

Profile of police reports related to violence against women

Perfil das ocorrências policiais de violência contra a mulher

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Keywords

Nursing in public health;
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Descritores

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Abstract

Objective: To know the profile of women who formalized a police report at a specialized women's police station and to identify forms of violence suffered by them.

Methods: A cross-sectional study was conducted with 902 police reports. The data collection instrument was based on selected social and demographic variables of the victims and aggressors, and data related to the type of violence. Descriptive statistic analysis was performed by using SPSS® version 17.0.

Results: The profile was composed of young white women, with low educational levels, living in the suburbs. Over half of the reports contained complaints of physical violence, especially attempts of strangulation. Regarding sexual violence, we identified a predominance of rape committed by strangers or intimate partners. Psychological violence was reported in the occurrence of noncompliance to court orders as a new form of violence against women. The findings emphasized the recurrence of police reports by the same victim.

Conclusion: The profile of women identified among the 902 police reports did not differ from the one described in the literature, and the forms of violence suffered were of a physical, sexual and psychological nature.

Resumo

Objetivo: Conhecer o perfil das mulheres que formalizaram ocorrência policial em delegacia especializada e identificar as formas de violência sofrida.

Métodos: Trata-se de um estudo transversal onde foram analisadas 902 ocorrências policiais. O instrumento de pesquisa foi elaborado com base nas variáveis sociodemográficas selecionadas das vítimas, dos agressores e sobre o tipo de violência. Foi realizada análise com estatística descritiva e utilização do software SPSS® versão 17.0.

Resultados: O perfil foi de mulheres brancas, jovens, com baixo nível de escolaridade e com residência em bairros periféricos. A violência física esteve presente em mais da metade dos casos, com destaque para a tentativa de estrangulamento. Quanto à violência sexual houve predomínio do estupro por desconhecidos e parceiros íntimos. A violência psicológica apresentou o descumprimento de ordem judicial, como nova forma de violência contra a mulher. Há destaque para a reincidência de ocorrências policiais pela mesma vítima.

Conclusão: O perfil das mulheres em 902 ocorrências policiais não difere daquele descrito na literatura e as formas de violência sofridas foram: física, sexual e psicológica.

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Introduction

Violence against women is a complex and multi-faceted phenomenon that has been lately considered as a situation that requires interdisciplinary actions. Thereby, this phenomenon requires a deep reflection about the dynamics of violence, not only due to the impact that violence causes on victims' quality of life, but also on their children and on society.

Violence against women is the result of a cultural, religious and political construction, based on differences between sexes. Such construction naturalized and legitimized the asymmetry of power, justifying the domination of men over women. As a consequence, the most common form of violence against women is perpetrated by an intimate partner, and occurs between people of different ethnicities, religions and socioeconomic classes.

Violence results from the interaction of numerous factors that influence individual behavior, by increasing or decreasing the likelihood of one becoming the victim or the aggressor. Therefore, low education, social inequality, drug use, and a poor social infrastructure in the community seem to exacerbate this phenomenon, increasing risks on women who experience this situation.

Data reveal the magnitude of this form of violence worldwide. Women aged between 15 and 44 years have a greater risk of rape and domestic violence than of getting injured, contracting cancer, malaria or even being victimized in wars. In Brazil, every two minutes, five women are violently assaulted. Violent acts result in the loss of one year of healthy life for every five years of victimization.

In order to deter and prevent domestic and family violence, and to punish the aggressors, Brazilian law 11.360/2006, known as *Maria da Penha* law was created. This law defines family violence as the one committed by a consanguineous relative or someone who could be considered as a relative, and domestic violence as at which is committed in the context of permanent sociability, regardless of family ties.⁽¹⁾ This understanding is essential to stress the dynamic of violence against women and thus enable

the design of specific strategies and practices aimed toward the promotion of family bonding, the organization of groups to discuss gender issues, and the strengthening of women's autonomy, helping them to find alternatives when resolving conflicts within a couple.

This law represented an important step on issues relating to women's rights, however, only a small reduction in the number of assaulted women was observed between 2001 and 2010. Ten years ago, eight women suffered physical violence every two minutes; now data says that five women are assaulted every two minutes, demonstrating that, in spite of positive results, there is still much to be done to inhibit violence against women. In this sense some questions arise, such as, how is the law being applied? Are the professionals involved in this theme being trained to follow the law? How is the support network for victims composed? What is the role of nurses within this situation?

Some authors discuss the fragility of the system, including institutional sluggishness and too many legal procedures,^(2,3) aspects also recognized by the victims. As a way to express themselves, women reported that the slowness of the lawsuits leaves them insecure about the situation they face.^(3,4) In this sense, unintentionally, the system contributes to the victimization by minimizing the seriousness of the facts, giving little importance to cases of violence, and causing the withdrawal of the lawsuits due to the delay in applying the law.

It is known that there is not one isolated tool able to inhibit violence or accelerate judicial interventions, but rather a set of physical, economic and individual resources that potentially may punish and educate perpetrators and prevent violence. In this sense, as nurses committed to the promotion of health, it is essential to search for the improvement of actions and interventions targeted toward women who suffer violence. To do this we must understand the dynamics of violence against women, which requires knowledge of the diversity of aspects involved.

The objectives of this study were to know the profile of women who formalized police reports at a specialized women's police station and to identify the forms of violence they suffered.

Methods

This was a cross-sectional study conducted in the Women's Police Station in Rio Grande, Rio Grande do Sul, southern Brazil. All 902 police reports recorded since the police station started operation in August of 2009, until December of 2011, were considered in this study. The police reports included were from female victims, aged above eighteen years. Data collection was conducted between October of 2011 and March of 2012. Social and economic data of victims and aggressors, and information on the form of violence registered, were collected by using an instrument containing the variables of interest.

Data were recorded in Excel® spreadsheets and the descriptive statistics techniques were used for data analysis, by using SPSS statistical software, version 17.0. The study followed the ethical standards for the development of national and international research involving human beings.

Results

During the study period, 902 police reports were recorded, from which the characteristics of women who experienced violence and the forms of violence suffered by them were analyzed.

It was observed that the most prevalent age group was between 20 to 29 years (39.0%) followed by the range from 30 to 39 years (26.0%). As for the victims' ethnicity, we decide to categorize them as white and nonwhite. In the non-white category, those described as mulatto, brown, black, yellow and mixed were included. There was a predominance of white women among those assaulted (82.5%), as shown in table 1.

With regard to educational level, 63.2% of victims presented incomplete or complete primary school, featuring a predominance of lower education. A total of 52 women (5.8%) had higher education degrees, demonstrating that violence occurs among people of different educational levels. When analyzing the place of residence of the victims at the time of the police report, we found the prevalence of suburbs, representing 86.8% of the

total residence information. However, by analyzing this information individually and comparing each neighborhood, we noticed that the downtown city area ranked as the second most cited (9.2%), surpassed only by a peripheral area which concentrated 10.0% of reported cases as shown in table 1.

Table 1. Profile of women victims of violence

Variables	Report n(%)
Year range*	
< 20 years	44(4.8)
20 - 29 years	352(39.0)
30 - 39 years	235(26.0)
40 - 49 years	167(18.7)
50 - 59 years	57(6.3)
> 60 years	46(5.1)
Ethnicity**	
White	744(82.5)
Non-white	157(17.4)
Educational level***	
Primary education	576(63.8)
Secondary education	257(28.5)
Higher education	52(5.8)
Illiterate	7(0.8)
Residence****	
Suburbs	783(86.8)
Downtown	83(9.2)
Rural areas	23(2.5)
Others	13(1.4)

Legend: *n=901; **n=901; ***n=892; ****n=902- some information was incomplete in the police reports

The results showed in table 2 are related to the forms of violence against women. There was a predominance of physical violence, with 431 (47.8%) cases among police reports. Of these, 10 (2.3%) accounted for attempted murder. Secondly, we found psychological violence in 400 (44.4%) cases, including 2.0% that corresponded to false imprisonment, and 20.2% to court-orders related to noncompli-

ance. With regard to sexual violence, which encompassed 40 (4.4%) of the recorded cases, a total of 27 reports (67.5%) referred to consummated rape.

Table 2. Forms of violence

Violence form	Reportn(%)
Physical violence	431(47.9)
Psychological violence	400(44.4)
Sexual violence	40(4.4)
Patrimonial violence	23(2.5)
Moral violence	8(0.9)

Analyzing the data collection instrument item, we found 568 (63%) cases related to “prior abuse”. However, it is observed (Chart 1) that 340 police reports were described as first occurrences; in the remaining 228 (25.2%), the number of recurrences ranged from two to 11 reports. Chart 1 also shows that 80.0% of women had suffered violence until they had the courage to denounce the aggressor. Still, there are several reports made by the same victims.

Chart 1. Distribution of the 568 reports reporting prior violence

Number of reports	1	2	3	4	5	7	11
Number of victims (425)	340	57	14	6	6	1	1
Total number of reports (568)	340	114	42	24	30	7	11
% of the total victims	80	13.4	3.3	1.4	1.4	0.2	0.2

Discussion

The study limitations were related to the cross-sectional design, which did not allow the establishment of cause and effect relationships. On the other hand, this was the first analysis of the police reports recorded during the two years of operation of this Women’s Police Station, and these find-

ings can help direct public policies related to this theme in the city.

The dynamics of violence against women has been the agenda of many national and international studies. These studies discussed the: profile of victims and aggressors,⁽⁵⁻⁸⁾ strategies to prevent violence,^(6,9,10) consequences for the victim,^(6,8,11,12) and the performance of health professionals involved in this theme.^(11,12) In the present study, some of these topics were discussed, attempting to give visibility to the phenomenon in the local setting, national and international contexts. Regarding the profile of the victim, the results resembled those published in the literature. The violence practiced by intimate partners was more prevalent among women in reproductive⁽¹²⁾ and working ages.⁽¹³⁾ Other studies also revealed that the majority of female victims were aged between 20 and 40 years, white,⁽¹⁴⁾ and with lower educational levels.^(5,6)

According to the triggers of violence cited by victims, we often identified partner jealousy,^(13,14) which may be due to the fact that the women were young, beautiful and in pursuit of their financial independence. This age group also presented a more active social life, making them vulnerable to certain violent acts by unknown aggressors.⁽¹⁵⁾ For the extreme age groups, those less than 19 years (4.8%) and older than 60 years (5.1%), it was considered that the low prevalence of violence found may be related to underreporting. In these ages, financial dependence was common, making women mute to the violence to which they were subjected.

We know that violence against women is independent of social class, ethnicity, religion or educational level. However, there are some factors that may influence this phenomenon, including the use of alcohol, intergenerational violence, low educational level, and low socioeconomic status. The incomplete or complete primary education prevailed among the victims in this study, in 63.8% of cases. It is believed that the lower the educational level, the lower the qualification, and therefore the more likely women are to be economically dependent on their partners.⁽⁸⁾ Thus, financial difficulties can arise as a pivot of conflict.⁽¹⁶⁾ On the other hand, it is assumed that women with higher education

have alternatives for escaping violent acts, which is attributed to a better economic power. Also, they have greater awareness of their rights, making them less tolerant of violence.

However, women with higher levels of education are not free from violence. This study revealed that 52 (5.8%) victims had complete or incomplete graduate degrees, among them professors, lawyers, social workers, nurses and physicians. A similar survey in southeastern Brazil showed a domestic violence percentage of 28.3% among women with incomplete or complete higher education.⁽¹⁴⁾ These data weaken the belief that violence against women occurs only among those with less education.

Community settings, such as the quality of the neighborhood relationship, the presence of schools and networks of social support, are cited as protective factors for families.⁽²⁾ On the other hand, high population density, lack of social infrastructure and little educational investment may increase the vulnerability of women living in environments with these characteristics. In this study, 783 (86.8%) victims resided in peripheral neighborhoods. However, when the neighborhood was analyzed individually, it became clear that the downtown city area ranked second, with a higher concentration of victims (n=83, 9.2%), contradicting what is presented in the literature.

Therefore, given these findings, and considering the complexity of the phenomenon, we corroborate the need to break the cultural barriers and prejudices that victims of violence are found only among women with lower educational levels, living in the suburbs, or in low paying professions. It is necessary to expand the vision regarding violence against women, in order to uncover the influences of representations that may inhibit a more effective participation of both the health care team and other professionals in this theme. Moreover, even the professional who has the duty of care is not free from domestic violence, as evidenced in this study, which can hinder their attention when dealing with other cases of violence against women. Thus, we again emphasize the need for multidisciplinary and interdisciplinary care to address this form of violence.⁽¹⁰⁾

Regarding the forms of violence against women, unlike other studies were psychological violence predominated, followed by physical and sexual,^(4,5,13) we identified physical violence in almost half of the cases analyzed (n=431, 47.8%). Of these, ten (2.3%) represented attempted murder. There are reports that men use their physical strength to attack woman through beating⁽¹²⁾ and strangulation.^(14,17) Strangulation was reported in 47 (11.3%) of the cases analyzed. This result confirms data that describes the distribution and patterns of homicidal strangulation among African women. In our setting, we found a prevalence of crimes linked to the domestic context, suggesting the involvement of an intimate partner or acquaintance in violent acts.⁽¹⁷⁾

By analyzing the forms of psychological violence, from a total of 44.4% of cases, 2.0% corresponded to false imprisonment and 20.2% to court-ordered noncompliance. Inequality between men and women in society, as a result of a patriarchal culture, leads men to believe that they have more rights, including the right to violate legislation that protects women, as evidenced in 81 (20, 2%) occurrences. In these cases, in addition to being assaulted by their partners, women suffered from the inefficiency of the judicial system that cannot enforce urgent protective measures.⁽¹⁾ This causes a new form of violence against women, the breach of a court order.

In the twenty-first century, women still have their right to come and go denied, as well as the right to exercise their autonomy. Moreover, women are required to maintain forced sexual intercourse to satisfy their husband or partner, because of fear.⁽⁵⁾ Among the 40 (4.4%) cases of sexual violence recorded, a total of 28 (70%) were of consummated rape. Among the accused, thirteen men were strangers, nine were intimate partners, and the remaining were acquaintances of the victims. A low percentage of moral violence (0.9%) and patrimonial (2.5%) violence was identified, which can be linked to the lack of awareness of such acts as crimes against women. However, in a study with assaulted women, the psychological and moral violence characterized as verbal abuse predominated among the five established legal forms of violence.⁽¹⁴⁾

In general, women live for years with violence in their home.⁽¹⁸⁾ Another study showed that in half of the cases of violence, no public complaint is made, unless physical integrity is in danger, whether by the use of firearms, beatings, or threats of beatings. Similarly, 568 (63%) cases were related to previous attacks, where the first complaint was verified in 340 instances, and in the remaining 228, the number of recurrence ranged from two to eleven complaints.

Eleven reports were made by the same woman, which enables us to question the effectiveness of the law. In cases of aggressor recurrence reports, repetition or even the combination of different forms of violence were identified, which can act as a trigger of fear, weakening the initiative of the victim to break that cycle. In such a scenario, family disintegration is evident with probable consequences for the children, including the risk of suffering domestic violence⁽¹⁹⁾ and of becoming future perpetrators themselves.

Reports expose the disbelief of women confronting legislation when attempting to disrupt their victimhood.⁽⁴⁾ The slowness of enforcing the law is life threatening, considering the delay in punishing the aggressor and establishing protective measures. Moreover, we emphasize the unpreparedness of the executors of the law, often blaming the victims for the slowness of the system. Because the women may leave and then return to their partners numerous times,⁽²⁾ they usually return to the police service to report violence again and again.

The legislation has contributed to breaking the chain of violence against women within many families. However, it is believed that to be significantly successful, to combat such violence, the dichotomy between what is legally established and what is experienced in practice needs to end. Therefore, it is urgent to effectively train all professionals who deal with this issue, including the health care team, responsible for disease prevention, health promotion and education.

The study reaffirmed that violence against women is present in different social contexts. The need for investment and training of all professionals who work among the network of services to protect women is highlighted. It is important to un-

derstand this phenomenon, thus requiring preparation, additional efforts and knowledge to stimulate reflections about new effective public policies, aimed at empowering women, whether at a local or national level.

This study presents epidemiological data from one context and one specific time, but of fundamental importance for several health professionals to reflect on the seriousness of this problem, and to begin to act upon it. To achieve quality in care, first it is necessary to overcome beliefs and prejudices that inhibit effective professional practice. As nurses, interested in diseases prevention and health promotion, we urge the development of similar studies that support different areas of knowledge to address violence against women.

Conclusion

The profile of women who formalized police reports in a women's police station was composed of young, white women, with lower educational levels, and who were suburban residents. With regard to the forms of violence suffered, physical violence was present in over half of the cases, with an emphasis on strangulation attempts. Regarding sexual violence, rape was predominant in most cases, committed by unknown and intimate partners. In regard to the psychological data, the breach of court orders emerged as a new form of violence against women. We emphasized the recurrence of police reports by the same victim.

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Collaborations

Acosta DF, Gomes VLO and Barlem ELD contributed to the study conception and design, data analysis and interpretation of findings, literature review, data collection, data recording and analysis, participated in drafting the article and final approval of the version to be published.



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