

Factors associated with conjugal violence practices in convicted women

Fatores associados às práticas de violência conjugal em mulheres de apenados

Factores asociados a las prácticas de violencia conyugal en mujeres de presidiarios

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Descritores

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Descriptores

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Abstract

Objective: To identify the factors associated with conjugal violence practices in convicted women.

Methods: A cross-sectional study conducted with women who visited their partners in a prison in the state of Paraná. Data were collected from March to July 2018, using the Checklist for Assessing the Risk of Violence against Intimate Partners. In the data analysis, descriptive statistics, Chi-Square Test association and Prevalence Ratio estimates using Poisson Regression models were used.

Results: The factors associated with violence practice were: marital status, religion, presence of children and use of chemical substances by the partner. The most frequent types of violence were threats, impediment of seeking health services and deprivation of contact with third parties.

Conclusion: Sociodemographic factors influence the occurrence of conjugal violence, and early detection can help in the screening of women at risk and in the establishment of interventions, as they are behaviors that can be changed.

Resumo

Objetivo: Identificar fatores associados às práticas de violência conjugal em mulheres de apenados.

Métodos: Estudo transversal realizado com mulheres que visitavam seus parceiros em uma Penitenciária do estado do Paraná. Os dados foram coletados no período de março a julho de 2018, com aplicação do *Checklist de Avaliação de Risco de Violência contra Parceira Íntima*. Na análise dos dados foi utilizada estatística descritiva, teste de associação de qui-quadrado e estimativas de Razão de Prevalência a partir de modelos de regressão de Poisson.

Resultados: Os fatores associados à prática de violência foram: estado civil, religião, presença de filhos e uso de substâncias químicas por parte do parceiro. Os tipos mais frequentes de violência foram: ameaças, impedimento da procura de serviços de saúde e privação de contato com terceiros.

Conclusão: Os fatores sociodemográficos influenciam a ocorrência de violência conjugal, e a detecção precoce pode ajudar no rastreamento de mulheres em risco e no estabelecimento de intervenções, pois são comportamentos passíveis de alteração.

Resumen

Objetivo: Identificar factores asociados a las prácticas de violencia conyugal en mujeres de presidiarios.

Métodos: Estudio transversal realizado con mujeres que visitaban a sus parejas en una penitenciaría del estado de Paraná. Los datos se recolectaron en el período de marzo a julio de 2018, mediante aplicación de

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Check-list de Evaluación de Riesgo de Violencia contra la Pareja. Para analizar los datos se utilizó estadística descriptiva, prueba de relación de ji cuadrado y estimativas de razón de prevalencia a partir de modelos de regresión de Poisson.

Resultados: Los factores asociados a la práctica de violencia fueron: estado civil, religión, presencia de hijos y uso de sustancias químicas por parte del compañero. Los tipos de violencia más frecuentes fueron: amenazas, impedimento para obtener servicios de salud y privación de contacto con terceros.

Conclusión: Los factores sociodemográficos influyen en los casos de violencia conyugal y la detección temprana puede ayudar a rastrear mujeres en riesgo y a establecer intervenciones, ya que son comportamientos que pueden modificarse.

Introduction

Conjugal violence against women represents a public health problem and is an important condition of women's health, because it negatively impacts the lives of victims and others involved.⁽¹⁾ It is closely linked to the existing inequalities in social relations between men and women, constructed, naturalized and reproduced socially and culturally in the public and private spheres, as a result of gender oppression, mostly male over female.⁽²⁾ Every day, countless women are exposed to neglected forms of violence, with serious, repetitive episodes and repercussions on physical and mental health.⁽³⁾

It is estimated that one in three women who had a partner have experienced physical and/or sexual violence at some point in their lives.⁽⁴⁾ In 2015, 4,621 women were murdered in Brazil, which corresponds to a rate of 4.5 deaths for every 100 thousand women. It is noteworthy that, in the face of the affliction suffered by the female population, on a daily basis, these data represent, at least, the burden of violence that impacts the lives of the victims.^(5,6)

In 2016, a survey commissioned by the Brazilian Public Security Forum found that 29% of women included in the study reported having suffered some type of violence, 11% of whom reported it to a woman's police station, and in 43% of cases the most frequent assault, serious injury occurred at the victim's home.⁽⁵⁾

The issues surrounding conjugal violence are multifactorial and difficult to resolve.⁽⁷⁾ With regard to women with inmates, they are more likely to be more exposed to dangerous and criminal situations.⁽⁸⁾ In addition, they are generally in a situation of vulnerability and sometimes even adopt risky behaviors in order to maintain the relationship with the inmate.⁽⁹⁾

Furthermore, the stigma and stereotypes constructed and attributed to these women perpetuates the most diverse expressions of violence in their daily lives and prevents them from exposing their needs and seeking support.⁽¹⁰⁾ A study carried out with 349 convicted women, in the three largest penitentiaries in the state of Paraná, revealed that they are subjected to the partner's violent actions out of fear, and some are forced into practices that expose them to impacts physical and psychological,⁽¹¹⁾ and also to unwanted pregnancies, Sexually Transmitted Infections (STIs), depression, panic syndrome, anxiety and psychosomatic disorders.⁽¹²⁾

Another important factor is that the majority of convicted women come from underprivileged areas, have low education and difficulties in entering the job market. For these reasons, and also because they have relationships with men involved in crime, these women may be current or past victims of violence.⁽⁸⁾ A literature review on spousal violence pointed out that, although these studies have grown substantially in recent years, no studies have been found aimed at this particular population.⁽¹³⁾ In view of the above, the question is: what are the factors associated with conjugal violence in inmates? Thus, the objective of this study was to identify factors associated with conjugal violence practices in convicted women.

Methods

This is a descriptive study, with cross-sectional design, carried out with women who waited for visiting hours in a State Penitentiary located in the Northwest region of the state of Paraná, aimed at male individuals. The penitentiary has 60 cells with a capacity for six prisoners each, making a total of 360 places. However, at the time of the study, 452 individuals were serving time in a closed regime, of

which 325 had active registration to receive an intimate visit.

In this institution, visits are made three times a week (Fridays, Saturdays and Sundays), at two times (from 8:00 am to noon and from 1:30 pm to 5:00 pm). As reported by the participants, they arrive for visits from 4:00 am, with some sleeping on the spot, in order to be the first to enter, as required by their partner. Each visitor can stay up to four hours with the convict. On all visiting days, the institution provides 10 rooms for intimate visit, but the convict can only use this prerogative once a week. The rooms are used concurrently, and each couple can enjoy a private environment for 30 to 40 minutes.

Data were collected from March to July 2018, when the study participants were informed that it was a survey on conjugal violence. The inclusion criteria adopted were being 18 years of age or older and waiting for a visit from a partner. It is noteworthy that no exclusion criteria were adopted, as it was intended to address as many women as possible. Thus, all were approached and invited to participate in the study, although not all were receptive and/or accepted the invitation. It is important to highlight that, due to the characteristics of the place and to preserve its security, the researchers never came alone to the penitentiary; they were always in pairs or trio.

The women who accepted the invitation were initially asked about their preference to be interviewed or to answer the questionnaire individually. Since all of them chose to answer individually and it was noticed that they had a minimum level of education for that purpose, the questionnaire was accompanied by the informed consent form, attached to a clipboard and pen, with the instructions regarding the completion. This action was carried out in the courtyard, in the same place where the women waited for the time of the visit, because, in addition to the fact that there was no private place, it was not possible to interfere in the service and in the routine established by the study participants themselves, who voluntarily organized themselves. in queues in order of arrival and while they waited, they talked among themselves and in small groups and also dressed up/ready for the visit (makeup, hair, nails,

eyebrows, manicure and changing clothes). When they needed to go out for coffee or use the bathroom in commercial establishments (bars) in front of the penitentiary, they left their bags guarding the line, which was respected by all. The researchers were close and made themselves available to clarify any doubts that might arise. The average time to complete the questionnaire was 15 minutes. In total, 19 visits were made to the penitentiary, ending when it was identified that, in the last five, only one or two new participants were included in the study.

The instrument used in data collection was a structured self-administered questionnaire, consisting of two parts. The first consisted of questions that addressed the sociodemographic characteristics of the participants and their companions; the second, an adaptation of the checklist for assessing the risk of violence against an intimate partner, built and validated in Brazil, consisting of 100 questions.⁽¹⁴⁾

The adaptation carried out refers only to the exclusion of questions, since the original questionnaire was intended for women who were known to be victims of violence by their intimate partner, and in the present study it was still necessary to identify the prevalence of this type of event among convicted women and do not assess the risk of new episodes. Thus, the questionnaire used consisted of 50 questions, with yes/no answers, distributed in 16 dimensions, namely: Profile of the perpetrator of violence and the victim; Interpersonal conflicts; Use of alcohol and/or drugs; Perception about violence; Experiences of violence in the family of origin; Occupational situation; Partner's mental health; Mental health of women; Children from another intimate relationship; Other violence; History of violence against the partner; Violence against the partner in the presence of others; Separation/divorce; Social network; Means of aggression; and Attention network. Furthermore, it was considered inconvenient to subject the participants to questions that, in addition to not being in keeping with the objective of the study, could expose them too much to situations of embarrassment or emotional overload resulting from negative memories.

The independent variables analyzed were those that made it possible to identify the sociodemo-

graphic characteristics of women, including: Age group (less than 35 years/35 years or over); Skin color (white/not white); Works outside (yes/no); Study time (more than eight years/up to eight years); Chemical dependency (yes/no); Has religion (yes/no); Marital status (single/married or in a stable relationship); Past partners (yes/no); Children with current partner (yes/no); Children from another relationship (yes/no); Receipt of social benefit (yes/no); Income (more than one minimum wage/up to one minimum wage). At the end of the checklist the question was added - Have you ever been the victim of some form of violence on the part of your fellow prisoner? (Yes/No).

The analysis cut out with multiple dependent variables with dichotomous categorization (0 = no / 1 = yes), as the affirmative answers to questions 1 to 48 of the checklist were considered of interest. To create the database, the Microsoft Excel 2016 software was used. The analyzes were performed using the SPSS statistical package (version 20). The data were initially submitted to descriptive analysis, with the generation of contingency tables to perform the chi-square association test.

Subsequently, the data was approached from the perspective of Poisson regression models, so that the first step consisted of crude analysis (bivariate), in which each independent variable was related to the dependent variables, in order to perform the selection of variables that would be inserted in the multivariate (adjusted) analysis. For such selection, a value of $p < 0.25$ was considered as a criterion, allowing the inclusion of a greater number of variables in the model.

Then, the independent variables that met the adopted criterion were inserted in chunks, so that each final model corresponding to each dependent variable included those with $p < 0.25$ in the crude analysis and those models that presented at least one variable significantly associated, taking $p < 0.05$ as a reference for such significance. As a hypothesis test, Wald's chi-square was adopted.

In the development of the study, national and international human research standards were followed and the project was approved by the Committee of the *Universidade Estadual de Maringá* (Opinion

2,566,858). It is noteworthy that after collecting the data, a pamphlet containing the list of devices that make up the network to combat violence against women in the municipality, was delivered to all participants, regardless of whether or not they reported intimate partner violence. This action aimed to disseminate information about the possibilities of help and access to the existing service network.

Results

Among the 136 participating women, the majority (63.9%) were aged between 20 and 29 years old and declared themselves married or in a stable relationship (88.2%), with 50.7% being non-white, 44.1% had up to eight years of study and 55.8% more than eight years. Of the total number of participants, 49.2% declared themselves to be Catholic and 43.3% said they were dependent on or used psychoactive substances. More than half worked (57.3%), the majority claimed to have had previous partners (83.7%), 54.3% reported having spent time with the inmate between one and five years, and 65% said they had children with him. There were no reports of the partner's arrest for conjugal violence. It is worth noting that the cases considered in the present study were only those in which the current partners committed violence, regardless of whether the previous partners did it.

In the adjusted analysis, marital status remained associated with the use of alcohol and other drugs by the partner in the last incidents of violence ($p=0.009$), so that the prevalence of women who reported substance use by the partner was 0.42 times the prevalence observed among those who denied it. There was an association between chemical dependence and the feeling of sadness and lack of pleasure to do things that were previously pleasant ($p=0.029$) (Table 1).

The marital status showed statistical significance with the threat "if I can't have you, nobody else can" ($p=0.026$). Thus, the prevalence of women who said their partner had already threatened them was 0.59 times the prevalence of those who denied such an attitude from their partner. In other words, the neg-

Table 1. Crude and multivariable (adjusted) Prevalence Ratio (PR) for independent variables in relation to questions about drug use, emotional and threat aspects in assessing the risk of violence in women

Variables	Prevalence		Gross analysis		Multivariate analysis (adjusted)	
	Yes (%)	No (%)	PR (95% CI)	Wald (p-value)	PR (95% CI)	Wald (p-value)
Q7. Was he using alcohol or drugs during the latest incidents of violence?						
Marital status						
Married/stable union	78.1	91.3	0.44 (0.23 - 0.84)	6.181 (0.013)	0.42 (0.23 - 0.84)	6.883 (0.009)
Single	21.9	8.7	1		1	
Children with current partner						
Yes	77.4	61.2	1.89 (0.88 - 4.06)	2.701 (0.100)	1.70 (0.78 - 3.70)	1.802 (0.179)
No	22.6	38.8	1			
Children from another relationship						
Yes	37.5	50.5	0.62 (0.32 - 1.19)	2.055 (0.152)	0.63 (0.33 - 1.21)	1.870 (0.171)
No	62.5	49.5	1			
Q18. Do you feel sad most of the time and without pleasure in doing things that were pleasant before?						
Age group						
35 years or over	22.1	10.3	1.37 (0.94 - 2.00)	2.733 (0.098)	1.29 (0.86 - 1.95)	1.512 (0.219)
Less than 35 years old	77.9	89.7	1		1	
Chemical dependency						
Yes	52.9	33.8	1.48 (1.06 - 2.08)	5.230 (0.022)	1.45 (1.04 - 2.02)	4.761 (0.029)
No	47.1	66.2	1		1	
Benefit						
Yes	32.4	44.1	1		1	
No	67.6	55.9	1.30 (0.89 - 1.91)	1.900 (0.168)	1.24 (0.86 - 1.79)	1.327 (0.249)
Income						
Up to 1 minimum wage	36.8	51.5	0.73 (0.51 - 1.05)	2.884 (0.089)	0.75 (0.53 - 1.06)	2.534 (0.111)
More than 1 minimum wage	63.2	48.5	1		1	
Q27. Has he ever threatened you by saying something like "if I can't have you, nobody else can"?						
Work out						
Yes	50.0	37.3	1.34 (0.87 - 2.06)	1.749 (0.186)	1.37 (0.90 - 2.10)	2.201 (0.138)
No	50.0	62.7	1		1	
Marital status						
Married/stable union	82.7	91.6	0.59 (0.36 - 1.95)	4.651 (0.031)	0.59 (0.37 - 0.94)	4.926 (0.026)
Single	17.3	8.4	1		1	
Children of current partner						
Yes	72.0	60.2	1.44 (0.87 - 2.38)	2.004 (0.157)	1.45 (0.88 - 2.39)	2.190 (0.139)
No	28.0	39.8	1		1	

ative association observed (PR <1) indicates a lower prevalence of women with a partner among those who responded positively compared to those who denied the threat (Table 1).

The adjusted analysis presented in Table 2 demonstrated that marital status remained associated with the identification of people (family members, co-workers/school, friends or community) with whom they can count on difficult times (p=0.016). The frequency of women with a partner was lower among those who responded positively

than among those who denied having the support of other people. Marital status was also associated with the desire to have contact with other people, but to feel impeded by the partner (p=0.018) and to seek health care because of violence (p=0.024), as the prevalence of women married among those who answered positively to these questions was, respectively, 0.51 and 0.54 times the prevalence observed among those who answered negatively.

The "Religion" variable was positively associated (PR > 1) with the desire to have contacts with

Table 2. Crude and multivariable (adjusted) PR for independent variables in relation to questions about social and health support in assessing the risk of violence in women

Variables	Prevalence		Gross analysis		Multivariate analysis (adjusted)	
	Yes (%)	No (%)	PR (95% CI)	Wald (p-value)	PR (95% CI)	Wald (p-value)
Q40. Do you have people you can count on during difficult times?						
Work out						
Yes	38.2	54.5	0.85 (0.68 - 1.05)	2.298 (0.130)	0.83 (0.68 - 1.03)	2.803 (0.094)
No	61.8	45.5	1		1	
Marital status						
Married/stable union	85.3	97.0	0.77 (0.65 - 0.92)	8.005 (0.005)	0.79 (0.66 - 0.96)	5.796 (0.016)
Single	14.7	3.0	1		1	
Children from another relationship						
Yes	50.5	36.4	1.15 (0.94 - 1.40)	1.868 (0.172)	1.15 (0.94 - 1.41)	1.997 (0.158)
No	49.5	63.6	1		1	
Q41. Would you like to have contact with friends or family, but feel impeded by your partner?						
Work out						
Yes	48.7	39.6	1.41 (0.82 - 2.43)	1.557 (0.212)	1.51 (0.90 - 2.55)	2.465 (0.116)
No	60.4	51.3	1		1	
Marital status						
Married/stable union	76.9	92.7	0.47 (0.26 - 0.83)	6.819 (0.009)	0.51 (0.29 - 0.89)	5.625 (0.018)
Single	23.1	7.3	1		1	
Addictions						
Yes	53.8	39.6	1.52 (0.88 - 2.63)	2.307 (0.129)	1.31 (0.73 - 2.55)	0.825 (0.364)
No	46.2	60.4	1		1	
Has religion						
Yes	92.3	99.0	1		1	
No	7.7	1.0	2.80 (1.48 - 5.28)	10.119 (0.001)	2.20 (1.18 - 4.12)	6.210 (0.013)
Income						
Up to 1 minimum wage	51.3	41.7	1.39 (0.80 - 2.40)	1.402 (0.236)	1.45 (0.86 - 2.46)	1.976 (0.160)
More than 1 minimum wage	48.7	58.3	1		1	
Q42. Does he try to prevent you from seeing doctors, psychologists or other health professionals?						
Marital status						
With partner	80.0	90.0	0.51 (0.23 - 1.17)	2.488 (0.115)	0.53 (0.23 - 1.23)	2.153 (0.142)
Without partner	20.0	10.0	1		1	
Has religion						
Yes	92.0	98.2	1		1	
No	8.0	1.8	2.76 (0.97 - 7.87)	3.611 (0.057)	2.96 (1.10 - 7.96)	4.626 (0.031)
Past Partners						
Yes	72.0	86.2	0.52 (0.24 - 1.09)	2.992 (0.084)	0.47 (0.21 - 1.02)	3.617 (0.057)
No	28.0	13.8	1		1	
Q48. Have you ever had to seek health care because of violence?						
Marital status						
Married/stable union	79.5	91.7	0.50 (0.28 - 0.88)	5.825 (0.016)	0.54 (0.32 - 0.92)	5.082 (0.024)
Single	20.5	8.3	1		1	
Children with current partner						
Yes	76.9	59.6	1.86 (0.97 - 3.58)	3.492 (0.062)	2.03 (1.06 - 3.89)	4.578 (0.032)
No	23.1	40.4	1		1	
Children from another relationship						
Yes	56.4	43.2	1.48 (0.87 - 2.52)	2.125 (0.145)	1.60 (0.94 - 2.70)	3.043 (0.081)
No	43.6	56.8	1		1	

friends and family, but feel impeded by the partner ($p=0.013$) and the partner's attitude of preventing the woman from having contact with doctors, psychologists and other health professionals ($p=0.031$), so that the frequency of women who did not adhere to any religion was higher among those who answered these questions positively, with $PR = 2.20$ and $PR = 2.96$, respectively .

In addition, there was also a positive association of the variable "Children with current partner" with the partner's attitude of preventing the woman from having contact with doctors, psychologists and other health professionals ($p=0.032$), with the frequency of women who had children with their current partner was significantly higher among those who perceived a partner's restrictive posture than among those who denied this posture, with $PR = 2.03$.

Discussion

The results of this study showed a high consumption of alcohol and other drugs by the partner in episodes of violence, which makes women even more vulnerable to these situations in marital relationships.⁽¹⁾ In Morocco, a study carried out with 254 women victims of conjugal violence, showed that, in 82% of the cases, offenders were under the influence of drugs or alcohol.⁽¹⁵⁾ In the same way, a study carried out in Saudi Arabia, with 497 women, pointed out the partner's alcohol and drug addiction as a predictor of violence.⁽¹⁶⁾

The concomitance of the use of chemical substances between the partner and the woman, also observed in the present study, can be influenced by the criminality context in which they are inserted. In this regard, a research carried out in the city of Florianópolis, state of Santa Catarina, with women victims of conjugal violence, asserted that the consumption of alcohol and other drugs by them, may be related to an attempt to "self-medicate" the pain and malaise arising from living with violent and traumatic situations.⁽¹⁷⁾ Therefore, the importance of investigating the use of alcohol and other drugs in women is reiterated, as this use may be indicative of the presence of violence.

In this study, there is a significant association between conjugal violence and the feeling of sadness and lack of pleasure in doing things that were once pleasurable. A study carried out with 375 women victims of conjugal violence in Greece concluded that violent relationships were associated with physical problems, but mainly with depressive symptoms.⁽¹⁸⁾ Similarly, and a study carried out with women victims of conjugal violence in the United States found reports of suicidal ideation by 42% of them, 31% of whom reported having attempted suicide at some point in their lives. Moreover, 34% made regular use of various psychotropic drugs and had feelings of fear, stress, sadness and depression.⁽¹⁹⁾

The fact that 53.7% of women reported not being able to imagine life without a partner drew attention, as this shows a certain dependence, which can be of an affective, financial or protective character. A study that sought to analyze the discourse of affective dependence of women in conditions of conjugal violence pointed out that women can remain submissive to the offender for motivations of an emotional nature, such as inferiority thoughts/behaviors, surpassing their own well-being, so that, even in the face of conjugal violence, she may be silent, for fear of breaking the relationship.⁽²⁰⁾

Another result that draws attention concerns the presence of threats, as these can reflect negatively on the victim's mental health. An investigation carried out with 613 Chinese women pointed out, in their results, that, among the forms of violence, controlling actions, including threats, were the ones that most generated negative consequences for the victims' mental health, triggering the need for frequent use of services doctors for symptoms of depression and post-traumatic stress disorder.⁽²¹⁾

It was observed, in the present study, that even women who declared themselves single, but maintained intimate relationships, were exposed to violent practices. This is because the frequency of these was higher among those who confirmed having suffered restrictive threats than among those who denied suffering them. This result corroborates a study carried out with 245 women living in a community in the city of Recife, state of Pernambuco,

which pointed out that the frequency of women who confirmed having suffered violence was significantly higher among those who denied having a partner (51.8%) than among those who had a partner (27.8%).⁽³⁾ It is believed that this fact may be related to the fear they have in exposing their relationships and, consequently, the offender, as it was observed in the present study that some women who claimed to be single pointed out positively the issues of violence against them; those who declared themselves married, rarely reported the presence of violence. This result makes it possible to infer that, when affirming that she has no formal commitment to the partner she visited, the woman felt more freedom in exposing the violent actions she suffered.

Another factor that was highlighted was that women felt prevented by their partners from maintaining contact with other people. These control and surveillance attitudes, with the intention of keeping them submissive, or even for fear that the situation of violence is reported, can be experienced by women as a form of care received.⁽⁸⁾ A study carried out with women visiting fellow prisoners in a penitentiary located in Rio Grande do Sul, pointed out that many of them were controlled outside the prison by their colleagues who were inside the institution, and that they maintained a certain disciplinary power about them.⁽²²⁾ It is important to note that such acts are not exclusive to men involved in crime, as a study carried out in the state of Espírito Santo, with women whose partners had no involvement with the justice, revealed that they had behaviors of a controlling nature, in order to deprive women of their freedom, interpersonal relationships and rights of choice.⁽²³⁾

Even though the present study has shown an important relationship between violence and the fact that women have children with the offender, in the literature, no evidence was found to justify this finding. However, a study points out that children are one of the main reasons why many women remain in the violent relationship⁽²⁴⁾ or, on the other hand, take the initiative to break the cycle of violence and even denounce the offender.⁽²⁵⁾

The impediment of contact with friends, family, or health professionals, was more frequent

among women who maintained a stable relationship and did not follow any religion. Research that sought to understand the social network of women raped in São Paulo showed that religion was decisive in the decision to seek help for some of them.⁽²⁶⁾ However, it is worth considering that religion is not always a primary support device for women in situations of violence, as it can sometimes reinforce gender stereotypes and, consequently, influence the ephemerality of situations of violence. In this sense, there is a need to investigate what influence this support network has, especially as it constitutes a type of variable stereotype and influenced by cultural contexts.⁽²⁷⁾

Studies reveal that family members and friends are the victim's primary social network and have the greatest potential to help them out of the situation of violence, while the search for medical and religious help, police, health and judicial services is revealed as a network secondary social.⁽²⁴⁻²⁸⁾ The behavior of the partner, therefore, limits the social networks that could offer support and the necessary support to women and, consequently, the recognition and coping with the situation.⁽²⁶⁾

Regarding the demand for health services due to the violence suffered, 79.5% of married women and 20.5% of single women reported having already sought some service, although they continued their relationship with the offender. Even though conjugal violence is daily present in health services, the professionals' ignorance about the problem and its coping can also be a contributing factor for the problem to remain in the private sphere. This is why, when seeking help in health services, women who experience conjugal violence are often not welcomed in order to feel safe, in addition to sometimes having their complaints questioned.⁽²⁹⁾ That is, even in these places there is a subtle process of reproduction of gender inequalities when putting into practice policies aimed at assisting women in situations of violence.⁽²⁶⁾

In the case of convicted women, this portion of the population, although significant, seeks less health services, and when it does, it does not truly

expose its needs due to the stereotype of a partner woman involved in the crime they often carry.⁽⁸⁾ Furthermore, it is very difficult for these women to cite conjugal violence as the main complaint when seeking help, whether because of shame, fear or difficulty in exposing themselves. Regarding this fact, health care is still focused on explicit complaints, and this view is rooted in both users and health professionals.⁽³⁰⁾

Based on the above, it is considered that the difficulty for victims of conjugal violence to expose the most intimate issues of affection, often contributes to the lack of knowledge of the seriousness of the situation. For this reason, with regard to convicted women, it is important to know the daily lives of this population, their knowledge and experiences, in order to open up possibilities and expand actions in favor of their needs. This can enhance new investigations and strategies in the field of health care.⁽¹¹⁾

In this context, the role of nurses should aim to promote comprehensive care for women, with an emphasis on quality of life, and that they can see in services, especially in primary care - the gateway to the health system -, a place foster care, which allows her to participate in the planning of coping strategies, without causing further damage to her and her children. It is noteworthy that the reception of these women needs to be differentiated, since the relationship of trust allows professionals to recognize risk factors, conditions of vulnerability and plan specific care actions.

However, it is worth noting that, sometimes, these women do not spontaneously seek the support network, which makes it necessary to actively seek and constantly monitor the health team in the early identification of risk factors. To this end, it is necessary to establish partnerships between the health and prison sectors, in order for the planning and implementation of shared actions to take place. This partnership can be operationalized through health education actions with a focus on self-care and considering the psychological conditions of these women, in order to favor a closer approximation to the specifics of this public.

One of the most important steps to tackle conjugal violence, which extends beyond the study population, is to encourage the empowerment of women, so that they can identify situations of violence and perceive themselves as victims, to then seek autonomy and independence and, consequently, be able to break the abusive relationship and demand their rights. However, despite some advances achieved over the years, these actions still represent a challenge to today's society.

As limitations of this research, the fact that it was carried out in a single municipality, the absence of investigation of the risk for the occurrence of new situations of violence and the non-probabilistic selection of the sample stand out, given the difficulty of knowing the real number of women who made the visits, the frequency with which they made them, as well as the difficulty of approaching this population. In addition, it is considered that the fact that data collection took place in the penitentiary, while waiting for the partner's visit time, may have partly aroused a feeling of fear and inhibited women from answering the instrument's questions reliably.

Anyway, the results found are valid, considering the difficulties in studying conjugal violence, especially among convicted women. These women need to have greater visibility in society and the results of this research reinforce this, especially the importance of identifying the factors associated with this problem. Firstly, because conjugal violence tends to intensify over time, and secondly, because knowing these factors can warn about what can be modified to reduce the alarming number of cases of violence and its consequences.

Finally, the results provide subsidies for the practice of health professionals, especially for those working in primary care, who, by recognizing the factors associated with the occurrence of conjugal violence, can establish more sensitive behaviors and attitudes and, from this, promote inclusion, dialogue and bonding, considering the vulnerability of these women. Thus, it is recommended to carry out studies in different scenarios, in order to contribute to the expansion of scientific evidence and discussions on this topic.

Conclusion

The factors associated with the occurrence of conjugal violence in convicted women were: use of chemical substances by both the woman and the partner, single marital status, absence of religion and the presence of children with the partner. The most frequent types of violence were threats, impediment of seeking health services and deprivation of contact with third parties. The use of chemical substances by them and their partners, including in the episodes of violence that occurred, triggered feelings of sadness and lack of pleasure in doing things that were previously pleasurable. It is worth mentioning that the simple identification of the sociodemographic factors of the victims is not enough to develop measures for the prevention and the confrontation of conjugal violence among convicted women. However, it is believed that these characteristics are important subsidies for identifying the profiles most vulnerable to the occurrence, which, therefore, can favor the active search for possible cases of violence in the community. On the other hand, the lack of knowledge about the factors related to these practices, makes it impossible to know, for example, where, how, with whom and at what time it is possible to use measures and strategies to prevent and confront violence.

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Collaborations

Batista VC, Marcon SS, Arruda GO, Teston EF, Monteschio LVC, Godoy FJ, Cardelli AAM and Silva ES contributed to the study design, data analysis and interpretation, article writing, relevant critical review of the intellectual content and version approval final to be published.

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