Online Brazilian Journal of Nursing
E-ISSN: 1676-4285
objn@enf.uff.br
Universidade Federal Fluminense
Brasil

Herreira Trigueiro, Tatiane; Labronici, Liliana Maria
CHEMICAL DEPENDENCY AS A RISK FACTOR FOR DOMESTIC VIOLENCE AGAINST WOMEN
Online Brazilian Journal of Nursing, vol. 10, núm. 2, abril-agosto, 2011, pp. 1-9
Universidade Federal Fluminense
Rio de Janeiro, Brasil

Available in: http://www.redalyc.org/articulo.oa?id=361441674005

CHEMICAL DEPENDENCY AS A RISK FACTOR FOR DOMESTIC VIOLENCE AGAINST WOMEN

Tatiane Herreira Trigueiro1, Liliana Maria Labronici2

1,2 Federal University of Parana.

ABSTRACT

Problem: Domestic violence against women affects their health as a whole. Nurses should be qualified not only to recognize such violence but also care for women affected by it and also identify the risk factors that may trigger it aiming its prevention. **Objective**: To identify risk factors that trigger domestic violence. **Method**: This exploratory qualitative study was conducted in a Shelter Facility in Curitiba, PR, Brazil from December 2010 to February 2011 with eight women. Data were collected through recorded semi-structured interviews and the following theme emerged from thematic content analysis: Chemical dependency as risk factor for domestic violence. **Results and Discussion**: Alcohol or crack addiction of these women's partners was a risk factor that triggered domestic violence both physical and against property, affected basic human needs, generated fear and disrupted family relationships, which made them to abandon their partners and seek the shelter facility. **Final Considerations**: The availability of a nurse in this facility is essential because the violence perpetrated against these women affected them in multidimensional terms, which requires the implementation of both technical and expressive care actions related to their subjectivity so to prevent diseases, promote health, and improve quality of life.

Descriptors: Public Health Nursing; Domestic Violence; Risk Factors.

INTRODUCTION

Nowadays violence is a reality present in the statistics around the world and is a complex phenomenon that involves legal, social, cultural and health aspects because it brings with it imbalance, disorder and disturbance at both individual and collective level. It is defined as physical or psychological force that may cause physical injuries, psychological or developmental disorders, deprivation or even death, against oneself, another person or community. Therefore, it is seen as a global public healthproblem[1].

Violence, as a problem of global level, can be considered a social phenomenon that occurs due to a multiplicity of factors, as it is present in many scenarios, appears in different ways and affects children, the elderly, teenagers, the disabled, men and women regardless of race, religion and social class[2]. It is called domestic violence when reaches women within the household.

Domestic violence against women is defined by the Law 11.340/06, also called Maria da Penha, as any action or omission based on gender that cause any physical, psychological, sexual or moral damage within the home environment, their place of permanent coexistence with individuals of their family, whether related by blood or not, permanent or temporary[3].

An epidemiologic investigation conducted by Violence Vigilance and Accidents (VIVA) from September to November 2009, in 136 emergency services of several state capitals and cities of Brazil, found that in a total of 4,012 calls made because of violence,

27.35 % were against female. Of this total, 56% said the violence happened within their residence and assault / abuse was present in 84% of the cases. In most cases (34.30%), aggression was committed by partners or ex-partners, and the most common type of violence was physical (94.10%), followed by psychological (36.2%)[4].

It is important to point out that, according to the Law 10.778/03, violence against women is a case of mandatory reporting. Thus, victims who seek public or private health services, in the national territory, must be registered so that to enable monitoring and intervention measures[5].

In order to make notifications of domestic violence more effective, it is crucial to train health professionals to recognize when it happens and learn the risk factors individually and collectively. Moreover, it's important to know how to act and develop actions that may reduce or eliminate these occurrences with the aim of influencing personal relationships surrounding the family and society[1].

Women victims of domestic violence often seek help in health services; therefore nurses should be able to recognize the problem and develop effective care. However, they must be highly trained since the lack of preparation results in low resolution of the care, which might worsen the problem by promoting invisibility of the situation through removing the victims from the health sector; in short, limiting one of the reporting centres[6].

In giving assistance for women victims of domestic violence, the nurse must act in a humane way by establishing a secure and caring relationship that allows dialogue on the reasons that led to this condition . This opens up possibilities for the professional to look into alternative solutions for the problem of these women[6].

This research is justified by the exposed above since the acknowledgment of the risk factors of domestic violence against women enables the nurse to take care actions to prevent these episodes by identifying women at risk in their work area and, consequently, promote health and thereby improve the quality of life.

In this sense, this research has the following guiding question: What are the risk factors for domestic violence? The object of this study is the risk factors for domestic violence, and its objective is identify the risk factors that trigger domestic violence.

METHODOLOGY

This is exploratory qualitative research since it is based on the description of a particular experience, which enables to find out the subjectivity the Other[7].

Exploratory research is used when one wants to investigate a new area or topic in order to reveal the various facets in which a phenomenon manifests itself, as well as its nature and the factors which are related to it[7].

This research was developed at an Institutional Housing Service in the city of Curitiba / PR, which shelters victims of domestic violence, over 18 years old, with or without their

children. It was carried out from December 2010 to February 2011 with 08 women who lived there.

Data were collected through individual semi-structured interview, duly recorded, with the following initial request: Tell me why did you come to this house shelter? They were later transcribed and analysed through the Thematic Content Analysis proposed by Bardin, which presents four stages: analysis organization, coding, categorizing and inference[8]. From the analysis, the following themes emerged: the chemical dependence as a risk factor for domestic violence.

Regarding ethical aspects, the project was approved by the Health Sciences Research Ethics Committee of Universidade Federal do Paraná (CAAE: 0042.0.091.000-10), and the women confirmed their participation by signing the Informed Consent (IC). In order to ensure data confidentiality and anonymity, the names have been replaced by the letter W (women), numbered in Arabic numerals from 1 to 8, according to the order of interviews.

RESULTS

It was found that the 08 women victims of domestic violence living at the Institutional Housing Service were abused by their partners.

The fact most frequently cited by the women who participated in this research was the consumption of alcohol by their intimate partners, which is associated with the domestic violence inflicted. This is clarified by the following speeches:

[...] would come back home drunk and beat me [...] (W1)

I've come to this shelter because my husband used to drink ... Then he beat me [...] I only found out he was on drugs recently, but he's been drinking for a long time. Since we got married he's been beating me and drinking. (W2)

It is possible to tell, from W1 and W2's words, that these episodes of domestic violence also occurred when their partners were under the influence of alcohol, which was the reason for seeking help.

Occurrence of aggression is more likely to happen during the first phase of symptoms after alcohol intake. It comprises aggressiveness released by euphoria and decrease of shame and speech, as shown by the fragments of speech below:

[...] He would drink and become violent, wanted to hit me, smashed things inside the house, he would drink and show this reaction [...] One day he was drunk, grabbed me by the arms, and started screaming that I did not clean it, not did that. (W6)

[...] It was six o'clock when he was back, very drunk. No sooner did I spoke to him than he told me to shut up. Then he came in, I went to the bathroom, I had just walked into the bedroom when he punched me, and complained because I had not gone to bed earlier, and gave me a kick. (W8)

W6 and W8's reports show that their partners' loss of boundaries and aggression under the influence of alcohol led to physical and psychological violence.

In addition to alcohol addiction, crack was also mentioned by the women participants in the study as a drug of everyday use by their partners, as stated in the following lines:

[...] My life turned into hell [...] he would smoke drugs all night [...] started to beat me because of that, would get too crazy [...] threatened me with a knife, he was heavily drugged up and drunk. I was scared and ran away, it was 2 o'clock in the morning [...] He would get drugged up every day. His problem was crack [...] then he would get aggressive. When he didn't have any, he would take it out on me [...] mixed with alcohol, he would get out of control, did not see anything in front of him. He would hit anyone who came his way. In the end I could not stand such humiliation, such suffering, being offended and accused of things that I've never been. (W3)

[...] I had nothing to eat, I had to stay at other people's house, asking for things and the only thing he would do was drink, drugs, and started beating me again. Always drugged up, more and more drugs. Some days he would come back home biting himself, with his lips burned because of so much crack. Ah I can't take that anymore. (W5)

The reports showed that W3 and W5's partners, after consuming crack, became more aggressive and agitated, which triggered the violence. Nevertheless, the association between crack and alcohol increased their aggressive behaviour.

In the pursuit of the effects of crack, the companions started buying it more often, which caused their dependence. This dependence demanded more financial resources, and given the difficulty in obtaining them, they went on trading personal and family objects in order to support their habit. It's showed in the statements below:

[...] When he started using crack [...] then things got really bad, he would destroy everything inside the house, steal clothes from my son, from me, sell everything that could give him some money. He even made away with my gas canister, he sold everything that we had in the house ... everything ... I was left without clothes to wear. (W3)

[...] He would spend all nights out smoking crack and come back home in the morning [...] He started stealing my stuff, took everything, my TV, DVD player, my car, stole everything, even food, the last things he stole before I could get out of there were my pots. (W7)

The destruction of the house, theft of personal and family objects were one of the means used to obtain the drug and it is defined as patrimonial violence.

The women interviewed reported that their partners' consumption of crack generated feelings of fear, as identified in the statements below:

How can someone sleep in the same house with a drunk person taking drugs until 5 o'clock in the morning? I could not sleep anymore. He would stay downstairs taking

drugs and going crazy. And my fear increased since the day he wanted to beat me and throw me down the stairs. And what if he got out of his mind and killed us? I couldn't sleep anymore for fear, a lot of fear. (W6)

Whenever he would go out at night to do drugs I could not sleep. I was aware of any noise[...] Imagine if you couldn't sleep at night [...] So when you live with someone who doesn't let you sleep at night, what is left to do? The only thing you can do is abandon the ship. (W7)

W6 and W7's reports shows that their partners' drug abuse changed the marital relationship since there was no dialogue, affection, security and stability left, and also interfered with quality of life since the human basic need of sleep couldn't be met anymore – due to constant aggressive behaviour, which generates fear.

DISCUSSION

Violence against women may be triggered by various factors and among them there is the addiction of the partner / abuser. This can interfere with the couple's relational dynamics and family structure because of the risk that everyone is exposed. Therefore, the risk leads to collective or individual predisposition to a negative situation, undesirable or to a bad outcome in the near or distant future[9]. When perpetrated by an intimate partner, it brings feelings of disappointment, loss, failure, grief, because of the emotional involvement with the offender.

The consequences of these feelings reflect on the physical and mental health of these women, limiting their productive capacity, quality of life and self-steem[10]. In this sense, the presence of the nurse in assisting victims of domestic violence is essential because they are able to perform professional assessment and implement nursing care actions, both technical and expressive, directed to prevention and promotion of health and, consequently, to improve the quality of life[11].

Technical nursing care actions relate to physiological aspects and expressive actions are related to subjectivity, in which stored fears, ghosts, and afflictions that surround the daily life of these women are located, and may affect the way of being in the world[11]. Looking into the subjectivity of women victims of domestic violence provides, among other things, understanding of the risk factors. This leads to better identification of the population and their environment, which promotes the development of preventive and specific programs that includes action plans focused on the studied reality so that they can be avoided or soothed[12].

One of the risk factors that make certain populations prone to victimization and violence is the involvement with legal drugs such as tobacco, alcohol, at both individual and parental levels[13].

According to Brazilian legislation, alcohol is not considered an illegal drug, despite the harm that may result from excessive intake; namely, traffic accidents, dependence and violence. These problems result in high costs to society since it affects the population's health and thus represents one of the Brazilian public health issues[14].

Alcohol is classified amongst the psychotropic drugs as a central nervous system depressant. However, its intake causes various effects and is divided into two phases: the first one is stimulant, because in the early stages can appear euphoria, disinhibition and loquacity. The depressant effects such as lack of coordination and sleep occur in the second phase[14].

The research[15] conducted in 7,939 households, in 108 Brazilian cities, between August and December 2005, found occurrence of some type of violence in 2,661 households. Of this total, the offenders were under the influence of alcohol at the time of the assault in 1,361 cases. According to the characterization of victims of domestic violence perpetrated by drunk offenders, 1,173 people were identified, 749 of whom were females. Among them, 398 were the offender's partner.

Another investigação[16] which also confirms the previous report was conducted in 2005 with 20 families in the city of Fortaleza, Ceará. Its objective was to identify the factors that promote domestic violence. They found that, of that total, 16 were living maritally, of whom 11 mentioned that at least one member of the family was dependent on alcohol and that was cause of conflicts.

A case-control[17] study conducted in the city of João Pessoa, Paraíba, between 2004 and 2005, with 260 women, of whom 130 had never experienced domestic violence and 130 had been victims. Of this total, 118 claimed that some member of their family was using drugs, and that alcohol was the most consumed one(76.2%). The exclusive consumption of this drug increased the risk of domestic violence to six times if compared to families who did not consume any type of drugs. However, when alcohol consumption was associated with other drugs such as marijuana, crack and cocaine, the chance of abuse increases to twenty-nine times.

Crack is the free-base form of cocaine, slightly soluble in water, volatilizes when heated up, and is smoked using "pipes". It enters the body via pulmonary route and, because of the intense vascularization, it causes a fast absorption that takes about 10 to 15 seconds. Early symptoms include dilated pupils, increase in blood pressure, tachycardia, muscle twitching and, depending on the amount taken, can occur seizure, cardiac arrest, coma and even death[14].

The effects of crack last only about five minutes, which leads to an increase in the frequency of use in pursuit of the sensations that the drug causes, leading quickly to addiction. Consequently, there is the financial need to support the habit which leads the addict to use up all of their financial resources[14].

Due to lack of money to buy more drugs, the chemically dependent goes on trading personal objects, as well as their partner's and family's, which defines patrimonial violence, according to the Law 11.340 / 06. This is described as "actions that lead to retention, subtraction, destruction of objects, tools, personal documents, assets, rights, values or economic resources, including those intended to satisfy their needs"[3].

Crack users often feel the need to increase the dose so as to feel the same psychological effects experienced in the beginning; namely, feeling of pleasure, intense euphoria / excitement, power, loss of tiredness, hyperactivity and insomnia, due to the tolerance that the drug gives. Thus, these higher amounts cause more violent behavior, irritability, tremors and strange behaviour[14], which affect all members of the family.

The family relationship is seriously affected when one of the members is chemically dependent. This is due to the user's behaviour change, who may even incur physical and / or psychological violence against other family members, as shown in this study in which women were victims of aggression. Thus, instability, uncertainty, insecurity and fear have become part of their daily life.

The effects triggered by fear cause different reactions amongst women who experience domestic violence; however, its scars are stored in the memory, forming part of their history, culture and life experience. These memories can remain alive for a long period, causing mental illnesses such as depression, social isolation and permanent discomfort[11].

Given the health consequences of domestic violence against women inflicted by an intimate partner, the nurse should be able to recognize the risk factors surrounding this phenomenon, as well as the signs and symptoms presented by this population.

When performing care in such situations, nurses shouldn't only develop care based on practical techniques since it isn't enough to give the understanding of this phenomenon, for some of its consequences leave no visible marks. The care should also focus on interaction based on solidarity, trust, recognition and respect for differences, in order to promote their emancipation[10].

The nurse's actions in planning care for women victims of domestic violence should not only promote the housing, but also think about their actions, results and approach methods, as well as reflect on the understanding they have about the subject of public health policies and the legislation surrounding this issue in order to constantly improve their actions plans to protect these women and promote their health[6].

CONCLUDING REMARKS

The research found that the consumption of alcohol and crack by a partner / intimate partner were risk factors for domestic violence at physical, psychological and patrimonial level against the women research participants.

The physical, psychological and patrimonial domestic violence suffered by these women interfered and disrupted their marital relationship due to constant aggressions.

The partners' behavior towards them affected some basic human needs such as food, sleep and safety because of insecurity and fear, which interfered with their quality of life. Moreover, the uncertainty, the destruction of the relationship and property triggered by drug abuse have made these women abandon their abuser, and seek an Institutional Housing Service, since it offers physical and psychological safety and promotes social and family reintegration.

Therefore, this study promotes the reflection on the importance of specialized nursing care service at Institutional Housing Services for female victims of domestic violence because this phenomenon affects their multidimensionality. This service can be done individually, through nursing assessment, with the development of technical care actions related to the physiological aspect of the patients and expressive actions that deal with their subjectivity and culture so as to identify risk factors, prevent diseases, promote health, and improve the quality of life. In addition, the nurse can make health education workshops.

The findings of this research are relevant for the construction and expansion of knowledge about this complex phenomenon and show the importance of the nurse working at Institutional Housing Services, since it is a scenario that is often a means of access to this population.

REFERENCES

1. Organización Mundial de la Salud. Informe mundial sobre La violenca y la salud. Washington, 2002. 49 p. [on-line]. [citado em 17 de julho de 2010]. Disponível em: URL: http://whqlibdoc.who.int/publications/2002/9275324220_spa.pdf.
2. Labronici LM, Ferraz, MIR, Trigueiro, TH, Fegadoli, D. Perfil da violência contra a mulheres atendidas na Pousada de Maria. Rev. Esc. Enferm. USP. [on-line]. 2010 mar. [citado em 11 de abril de 2010]; 44(1): 126-33]. Disponível em: URL: http://www.scielo.br/pdf/reeusp/v44n1/a18v44n1.pdf
3. Brasil. Diário Oficial da república Federativa do Brasil. Decreto nº 11.340 de 7 de agosto de 2006. Brasília; 2006. [on-line]. [citado em 05 de abril de 2010]. Disponível em: URL: http://www.contee.org.br/secretarias/etnia/lei_mpenha.pdf.
4. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise de Situação de Saúde. VIVA-Vigilância de Violências e Acidentes, 2008 e 2009. Brasília: Ministério da Saúde: 2010.
5. Brasil. Casa Civil. Subchefia para Assuntos Jurídicos. Lei Nº 10.778 de24 de novembro de 2003. Brasília; 2003.
6. Ferraz MIR, Lacerda MR, Labronici LM, Maftum MA, Raimondo ML. O cuidado de enfermagem a vítimas de violência doméstica. Cogitare Enferm. [on-line]. 2009. [citado em 07 de julho de 2011]; 14(4):755-9]. Disponívem em: URL: http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/viewArticle/16395

7. Polit DF, Beck CT, Hungler BP. Fundamentos de pesquisa em Enfermagem: métodos, avaliação e utilização. 5ª ed. Porto Alegre: Artmed: 2004.

8. Bardin L. Análise de conteúdo. 4ª ed. Lisboa: Edições 70: 2009.

9. Lacharité C. From risk to psychosocial resilience: conceptual models and avenues for family intervention. Texto contexto - enferm. [on-line]. 2005. [citado em 02 de abril de 2011]; 14(spe): 71-77. Disponível em: URL: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072005000500009&lng=en

10. Guedes RN, Silva ATMC da, Coelho EAC, Silva CC da, Freitas WMF. A violência conjugal sob o olhar de gênero: dominação e possibilidade de desconstrução do modelo idealizado hegemonicamente de casamento. Online braz j nurs. [on-line]. 2007. [citado em 11 de abril de 2011]; 06(03)]. Disponível em: URL: http://www.objnursing.uff.br//index.php/nursing/article/view/j.1676-4285.2007.1103/261

11. Labronici LM, Fegadoli D, Correa MEC. Significado da violência sexual na manifestação da corporeidade: um estudo fenomenológico. Rev esc enferm USP. [on-line]. 2010. [citado em 28 de abril de 2011]; 44(02): 401-06. Disponível em: URL: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342010000200023

12. Garcia I. Vulnerabilidade e resiliência. Adolesc. Latinoam. [on-line]. 2001 abr. [citado em 3 de junho de 2010]; 2(03)]. Disponível em: URL: http://ral-adolec.bvs.br/scielo.php?script=sci_arttext&pid=s1414-71302001000300004&lng=es&nrm=iso.

13. Ribeiro COM, Sani AI. Risco, protecção e resiliência em situações de violência. Revista da Faculdade de Ciência da Saúde. [on-line]. 2009. [citado em 14 de julho de 2010]; 6:400-407]. Disponível em: URL: https://bdigital.ufp.pt/dspace/bitstream/10284/1294/1/400-407_FCS_06_-7.pdf.

14. Brasil. Secretaria Nacional de Políticas sobre Drogas. Livreto informativo sobre drogas psicotrópicas. 5 ed. Brasília; 2010.

15. Fonseca, AM, Galduróz, JCF, Tondowski, CS, Noto, AR. Padrões de violência domiciliar associada ao uso de álcool no Brasil. Rev Saúde Pública. [on-line]. 2009. [citado em 28 de março de 2011]; 43(5):743-9]. Disponível em: URL: http://www.scielosp.org/pdf/rsp/v43n5/24.pdf

16. Vieira LJES, Pordeus AMJ, Ferreira RC, Moreira DP, Maia PB, Saviolli KC. Fatores de risco para violência contra a mulher no contexto doméstico e coletivo. Saúde Soc. [on-line]. 2008. [citado em 28 de março de 2011]; 17(03): 113-125]. Disponível em: URL: http://www.scielo.br/pdf/sausoc/v17n3/12.pdf

17. Rabello PM, Caldas Júnior AF. Violência contra a mulher, coesão familiar e drogas. Rev Saúde Pública. [on-line]. 2007. [citado em 28 de março de 2011]; 41(6):970-8]. Disponível em: URL: http://www.scielo.br/pdf/rsp/v41n6/5848.pdf

AUTHORS' CONTRIBUTION

Conception and design: Tatiane Herreira Trigueiro, Liliana Maria Labronici. Bibliographical research: Tatiane Herreira Trigueiro, Liliana Maria Labronici. Acquisition of data: Tatiane Herreira Trigueiro. Analysis and interpretation: Tatiane Herreira Trigueiro, Liliana Maria Labronici. Critical review and final approval : Tatiane Herreira Trigueiro, Liliana Maria Labronici.

Contact Address: Tatiane Herreira Trigueiro. Rua José de Alencar, 145, apartamento 11 – Cristo Rei. CEP: 80050-240. Curitiba-PR, Brasil. **E-mail:** tatiherreira@hotmail.com