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The meaning of sexual abuse in the manifestation of corporeity: a phenomenological study

SIGNIFICADO DA VIOLÊNCIA SEXUAL NA MANIFESTAÇÃO DA CORPOREIDADE: UM ESTUDO FENOMENOLÓGICO

SIGNIFICADO DE LA VIOLENCIA SEXUAL EN LA MANIFESTACIÓN DE LA CORPOREIDAD: UN ESTUDIO FENOMENOLÓGICO

Liliana Maria Labronici¹, Débora Fegadoli², Maria Eduarda Cavadinha Correa³

ABSTRACT

This phenomenological study aimed at understanding the meaning of sexual abuse in the manifestation of corporeity. It was performed at an outpatient clinic for victims of sexual abuse from a teaching hospital in Curitiba/ Brazil, from February to May of year 2007. The statements were obtained by means of recorded open interviews performed with nine women. The analysis resulted in the following theme: *Living with fear in the process of co-existence*. It was evidenced that fear influenced those women's social life, brought about insecurity, affected their being and their being in the world and, consequently, their corporeity. Health professionals must be qualified to perceive women victims of social abuse in their multidimensionality so the care they deliver are not merely instrumental, rather expressive, that is, subjectively-oriented. Thus, they will be able to help those victims transcend their experience and find a new meaning to their existence, and care delivery will be humanized, ethical and sympathetic.

KEY WORDS

Sexual violence.
Violence against women.
Fear.
Health care delivery.

RESUMO

Trata-se de pesquisa fenomenológica, que teve como objetivo compreender o significado da violência sexual na manifestação da corporeidade. Foi realizada no ambulatório de vítimas de violência sexual de um hospital universitário de Curitiba, de fevereiro a maio de 2007. Os discursos foram obtidos mediante a realização de entrevista aberta gravada com nove mulheres, e da análise emergiu o tema: *Conviver com o medo no processo de coexistência*. Constatou-se que o medo influenciou a vida social das mulheres, gerou insegurança, afetou o ser e estar no mundo, a sua corporeidade. Os profissionais da saúde devem ser capacitados, a fim de que possam perceber as mulheres vitimizadas em sua multidimensionalidade, para que suas ações de cuidado sejam não apenas instrumentais, voltadas à subjetividade, porque poderão ajudá-las a transcender o vivido e encontrar um novo sentido para a sua existência. Dessa forma, o atendimento será humanizado, ético e solidário.

DESCRIPTORES

Violência sexual.
Violência contra a mulher.
Medo.
Assistência à saúde.

RESUMEN

Se trata de investigación fenomenológica que tuvo como objetivo comprender el significado de la violencia sexual en la manifestación de la corporeidad. Fue realizada en el ambulatorio de víctimas de violencia sexual de un hospital universitario de Curitiba, entre febrero y mayo de 2007. Los discursos fueron obtenidos mediante la realización de entrevista abierta grabada con nueve mujeres, y del análisis se asomó el tema: *Convivir con el miedo en el proceso de coexistencia*. Se constató que el miedo influyó en la vida social de las mujeres, generó inseguridad, afectó el ser y estar en el mundo, y, en consecuencia su corporeidad. Los profesionales de la salud deben ser capacitados a efectos de que puedan observar a las víctimas de violencia sexual en su multidimensionalidad, para que sus acciones de cuidado no sean sólo instrumentales, orientadas a la subjetividad, porque así podrán ayudar a las víctimas a transcender lo vivido y a hallar un nuevo sentido para su existencia. De esa forma, la atención será humanizada, ética y solidaria.

DESCRIPTORES

Violencia sexual.
Violencia contra la mujer.
Miedo.
Prestación de atención de salud.

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INTRODUCTION

Violence has always been present in the history of humanity, it appears in every sphere of social living, and is a situation felt in the whole world⁽¹⁾. Therefore, violence has become the point of convergence of worries and fears of all people, regardless of their social and economic condition or ethnicity.

There are many kinds of violence, and sexual abuse is one of them. It is understood as any action in which a person, in a relationship of power, using physical force, coercion, seduction or psychological intimidation forces another person to participate in or submit to sexual relationship⁽²⁾. That practice is considered a crime, even if performed by a family member, i.e. father, step father, partner or husband.

A study performed by the World Health Organization showed that 20% of women and 10% of men were victims of sexual abuse in childhood, and 30% of the first sexual experiences are forced⁽³⁾. The quantity and quality of the data available in the world are relatively smaller than the reality, and their comparison is difficult due to their different definitions, information collection methodologies, notifications and legislations.

It is not possible to precisely evaluate the prevalence of sexual abuse based on statistics from the police or services that assist these cases, because only a small portion of victims report or seek assistance⁽⁴⁾. It is believed that victims tend to be silent about the issue, either because they fear reprisal, feel ashamed, humiliated or guilty⁽⁵⁾. Despite the small percentage of complaints, sexual abuse is a crime that has been more and more reported, affecting 12 million women in the world every year⁽⁶⁾.

It should be stressed that the consequences of sexual abuse may affect the multidimensional aspects of victims, causing problems to their physical, reproductive and mental health, such as injuries to their bodies, unwanted pregnancy, sexually transmitted diseases, phobias, panic, post-traumatic stress disorder, depression and other psychological changes in addition to family and social problems such as quitting school, losing jobs, conjugal separation, abandoning home, and others⁽⁷⁾.

Many health problems are caused by sexual abuse, which may appear shortly after the abuse, or in mid or long terms. Physical complaints such as chronic headaches, gastrointestinal alterations, pelvic pain, and others; psychological and behavioral symptoms such as sexual disorders, depression, anxiety, eating disorders and drug abuse are observed in victims of this type of violence⁽⁵⁾.

Studies show that the psychological consequences can vary considerably, as each victim responds to sexual abuse

in a different way. Several psychological disorders are identified in these victims, including depression, phobias, anxiety, use of illicit drugs, suicide attempts and post-traumatic stress disorders⁽⁴⁾.

As for the emotional aspects, victims often experience feelings such as the fear of death, loneliness, shame and guilt. In addition, different degrees of post-traumatic stress disorders emerge, which may cause immediate and late consequences such as phobias, panic and depression⁽⁷⁾.

Sexual abuse against women affects their being and being in the world, their corporeity, i.e., the expression of their body⁽⁸⁾, and can leave visible and invisible marks, which may be captured not only by a clinical view, but by a sensitive, attentive view, filled with humanity. Therefore, the perception constructed from reality, with states of intentional consciousness of my body⁽⁸⁾, in relation to the body of the victimized woman, allows for breaking the veil of visibility, and penetrate in her subjective world and get to know her, so we become able to think about the expressive actions of care, i.e., those which are related with her subjectivity.

...the need for a multiprofessional approach in the assistance to women victims of sexual abuse is directly related with the complexity of the situation and with the multiple consequences imposed to the victims.

Perception is a human act, and, as such, it is a form of access to the world, to the object, to knowledge, which permits us to know existences, experienced problems and is present in each moment lived as a recreation or reconstitution of the world⁽⁸⁾. This perceptive experience gives us a layer of impressions, in which an each impression is filled with meanings that may be revealed while providing assistance at health care services.

The reports provided by victims of sexual abuse assisted at health care services reveal traumatic consequences, such as the destruction of their self-esteem, disorganization of life projects, fear towards sexually transmitted diseases and unwanted pregnancy⁽⁹⁾. Therefore, the need for a multiprofessional approach in the assistance to women victims of sexual abuse is directly related with the complexity of the situation and with the multiple consequences imposed to the victims⁽⁷⁾. For this reason, comprehensive and interdisciplinary care are fundamental to deal with the significant impacts to their lives, considering the physical, subjective, sexual and/or affective aspects⁽¹⁰⁾.

It is interesting to highlight that when women experience situations of sexual abuse, they assign meanings that interfere on their body expression, i.e., on corporeity, as they become part of our being, because the body is the first and only place of human experience, it is the producer and the bearer of meanings⁽¹¹⁾. Hence, we were incited to study about the meaning of sexual abuse for victimized women, as it refers to an existential experience.

To search the genesis of our existential meanings is to assign meanings to behaviors here and now⁽¹²⁾ and that emerge by means of the expression of the body.

OBJECTIVE

To unveil the meaning of sexual abuse through the expression of corporeity.

METHOD

This is a qualitative study using a phenomenological approach, founded on the concept of body and corporeity by the existentialist philosopher Maurice Merleau-Ponty, who understands the body as being the concrete expression of existence, the incarnate consciousness, the vehicle of the being in the world, the group of experienced meanings, space and time, which expresses existence through the body that sees and is seen, touches and is touched, feels and is felt, as it is sensitive⁽⁸⁾.

Humans do not have a body, they are a body that is in the world and has relationships with him and the other, through his corporeity. Based on sensitiveness and the experience of the being in the world the philosopher reveals the unit of the body, its comprehensiveness⁽¹¹⁾.

Phenomenology was chosen as the approach for this study because it allows for evidencing humans and their relationships with the world and the correlations between them, establishing a dialogue attitude and empathy towards others when stating opinions, ideas, and feelings, aiming at seeing from the other's perspective with a view to understanding and seeing how the other sees, feels or thinks⁽¹³⁾. Phenomenology allows for describing the experienced phenomenon, the experience that can be unveiled through the discourse that emerges from one or more questions that are made to encourage others to speak and describe the phenomenon.

The discourses were collected from February to May 2007, at an outpatient clinic for victims of sexual abuse at a large university hospital in the city of Curitiba – Paraná state. Nine open interviews were performed with women, older than eighteen years, who had suffered sexual abuse at least one month before the study, who agreed to be part of the study sample and signed the free and informed consent term. The participants were guaranteed anonymity by using the letter *E* to refer to the interviewee (abbreviation in Portuguese for *entrevistada*), followed by a numeral.

In phenomenological research the interview⁽¹⁴⁾ has specific purposes: it is used as a means to exploring and collecting discourses about experiences, which may serve as a way to develop a richer and deeper understanding of the human phenomenon. Furthermore, it is a vehicle to establish a dialogue relationship with participants about the meaning of the experience. Therefore, the open interview in this type of research is of fundamental importance, and the initial request was: Tell me about the experience of having been abused sexually.

It is important to stress that during the interview the researcher should always be open, listen carefully and consid-

erately, showing closeness and respect, because that moment is more than a simple description of an experience⁽¹¹⁾.

The discourse analysis followed the phenomenological path consisting of three moments: description, reduction and comprehension⁽¹⁵⁾. In phenomenological research, the description allows for obtaining the discourses that should be analyzed and phenomenologically interpreted, with a view to seeking the essence and its transcendence; it is the mere exposition of a phenomenon, which takes the form of text waiting to be analyzed, interpreted and understood⁽¹⁶⁾.

Reduction consists in searching fragments of the discourse in the description, i.e., meaning units that can help unveil the phenomenon. Phenomenological comprehension emerges along with interpretation, and is only possible when the researcher unveils the consciousness that the subject has about the phenomenon⁽¹⁶⁾. After identifying all the converging meaning units from every description, the researcher interprets each one, using his own language, and then summarizes each one, thus creating the thematic unit or units⁽¹⁵⁾. Eventually, the following theme emerged: *Living with fear in the process of coexistence*.

In terms of ethical aspects, the project was followed to the Research Ethics Committee of the institution and approved in January, 2004 (CAAE 897.127/2004-08).

LIVING WITH FEAR IN THE PROCESS OF COEXISTENCE

Insecurity in the world today is more and more linked to the increase in violence, which grounds and strengthens an imaginary of fear that disturbs and generates concerns. Uncertainty and insecurity are factors that cause continuous fear and, therefore, a permanent discomfort⁽¹⁷⁾.

Issues regarding insecurity, violence and fear have been gaining emphasis in the current media discussions and productions, in universities, schools, and in the everyday lives of people in general due to their consequences and to the apparent lack of control that they involve⁽¹⁸⁾.

Fear is a common feeling, and can strongly outline one's personality. It affects our belief about what we are capable or incapable of doing. Fears change according to a person's age, gender, socioeconomic level, the level of cognitive development, and other particular or social variables that can be useful to determine when fear is normal or pathological and, hence, when intervention is called for⁽¹⁹⁾.

In this study, it was found that fear affected the social dimension of the women who suffered sexual abuse, as evidenced in the fragments of the following discourses:

... my social part of life was kind of erased, it kind of gets blocked, because now I'm very much afraid (E5).

...I wasn't scared of walking on the street, I worked night shifts. But now I really am afraid! (E2).

In this context of fear and uncertainty, human relationships and social bonds are threatened; distancing appears to be the only measure capable of providing some relief and security⁽²⁰⁾. Fear makes it harder to form and maintain meaningful and/or lasting social and affective bonds⁽²¹⁾. One uses interpersonal relationships to build a self-image, which refers to the perception that a person has about him/herself; it involves thoughts, feelings and actions about the relationships that the individual has with other people⁽²²⁾.

It should be highlighted that we live through conscious movements of body experiences, which provides interaction with ourselves, with the other and with the world⁽⁸⁾. It is through that interaction that we live multiple worldly phenomena, which contribute with our development, maturing and building self-image and self-esteem. This is the combination of attitudes that each person has towards him/herself, an evaluative perception, a way of being, by which the person has ideas about him/herself, and that can be positive or negative⁽²³⁾.

Sexual abuse is a phenomenon that has caused insecurity and fear in the victimized women, who become afraid to leave their private world and walk in public areas at night. Therefore, their being and being in the world have been changed. The way they express themselves in the process of coexistence in their professional and social lives has been affected, thus the other can always be a threat, one that at any moment can approach meaning to use some form of aggression.

The defensive actions stimulated by insecurity and uncertainty, according to a previous study⁽²⁰⁾, make threats be seen as close and tangible, i.e., there is unnecessary fear. Therefore, reactions mean to fight their anxiety and concerns, hence they may be directed to targets very distant from danger, and with no relation with the aggressor. Metaphorically speaking, they are as ghosts from the victims' imagination, as expressed in the following fragments of discourses:

...you become afraid of people, you pass by and they look at you and you imagine what are the intentions of that person towards you... it is difficult even in the relationship with other people, with other men, you're afraid... it's traumatic, it causes fear, it's a difficult situation... (E1).

People sometimes do not believe in what you say, in what you feel, so you become a loser, a complete failure in life, because you start being afraid of everything and everyone (E6).

In this setting, the world becomes a limiter of individual freedom, and its impact on the victims of sexual abuse transforms the social relationships not only in the present, but can also have consequences in the future, because of the lack of control, i.e., the impossibility of distinguishing what is dangerous from what is not⁽¹⁸⁾, and thus it may affect self-image.

Self-image appears in the interaction of the person with his/her social context, and is a consequence of the rela-

tionships established with others and with him/herself. Therefore, the person can understand and anticipate his/her behaviors and take care of him/herself in the relationships with others, and learn to interpret the environment in which they live⁽²³⁾. This is a constant construction that changes on account of the experienced worldly phenomena that develop meanings.

The women store in their bodies the sexual abuse that they suffered, leaving visible and invisible marks, and express their feelings in their corporeity through behaviors and reactions in their everyday lives.

These victims become more fragile and this process may include permanent effects on their self-esteem and self-image, thus reducing their possibilities of protecting themselves, making them feel less secure about their value and personal limitations, and more likely to accept victimization as a part of their condition⁽²⁴⁾. Therefore, fear makes a body ready for a rough reaction, strong and fast, confusing the image element of a previously experienced situation with that feeling, changing them into one single thing⁽²⁵⁾. What happens is a re-appropriation of the incident, which generates insecurity through which a future victim situation is anticipated. This is evidenced in the discourse below:

... I would look to the side to see if people, especially when they were dressed the same way he was, they guy who assaulted me. So that's how you feel, my heart beat faster, it was like it began to beat very strong and I felt something bad in my throat, it even burnt inside. That's how fear happened to me, you get like, panicky. Then I would try to get out of that place and thought: shucks! Where do I go? I'll have to stay here; I'll have to go on... (E8).

People who experienced aversive events, uncommon and harsh, such as sexual abuse, usually intensively relive the aggression they suffered or experience they had in the form of constant and involuntary memories, nightmares, flashbacks and a deep psychological discomfort that is worsened by some external happenings, such as the sight of images related with the theme.⁽²⁶⁾ That can be observed in the both the previous and following discourses:

... every time I see someone on a bike close to me I think it's the same person... I'm afraid it will happen all over again, when I was walking and saw someone coming from behind me and I realized it was someone on a bike, I froze, I felt pain down my spine, I couldn't walk, I couldn't move... (E9).

Women victims of sexual abuse associate other people with their aggressor because of similar clothing or objects. This fact strengthens the threat, makes them enter a state of readiness and start seeing more things than they really see. Therefore, the manifestation of fear starts to be felt and expressed in the corporeity, i.e., through body expression, and that fact appears to transform victims into constant *hostages of violence*.

The experience lived by abused women makes them assign meanings to situations, objects and people that cause

fear. That attribution of meaning appears as a way to control, anticipate, and know fear. Hence, it is shared and socialized, but also increased and extended, and the consequence is the wish to have more and more control over it⁽¹⁸⁾.

Nowadays, violence as it is being established, brings about the fear that is enrooted in the attitudes of the victims as a consequence of sexual abuse, making people change their relationships and their way of being and being in the place they live and in their individuals and collective contexts. The other, the stranger, threatening or not, according to the circumstances, is an object of fear and causes the subject to have reactions such as freezing, surrendering or aggression. This will depend, however, on the set of norms and rules established in those contexts and on the codes learnt and internalized by those individuals⁽²⁵⁾. Each concrete action of aggression or violence permits to ritualize a threat, justifying the reproduction of fear, and the use of safety measures, but, paradoxically, they accentuate insecurity and fear, thus causing new forms of generating them⁽¹⁸⁾.

Exacerbated, unlimited fear may trigger mental disorders from neurosis to paranoia to panic syndrome and, as a result, may even cause physical disorders such as ulcers, tachycardia, hypertension, muscle tension, reduced immunity, and worsen infections, in addition to causing greater emotional suffering, and increasing depression and anxiety⁽²⁷⁾.

The liberty to live securely is, or should be, a right enjoyed by everyone. It appears, however, that sexual abuse raises a state of anxiety and apprehension in the victims, and a consequent self imposition of restrictions, which effect limit their opportunities of participating in active public life, as well as in the community⁽²⁸⁾.

Feeling of uncertainty and insecurity, impunity, the collapse of organizations that should help to guarantee the rights of citizens and public safety are some of the triggers of fear and insecurity⁽²⁵⁾ not only for victims of sexual abuse as of the general population.

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FINAL CONSIDERATIONS

The path pursued to perform this study permitted to unveil the meaning of sexual abuse in the manifestation of corporeity and realize the presence of fear expressed by women victims.

Fear is a feeling that generates inquietude in view of an idea of a real or imaginary danger, a threat; it can be acquired by either learning or trauma, and is stored in the body, in the memories of threats made to the individual.

As it is a feeling, an emotion, the effects and the reaction it causes are distinctive and depend on the particularities of each person, the cultural and historical background they have stored in their bodies, as well as their experiences. This emotional consequence can last a lifetime, which causes sexually abused bodies to have a greater chance of suffering depression, developing social isolation, post-traumatic disorders and commit suicide attempts, than those who did not experience that situation.

Recognizing that sexual abuse is an important harm to health and that it violates human rights has required more qualification and specialization of services that assist victims of sexual abuse and, therefore, of professionals who should be motivated and encouraged to seek preparation. This way, professionals would be able to look at victims and perceive them in their multiple dimensions, thus providing not only instrumental care, rather addressing the subjectivity of the other, because this is what makes emerge feelings, afflictions, fears ghosts, which are evidenced only when we realize the other as a whole, with a sensitive, hermeneutic look, through openness, flexibility and careful listening.

Therefore, weaving care actions permeated by rationality and sensitivity would allow for providing humanized, ethical and empathetic care to victims of sexual abuse, who experienced an uncommon and fragile situation in their existential pathway, thus helping them transcend the experience and find a new meaning for their existence.

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