# Intimate partner violence and resilience in women from the western Brazilian Amazon

## Violência por parceiro intimo e resiliência em mulheres da Amazônia ocidental brasileira

## Violencia del compañero íntimo y resiliencia en mujeres de la Amazonía occidental brasileña

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## Abstract

**Objective:** To verify the prevalence of violence against women perpetrated by the intimate partner, to identify the predominant factor of resilience, to verify whether intimate partner violence influences resilience.

**Methods:** Cross-sectional analytical epidemiological research with a total of 291 women between 18 and 59 years old, users of Primary Health Care, from April to July 2018 in a city in the western Brazilian Amazon. Instruments: socioeconomic questionnaire; violence tracker validated by Schraiber et al.; resilience scale validated by Pesce et al.

**Results:** Prevalence of violence in the last 12 months: 53.3%. The highest concentration of participants was in Factor I of resilience with 55% of participants. There is a statistically significant relationship between the variables of physical violence and resilience (p=0.023).

**Conclusion:** More than half of the participants suffered intimate partner violence, mainly psychological violence, followed by physical and sexual violence. The Resilient Factor of perseverance I, discipline, good humor and empathy predominated in the participants. Physical violence negatively influenced the development of self-confidence and adaptability, making these women less flexible to change, more dependent and with less self-confidence.

## Resumo

**Objetivo:** Verificar a prevalência da violência contra a mulher perpetrada pelo parceiro íntimo, identificar o fator predominante da resiliência, verificar se a violência por parceiro íntimo influencia na resiliência.

**Métodos:** Pesquisa epidemiológica analítica transversal com 291 mulheres entre 18 e 59 anos, usuárias da Atenção Primária à Saúde, no período de abril a julho de 2018 em um município da Amazônia ocidental brasileira. Instrumentos: questionário socioeconômico; rastreador de violência validado por Schraiber e col.; escala de resiliência validada por Pesce e col.

**Resultados:** Prevalência de violência nos últimos 12 meses: 53,3%. A maior concentração de participantes foi no Fator I da resiliência com 55% das participantes. Existe relação estatisticamente significativa entre as variáveis da violência física e resiliência (p=0,023).

**Conclusão:** Mais da metade das participantes sofreu violência por parceiro íntimo, principalmente a violência psicológica, seguida da física e da sexual. Predominou nas participantes o Fator resiliente I de perseverança, disciplina, bom humor e empatia. A violência física influenciou negativamente no desenvolvimento da autoconfiança e capacidade de adaptação, tornando estas mulheres menos flexíveis às mudanças, mais dependentes e com menos autoconfiança.

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## Resumen

**Objetivo:** Verificar la prevalencia de violencia contra la mujer, perpetrada por el compañero íntimo, identificar el factor predominante de resiliencia, verificar si la violencia del compañero íntimo influencia en la resiliencia.

**Métodos:** Investigación epidemiológica analítica transversal con 291 mujeres entre 18 y 59 años, usuarias de la Atención Primaria de Salud, en el período de abril a julio de 2018 en un municipio de la Amazonía occidental brasileña. Instrumentos: encuesta socioeconómica; rastreador de violencia validado por Schraiber y col.; escala de resiliencia validada por Pesce y col.

**Resultados:** Prevalencia de violencia en los últimos 12 meses: 53,3 %. La mayor concentración de participantes se dio en el Factor I de resiliencia con 55 % de las participantes. Existe una relación estadísticamente significativa entre las variables de violencia física y la resiliencia (p=0,023).

**Conclusión:** Más de la mitad de las participantes padecieron violencia del compañero íntimo, principalmente la violencia psicológica, seguida por la física y la sexual. Entre las participantes predominó el Factor resiliente I de perseverancia, disciplina, buen humor y empatía. La violencia física influenció negativamente en el desarrollo de la autoconfianza y en la capacidad de adaptación, haciendo con que estas mujeres sean menos flexibles a los cambios, más dependientes y con menos autoconfianza.


## Introduction

Historically, since the 16th century, hegemonic interests of capitalist countries have directly influenced the history of the Amazon and the history of the women who live there. Since the colonization times thousands of indigenous women have been systematically raped, tortured and murdered. Later with the advent of rubber exploitation and migration of northeastern men, women continued to serve as a sexual and exchange object or relegated to the domestic sphere and often working a double shift in the rubber plantations. To be a woman in the rubber plantation was to belong to a man and be obedient. The Amazon experienced the consolidation of a patriarchal, phallocentric and violent society that continues until today.[1]

Patriarchalism is legitimated in unequal power relations in the family environment, and it makes violence against women, whether physical, psychological or sexual, to gain invisibility, as it occurs in the private sphere, with the intimate partner being the main perpetrator.[2-5]

In 2017, the World Bank identified that 33% of 173 countries do not have specific legislation to curb violence against women in the domestic environment.[6] In Brazil, since the enactment of Lei Maria da Penha N. 11,340/2006 (LMP), the country has made significant advances in combating violence against women, enabling the creation and adaptation of public policies to fight it, although there are still deficiencies in its effective application.

According to the LMP, violence against women is considered to be "any action or omission based on gender that causes death, injury, physical, sexual or psychological suffering and moral or property damage.".[7] This injury constitutes a global problem of public health and a serious violation of human rights, with serious repercussions on the physical, mental, sexual and reproductive health of women, in addition to interfering with their full participation in society and consequently in the socioeconomic development of the country.[2,8]

In 2013, the World Health Organization (WHO) identified that, worldwide, the most common form of violence against women was the one practiced by an intimate partner, 30% of women suffered physical or sexual violence.[2]

The concept of resilience comes from the exact sciences, although currently it has gained prominence in the Human, Social and Health Sciences. In the 1970s, it was considered an individual attribute and genetically determined, focusing its studies on psychopathologies and how to reduce harm. In the 1990s, a second generation of researchers considered it as a dynamic process between individual, family and social factors.[9,10]

Currently, resilience is linked to positive psychology, highlighting human potentials and qualities and their ability to withstand and recover after traumatic events.[11] It is a process resulting from a situation that an individual faces, with relative success, adverse conditions and risk situations, with the help of external factors beyond their control.[12]

Considering the context of women's lives within a deeply patriarchal society, where men hold and legitimize their power through violence, it triggers a chain of problematic consequences at the physical, mental and social levels of these women, where the development of resilience can also be negatively affected.

Thus, this study aims to verify the prevalence of violence against women perpetrated by an intimate partner in the last twelve months; to identify the predominant factor of resilience in these women and determine whether intimate partner violence (IPV) influences resilience.

## Methods

Analytical epidemiological research with a cross-sectional design, carried out in twelve Primary Health Care (PHC) centers in the city of Cruzeiro do Sul, Acre, Brazil.

The State of Acre is located in the extreme southwest of the North region and occupies an area of 164,122,280 km2, limited to the north by the State of Amazonas, to the east by the State of Rondônia, to the southeast by the Republic of Bolivia and to the south and west with the Republic of Peru. The city of Cruzeiro do Sul is the second most populous city in Acre, according to IBGE data, the population estimate for 2019 was 88,376 inhabitants, of which 50.04% were women.[13]

To calculate the sample, the G*Power 3.1.9.2 software was used in order to perform multiple regression models between the dependent variable (resilience) and 46 independent variables, with average effect (f2= 0.15), significance level 5% (α= 0.05) and 80% test power. It resulted in a sample of 228 women. Possible losses were considered, maintaining the statistical significance of the sample and homogeneity in the distribution of women in the research settings, completing the number of 300 participants. Due to the lack of population distribution by the centers' assigned territory, following statistical criteria, the sample was homogeneously distributed: 25 participants per center. Thus, the population consisted of a total of 291 participants, due to the fact that nine women gave up during the interview.

The selection of participants was by stratified random sampling while they were waiting in line for the service tickets in the PHC center, counting from 1 to 3 was carried out, the one that was assigned the number 3 would be selected. Data collection took place from April to July 2018.

Exclusion criteria: women under 18 and over 59 years old, without an intimate partner, living in the rural area of the city or in other states, with some type of cognitive deficit, refusal to participate for any reason and giving up at any stage of the interview.

The interviews were conducted in a private room, which was more comfortable for the participants, so that they felt welcomed and at ease, which made the communication process easier.

Research instruments:

- Sociodemographic questionnaire using names from the Brazilian Institute of Statistics and Geography - Instituto Brasileiro de Geografia e Estatística (IBGE). Variables: age, education, race, religion, paid work and monthly family income.
- Questionnaire tracking violence against women by intimate partner, whose construction was based on the Violence Against Women Study (VAW) of the World Health Organization (WHO), validated in Brazil in 2010 by Schraiber et al. It seeks to estimate violence against women in the domestic environment, has high internal consistency and the ability to discriminate forms of psychological, physical and sexual violence. Violence is considered present when the woman answers yes to one of the instrument's items.[14]
- Resilience scale: (RE) developed by Wagnild and Young, it is one of the few instruments used to measure levels of positive psychosocial adaptation to significant life events. Adapted for the Brazilian population in 2005 by Pesce et al. and presented content, construct and criterion validity. It has twenty-five items with response to Likert statements ranging from one (totally disagree) to seven (totally agree). Its measurement can be through a score, which ranges between 25 and 175 points (Less than 125 points: low resilience; between 125 and 145 points: medium resilience; more than 145 points: high resilience) and analyzed by factors. These factors describe attributes that help to cope with life's problems. Factor I: resolution of actions and values, it indicates actions related to energy, persistence,

discipline and the conception of values that give meaning to life, such as friendship, personal fulfillment, satisfaction and meaning in life; Factor II: independence and determination, it indicates the ability to solve difficult situations independently, deal with several situations at the same time, accept adversity and situations that cannot be changed; Factor III: self-confidence and ability to adapt to situations, reveals the belief that the person will overcome their problems and maintain interest in things they consider important.[15,16]

The analysis was performed using the Statistical Package for Social Sciences (SPSS) software version 19. For the prevalence of IPV, all violent attitudes related to psychological, physical and sexual violence inflicted by the partner in the last twelve months were considered, distributed in absolute and relative frequency. For analysis of the standard level of resilience by factors, absolute and relative frequency were used. For the inferential statistics of violence and resilience, the Levene test was used for analysis of variance, with a significance level of 5% ($p<0.05$). The resilience scale presented an overall Cronbach's Alpha of 0.894, demonstrating the instrument's consistency.

This study addresses national and international ethical concerns. The project was approved under registration: CAAE: 58700716700005505 in March 2017 by the Research Ethics Committee of the Universidade Federal de São Paulo in accordance with Resolution No. 466, of December 12, 2012. Participants signed the Informed Consent Form – ICF in two copies. Women who reported being exposed to violence during the interview were instructed to seek help from the municipal health service network.

## Results

Regarding sociodemographic characteristics, of the 291 participants: 32.6% (n=95) were between 25 and 34 years old; 51.2% (n=149) declared themselves as having black or brown skin; 48.5% (n=141) declared themselves Catholic and 37.5% (n=109) evangelical; 46.4% (n=135) attended or were attending high school; 63.2% (n=184) performed some paid work and 41.2% (n=120) had a family income of two to three minimum wages. The prevalence of IPV among the participants was 53.3% (n=155). Of these, 65.2% (n=101) reported psychological violence; 18.7% (n=29) physical violence and 16.1% (n=25) sexual violence. Resilience was verified by score: 50.9% (n=148) participants had medium resilience and 49.1% (n=143) had low resilience, and none had a score that placed them with high resilience. Resilience by factors was analyzed. Each factor has different amounts of statements, so it was necessary to weight the values to make comparisons possible between them. There was a higher concentration of responses from participants in Factor I: 55%; followed by Factor III: 25% and Factor II: 20%. In view of these findings, the relationship between the resilient profile by factors and the violence suffered by women was analyzed: psychological, physical and sexual, presented in table 1.

**Table 1.** Statistical relationship between resilience by factors and types of violence perpetrated in women users of Primary Health Care

| Resilience by factors | Psychological violence | | Physical violence | | Sexual violence | |
|---|---|---|---|---|---|---|
| | Z | p | Z | p | Z | p |
| Factor I | 3.351 | 0.068 | 0.062 | 0.804 | 0.284 | 0.595 |
| Factor II | 0.033 | 0.856 | 1.146 | 0.285 | 1.712 | 0.192 |
| Factor III | 0.092 | 0.762 | 5.23 | 0.023 | 0.356 | 0.551 |

Z - standard error; p - significance

There is no statistically significant relationship between the variables ($p<0.05$), except for Factor III and the perpetration of physical violence ($p=0.023$). It means that women who suffer physical violence by the intimate partner have compromised in the development of Resilient Factor III, presenting characteristics such as: less flexibility to change, less self-confidence and more dependence.

## Discussion

The limitations of this study are related to the cross-sectional design of the research, which prevents causal inference and investigation of the vari-

ability of resilience over time, as well as risk and protective factors, considering that resilience is a mutable construct. The results allowed us to understand the magnitude of violence in the social context of the North Region, considering its peculiarities in the construction and perpetuation of patriarchy. These results may influence local health and education policies with a view to adopting actions aimed at strengthening women's resilience and, consequently, their empowerment in the perspective of an emancipatory critical education.

The sociodemographic characteristics of the participants in this study indicate that most were between 25 and 34 years old, self-declared black or brown, were Catholic, had up to eight years of education, were working and family income was two to three minimum wages. Brazilian studies corroborate the findings of this research. A study in Recife/PE found that most women were between 25 and 49 years old, declared themselves black or brown, claimed to have less than eight years of education and followed a religious practice. Another study in São Paulo/SP found that most women had up to eight years of education, self-declared black and Catholic. In a survey carried out in Belo Horizonte/MG, most of the participants were up to 49 years old, stated that they had up to eight years of education and a family income of up to three minimum wages.[17-19]

Of the participants in this study, 53.3% claimed to have suffered intimate partner violence. A national survey conducted with data on compulsory notification of violence against women from 2011 to 2017 identified that 62.4% of the total cases were caused by intimate partner. Acre had the second highest proportion in the country: 67.5%, second only to Espirito Santo with 67.6%.[20] Another survey conducted in São Paulo (2017) indicates 60.9% of women victims of IPV.[18] A lower number is reported in a survey in Pernambuco (2016) which indicates 33.3%.[17]

In this study, 65.2% (n=101) suffered psychological violence. Several researches point to lower rates: in Pernambuco 52.7%; in São Paulo 52.6%; in Belo Horizonte the rate was 47.3% (2018); data from the National Health Survey (*PNS*) identified 47.3% (2019) in Brazil.[17-21]

Physical violence detected 18.7% (n=29) was lower when compared to other studies: 26% in Belo Horizonte; 37.4% in São Paulo; 44.28% in PNS.[18,19,21]

The index of sexual violence found 16.1% (n=25) is higher than in Pernambuco 13.6% and in Belo Horizonte 11.7%. In São Paulo, the index was higher with 20.3%.[17-19]

The findings on physical violence 18.7% and sexual violence 16.1% are similar to international data pointed out by UN-Women, 17.8% of women in the world have already suffered physical or sexual violence by their partner. When analyzed by continent, the highest rates were found in Oceania (except Australia and New Zealand) with 34.7%; central and southern Asia 23% and Africa 21.5%.[22]

Another survey indicates that between 14 and 17% of women reported having suffered physical and/or sexual IPV in Brazil, Panama and Uruguay and 58.5% in Bolivia. On the other hand, research conducted in Latin America and the Caribbean indicates that 12% of women aged 15 to 49 years old have suffered physical and/or sexual IPV.[23,24]

From this perspective, cumulative stressful events can impair a person's capacity for resilience.[25] Hence the importance of the social context of this research in a city in the North region with high vulnerability and disadvantages, as evidenced by social indicators. Socio-political processes, family structures, cultural norms are crucial to inhibit or provide resilience in individuals who experience traumatic experiences.[26] A society that operates under strict patriarchal norms influences the perpetration of violence against women. There is a standardization of roles that must be followed, Men are the ultimate voice in the house, given the authority given to them by society, they subjugate women, understanding that to be obedient, they need to be restrained and nullified.[27]

The resilience process is influenced by several factors, the environment and its components are co-authors of the phenomenon. Therefore, it has a transactional character, mediated by the interaction between the individual and the environment, the result of which varies depending on the synergy formed by various attributes and subprocesses.[28] Although the personal motivation to adapt is essential for positive

development after exposure to traumatic events,[29] alone, will not be enough to develop resilience.

It was observed that most participants had Factor I resilience to resolve actions and values, that is, they had personal characteristics of perseverance, discipline, good humor, empathy and knew how to deal with psychological pressure. However, physical violence inhibited women's ability to respond positively to situations that require independence and adaptability (Factor III), making them less flexible to change, more dependent and with less self-confidence.

A research conducted in the United States on risk and protective factors for IPV in immigrant and refugee women found that mobilizing personal strengths such as optimism, willpower, determination (Factor I), in addition to seeking formal external support and family support, were effective to combat violence and protect women from further trauma.[30]

On the other hand, socially accepted IPV and gender imbalances prevent women from exercising decision-making power on an equal basis with men, limiting them from mobilizing resources in case of crisis, impairing their ability to adapt.[31]

It is evident that to prevent and address violence against women, it is necessary to reduce gender inequality, and this requires the engagement of different sectors of society, to ensure that all women and girls have access to the basic right to live without violence.[32]

Primary Health Care services are an important resource in responding to violence against women, and they are often the first place where victims seek care.[33] Also considering that the interactive, developmental and contextual nature of resilience do not allow us to predict that the individual will be resilient again in a similar situation in the future.[12] Local social transformation is imperative, giving new meaning to the concepts built over time.

## Conclusion

In this study carried out in the Primary Health Care centers of Cruzeiro de Sul, Acre, more than half of the participants reported having suffered violence from an intimate partner in the last twelve months, with psychological violence being the most frequent, followed by physical and sexual violence. The predominant resilient factor in these women was perseverance, discipline, good humor, empathy (Factor I). The perpetration of physical violence negatively influenced the development of self-confidence and adaptability, making these women less flexible to change, more dependent and with less self-confidence (Factor III). The social heritage that the colonization and exploitation of rubber left in the region triggered a patriarchal culture that was socially accepted and seen through facts that need no justification or explanation, transmitted for generations. Women have learned to be subordinate to the male figure, passively accepting inequality of choices and rights, consequently, violent situations in the family environment, which contributes to the perpetuation of violence against women and brings a series of implications for the development of resilience in this environment. From this perspective, the study on the development of resilience by professionals in the health sector makes the approach to women who suffer IPV easier. Nurses must take a leading role in health care and empower these women to build their autonomy. The interaction between professional and client transcends service provision, establishing a relationship of trust and mutual collaboration. A multi-sector work plan, with the objective of developing strategies culturally adapted to the local reality, which, above all, annul social habits that reinforce the authority and control of men over women; actions aimed at and facilitating the breaking of the harmful bond with the aggressor; the (re)construction of self-confidence, self-efficacy, self-esteem and women's empowerment to fight the impunity of those responsible for domestic violence are necessary strategies for the comprehensive and efficient care of women's demands and needs. The results found sharpen the desire to carry out longitudinal research, considering the variability in the way people respond to situations and experiences of violence, as well as to understand the deleterious effects on the resilience and mental health of women who suffer IPV.

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## Collaborations

Valenzuela VVV, Vitorino LM, Valenzuela EV and Vianna LAC contributed to the writing of the article; project design; analysis and interpretation of data; writing the article; critical review of the intellectual content and approval of the final version of the article.

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