overcome their domestic conflicts.

Although all women recognize that they were dominated and humiliated in the episode of aggression, notions of justice and equality between husband and wife, corresponding to the notion of citizenship, are not clear in the testimonies. Studies⁽³⁻⁴⁾ state that few women in this situation recognize domestic violence as such. Almost all testimonies reaffirm family values: they understand that maintaining the complaint could lead to family rupture, by striking at the figure of the family head. Through complaining, they only seek to avoid further aggression, through the intimidation of the Sheriff's figure, and thus keep their marital relation. Maybe they cannot visualize other possibilities of relating with the partner.

Reflecting about the experience of forgoing the complaint

Units of meaning from the testimonies describing how the woman understands what happens to her in the context of domestic violence converged towards this category, as well as the role of the complaint and the forgoing in function of her own position in the family and the ambiguity in renouncing to her rights.

For several participants, aggression became commonplace. They remember the times at the beginning of their relationship when there was happiness. Women remember it as if to justify the maintenance of their marriage.

The women attribute the main role of the domestic conflict to drinking, when it leads to aggression. The husband is good and hardworking; when he drinks, he transforms. The woman, after overcoming her anger and suffer-

ing due to the abuse, tries to understand and justify the partner's weakness.

On the other side, what happened – aggression, complaint, forgoing of complaint – always represents a rupture in the couple's dynamics. Wilma says:

Sorrow will always be there, there's no way [...] Depending on what he does, we remember it again, I'll never forget it. And then we'll always be wary of that.

For some, there is the perception of living under constant threats: the conviction that aggression can occur at any moment, in a definitive way. For others, there is the assessment that the complaint set limits to the violent behavior. Aparecida sees the positive effects of her attitude:

He thought I was naïve, but after I turned him in, he smartened up about the threats he made. Then he stopped threatening me. Now I have peace, tranquility, I go wherever I want and he doesn't bother me anymore, he lets me be.

Cecilia tries to understand women who, unlike her, stay by the aggressor:

I think I'd feel ashamed and would never go back two or three times to turn him in. If she's still living with him it's because she accepted it. Right, there's lots of people who have no way to survive, no salary, they depend on their husbands. But I have no education, I don't have a profession, I have nothing, I depend on my parents, my mother is unemployed and my father is self-employed. I live with my two daughters. Either way I can eat, but also I'm not getting beaten, I have a better life. At my old home I had everything I wanted, but I had no peace. At any time [...] I had to sleep with one eye open, because he could come home on drugs and beat me. Why this life?

For both, even though they had withdrawn their complaint, simply formalizing their report brought them tranquility. However, the most important effect of this attitude, according to them, was their decision to end their relationship.

The women who remain with their partners, after this process of *reporting-forgoing the complaint* highly regard the feelings of affection that keep them together and the memory that he can be a decent and reliable person. They express feelings of regret and guilt for having gone to a police precinct to formally accuse their husbands. As such, Rosana justifies her forgoing:

Thinking hard, because sometimes we can't even think, when you're nervous you don't really know what you're doing [...] and looking for better advice, such as someone who can help you decide what you should or should not do.

Mariana exposes the reasons that led her to overcome the violence she experienced and preserve the family relations:

The loss of the boy and the home [...] I could do anything I wanted at home, I felt sort of free at home [...] then I missed my home and my son too much, and that's when I went back.

Reflecting on their experiences, the women show that they react at first, they try to defend themselves; and after

taking a stand in their reality, they end up adjusting to the situation if they wish to keep it. In this perspective, two different situations are unveiled: 1) the situation in which the woman is abused, files a complaint against the aggressor, leaves the aggressor and then withdraws her complaint; 2) and another situation, where the woman is abused, files a complaint, stays by the aggressor and withdraws the complaint – understanding that, in this condition, by staying by her husband, it would be unbearable to maintain a legal lawsuit against him, which would make a family relation impossible.

If, in the second situation, the motivation of forgoing the lawsuit against the partner is justified by the intention to preserve the relationship, in the first situation, when the couple separates, there is an apparent contradiction between withdrawing the complaint and staying away from the aggressor. In this case, the woman would have the autonomy to maintain the legal punishment against her aggressor, reinforcing her rights, since she would not be in a condition of submission to her ex-partner.

COMPREHENSIVE SYNTHESIS

Women who withdrew complaints against their partner-aggressor went a long way, from the moment they were faced with a situation of violence up to the moment when they withdrew the lawsuit that they had started against him. Submitted to a condition of pain, humiliation and conflicts, they made their choices and justified them, in testimonies, as if they were pressured to justify.

In the interviews, they collaborated with the researcher, frankly and openly exposing their experience in this process, addressing physical suffering, fears, anguish, guilt and concerns, expressing perplexity in the face of a future that still seems unsafe. They know, even if at an existential level, about the complexity of family relations, referring to the traditional roles of the couple. Although notions of justice and equality between spouses are present in a few statements, beliefs that the woman is meant to understand the male weaknesses and keep the family together predominated.

The participants were simple persons, almost all with low education level and few financial resources. But they are aware of the destructive meaning of domestic violence for family dynamics, although they cannot see another way of dealing with it, which is different from accepting and trying to get around it, forgiving and forgetting the abuse they suffered. Their first reaction, denouncing the aggressor, shows that they are aware that they should take some sort of action, although they are not sure about how to exert their autonomy. It may be reached with the help of professionals who take care of her. One author⁽¹²⁾ interprets the women's withdrawal of the complaint against their partners as a way to negotiate, with the woman aware of a legal power that she acquired, being able to submit the aggressor to behavioral changes, even though she is manipulating the true intention of the law that protects her.

The length of time from the abuse suffered to the complaint and later withdrawal is trespassed by the tension between *defending herself and exerting her autonomy* and *accepting the situation of violence and maintaining the family values*. From the aggression perpetrated by the intimate partner until the complaint, the feelings of pain, shame and anger were predominant. Turning their aggressors in made them experience an unknown situation, where they did not know what to expect. Few abandoned the aggressor. Several women explain and justify the choice to go back to their partner: because of their children, the feelings towards their husband. But it was a choice. Maybe they are not aware that it was a legitimate choice: they are exerting their right. Maybe this perception can help them to develop in the sense of assuming their own life. Intentionality directed towards living. Therefore, they should assume their choices. We think that the essential meaning of their testimonies lies there: in the possibility of discovering their own autonomy, as something internal, regardless of external pressures. It is about making choices *by themselves* and *for themselves*. The *for the other* will only be authentic as a consequence of faithful choices for themselves.

By reflecting on the marital aggression in the socioeconomic environment, it is possible to visualize the family as a victim of social violence, which occurs in society as a whole, in situations at work, etc. These are situations where the man is also a victim of social violence, experiencing the aggression of the structures of domination, in the figures of the political and economic power⁽¹³⁻¹⁴⁾. Studies observed that an epidemiologic view on violence is increasingly necessary, particularly the epidemiology of the psychiatric problems it causes^(2,4,13). Women abused by their partners start to face frequent violence in its less visible forms, which permeate relationships in the socioeconomic and political scopes and is reproduced in the family environment, as *natural*^(1,4). Several study participants, by staying with their partners, some even expecting to continue being abused, show this aspect of *accepting violence as something normal*, justifying it as a weakness or disease of the partner, even when this violence is expressed through very severe aggressions.

The new Maria da Penha Law⁽¹⁵⁾ acknowledges that the reality of domestic violence against women in Brazil has epidemic proportions. This law alters the Penal Code, allowing aggressors to be flagrantly arrested or to be arrested preventively. It stipulates the creation of a special court of Family and Domestic Violence against Women, aiming to speed up the lawsuits, as well as measures to protect the abused woman. These include forcing the aggressor to leave the house, protecting her children and the woman's right to retrieve her possessions and cancelling legal documents that favor the aggressor. Psychological violence is also characterized as domestic violence.

By reflecting on the study results of in view of the new laws, the importance of developing educational programs is highlighted, aiming to develop in both women and men

their competence to see themselves as citizens and exert their due rights and obligations.

Implications for care delivery to women victimized by domestic violence

In healthcare delivery to abused women, nurses and other healthcare professionals can significantly contribute to the process of women's awareness: when providing care, by listening to them and encouraging them to express themselves about the violence experience, they contribute to place these women as the central figure in the actions to define their destiny. Knowing how to listen implies a therapeutic attitude, without censorship or embarrassment, maintaining the conditions of secrecy and respect for their rights, because this is a situation where the woman feels embarrassed and stigmatized. Therefore, the professionals need to reflect and evaluate their own feelings and prejudices, so that they do not interfere in the communication with the patient. Among

the recommendations of the WHO for care delivery and prevention of domestic violence, the following are included: promoting gender equality and the human rights of the women, and the action of healthcare services prepared to help them, connected with the legal and community institutions involved in the issues of violence.

STUDY LIMITATIONS

The study presents the limitations of a qualitative study, contextualized in the place and time it was developed in. It does not intend to generalize results, but to acquire further comprehension about the studied theme. The results suggest new studies about the theme, covering other regions of the country, as well as studies listening to nurses and other healthcare professionals about care and prevention in situations of domestic violence.

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