



## Original communication

## Violence against women: Profile of the aggressors and victims and characterization of the injuries. A forensic study



Sílvia Falcão de Oliveira, PhD Professor of Legal Medicine <sup>a,\*</sup>,  
 Karla Ribeiro de Lima Cardoso, MSc Professor of Toxicology <sup>a,e</sup>,  
 Casimiro Abreu Possante de Almeida, PhD Professor of Odontology <sup>a,b</sup>,  
 Lúcio Ronaldo Cardoso, PhD Professor of Nephrology <sup>c</sup>,  
 Bianca Gutflen, PhD Professor of Nuclear Medicine <sup>d,\*\*</sup>

<sup>a</sup> Instituto Médico-Legal Afrânio Peixoto, Rio de Janeiro, Brazil

<sup>b</sup> Faculdade de Odontologia da Universidade Federal do Rio de Janeiro, Brazil

<sup>c</sup> Serviço de Nefrologia da Faculdade de Medicina da Universidade Federal do Rio de Janeiro, Brazil

<sup>d</sup> Departamento de Radiologia da Universidade Federal do Rio de Janeiro, Hospital Universitário Clementino Fraga Filho, Av. Brigadeiro Trompovsky s/n, Ilha do Fundão, Rio de Janeiro 21941-590, Brazil

<sup>e</sup> Departamento de Química Analítica, Instituto de Química, Universidade Federal do Rio de Janeiro, Brazil

## ARTICLE INFO

## Article history:

Received 16 January 2013

Received in revised form

25 November 2013

Accepted 19 January 2014

Available online 31 January 2014

## Keywords:

Violence against women

Domestic violence

Forensic medicine

## ABSTRACT

**Objective:** This study, carried out based on examinations of battered women by the Clinical Forensic Service of the Afrânio Peixoto Medical-Legal Institute in the city of Rio de Janeiro, aims to characterize the nature of the injuries suffered by victims of domestic violence and to investigate the motivation of such events, the family situations in which they occur, the habits of victims and aggressors and the social milieu involved.

**Method:** A questionnaire was given to 1000 battered women attended by that service between October 2009 and March 2012, along with simultaneous quantification/classification of the injuries suffered.

**Results:** We found a prevalence of working women (63.3%), with at least some high school (46.6%), who were the main household breadwinners (50.9%). In contrast, the largest percentages of male aggressors only had primary school educations at most (45.9%), were illegal drug users (60.4%) and were self-employed/freelance workers (72.4%). Regarding classification of the injuries (according to the Brazilian Penal Code), there were 971 cases of injuries considered slight, 23 of severe injuries and 6 of very severe injuries.

**Conclusion:** The majority of the women studied continue suffering aggressions even though they have their own means of support without depending on a male companion or husband. The reasons given for accepting the aggressive acts were mainly associated with the psychological sphere, in a relation of dependence and subordination.

© 2014 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

## 1. Introduction

Although underrepresented on government action platforms, violence against women is no longer treated only as a problem of public health: globally it is seen as a problem of public security without easy solutions, a subject requiring complex discussions. These domestic occurrences often are never even reported to the police authorities, especially when they occur in families with good economic levels. In turn, the concealment of such occurrences out

fear of exposing women to public embarrassment makes it difficult to take the necessary steps to resolve the problem.

According to the literature, it is more common, even repetitive, for domestic violence to be reported when it occurs in low-income households.<sup>1</sup> The high prevalence of such cases suggests that everywhere in the world there are high numbers of women suffering violence, often simply putting up with its consequences.<sup>2</sup>

The statistics from forensic medical services show growing numbers of aggressions, including those that leave physical signs, such as blows with the hands, weapons or other instruments, burns, attempted strangulation and sexual violence. This tendency has been documented in several studies<sup>3–6</sup>

\* Corresponding author. Tel./fax: +55 02123324704.

\*\* Corresponding author. Tel./fax: +55 02125622399.

E-mail address: [silvia\\_falcao@uol.com.br](mailto:silvia_falcao@uol.com.br) (S. Falcão de Oliveira).

The violence can also be psychological in nature, through humiliation, threat, blackmail or other equivalent behavior, which although possibly causing harm to mental health, generally does not produce technical evidence able to establish a connection between the findings and allegations. Although the mental damages are unpredictable, recent studies indicate they can appear in the form of post-traumatic stress disorder, depression, anger or feelings of guilt.<sup>7</sup>

The different types of violence are generally committed by intimate partners of the victim, such as husbands or companions.<sup>8</sup>

There are other forms of violence as well, such as exposure to drug dealing, forced prostitution, exploitation of labor, slavery and sex-selective abortion,<sup>2</sup> which also do not leave signs of forensic interest in the victims.

Data from the Brazilian Institute of Geography and Statistics (IBGE, 1990) show that among all physical attacks that occur in homes, 63% of the victims are women and girls.<sup>9</sup>

In the work context, because women are used to domestic violence, they customarily see aggressive male behavior as “natural”, reducing their capacity for perception and psychic registration of violence.<sup>10</sup> According to the Latin American and Caribbean Committee for Defense of Women’s Rights, one in five work absences by women on a global basis is due to violence suffered at home.<sup>11</sup>

In some cases domestic violence against women is accompanied by aggressions against children. The causes indicated as catalysts of conflicts involving women and children are similar to those attributed to violence against women alone: unemployment, alcoholism and domestic stress.<sup>12</sup> This last factor can be attributed to the domestic routine faced mainly by women, with little or no cooperation from the man. Additionally, when the woman works outside the home, the added responsibility for household chores and child care become more mentally trying and can be a further source of domestic conflicts.

In Brazil the situation is similar. In an attempt to deter aggression against women, in 2006 the Brazilian Congress enacted the Maria da Penha Law,<sup>13</sup> named for a woman from the state of Ceará who became a paraplegic due to an attack by her husband. Among the changes established by the law, domestic violence is no longer considered a petty crime and the maximum penalty is up to three years in prison.

The academic literature has been addressing the problem of battered women and making many contributions to reduce it.<sup>14–16</sup> Various methods of prevention have been suggested, to deter lethal and non-lethal aggression against women. There is also growing realization that domestic violence that is does not cause severe physical injuries or that is purely mental in nature still causes a heavy toll, ranging from psychological problems to adverse effects on physical health, such as cardiovascular disease, chronic neck and back pain and other complaints.<sup>17–19</sup>

The search for prevention strategies, for a problem until recently considered private, is today an urgent social need, because not even the revolutionary feminist movements have brought changes capable of abolishing subordination to men. Therefore, epidemiological investigation of the problem is a mandatory task of the public authorities and also is a fertile field for scientific inquiry, through analysis of compulsory notifications and documental records.<sup>20</sup>

## 2. Method

The sample of this study was composed of women victims of physical and/or sexual violence by their intimate partner, examined by the Clinical Forensic Service of the Instituto Médico-Legal Afrânio Peixoto (IMLAP) in the city of Rio de Janeiro, in the period from October 2009 to March 2012. The article is based on data obtained from 1000 victims of domestic violence who agreed to participate by filling out the questionnaire. In this particular, we did

not document the reasons for refusals, due to the conditions under which the data were obtained.

The forensic service is exclusively dedicated to the determination and description of the injuries suffered by crime victims, without any personal involvement of the examiner with the victim, as dictated by good forensic technique. To complement the descriptions of the injuries suffered revealed by the examinations, the women who agreed to participate were given a questionnaire containing fifteen closed questions and three open questions, seeking to learn the personal aspects of the victims, their aggressors and the reasons for the events:

Age:

Occupation:

The aggressor is your ( ) husband, companion or boyfriend;

( ) former husband, companion or boyfriend

Is this the first time this has happened? ( ) yes; ( ) no, it has happened other times

Is this the first time you filed a complaint? ( ) yes; ( ) no

Does the aggressor use drugs? ( ) no; ( ) yes; which? ( ) alcohol; ( ) others

Was he intoxicated when he attacked you? ( ) yes; ( ) no; ( ) don’t know

In relation to work, is your aggressor: ( ) employed; ( ) unemployed; ( ) self-employed; ( ) retired?

Who maintains (maintained) the household? ( ) him; ( ) me ( ) both of us

Do you work outside the home? ( ) yes ( ) no

In your opinion, who is (was) boss at home? ( ) me; ( ) my aggressor

What is your schooling level? ( ) 9th grade or lower; ( ) at least some high school; ( ) at least some college

What is the schooling level of your aggressor? ( ) 9th grade or lower; ( ) at least some high school; ( ) at least some college

In general, does your aggressor believe you are ( ) equal, ( ) inferior or ( ) superior to him?

Do you think you are ( ) equal, ( ) inferior or ( ) superior to him?

Do you think for reasons of commodity or because of the children, it is possible you will not carry through with this complaint? ( ) it’s possible; ( ) I intend to pursue the matter no matter what

Are you afraid of your aggressor? ( ) no; ( ) yes

What is he like?

Why did he attack you?

What result do you expect from this complaint?

Besides the questionnaire, the injuries suffered were quantified and classified according to the Brazilian Penal Code,<sup>21</sup> according to which severe injuries are those that prevent carrying out habitual tasks for more than 30 days, pose a danger to life, permanent debility of a member, sense or function or accelerate birth; while very severe injuries are those that cause permanent disability of a member, sense or function, permanent inability to work, incurable ailment, permanent deformity or miscarriage, and slight injuries are those not fitting in the other two categories.

The study was approved by the research ethics committee of Hospital Universitário Clementino Fraga Filho, under finding number 091/09.

## 3. Results

The age of the women in the sample ranged from 15 to 69 years. The most common age range was 20–29 years (38.3%), followed by 30–39 years (33.5%).

Download English Version:

<https://daneshyari.com/en/article/102182>

Download Persian Version:

<https://daneshyari.com/article/102182>

[Daneshyari.com](https://daneshyari.com)