

Resignation, violence and filing complaint: social representations of the male aggressor from the perspective of the female victim of aggression

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Abstract *The scope of this study is to analyze the social representations of the male aggressor from the perspective of the female victim of aggression. It is a qualitative and representational study conducted, using free narrative as the data-gathering tool, with twenty women who were under the protection of the Reference Center in Natal in the State of Rio Grande do Norte. ALCESTE 2010 software was used to analyze the textual data. Three thematic categories were developed for the purpose: i) The imprisonment of women; ii) Violence and its significance; iii) Breaking the cycle of violence. From the perspective of the female victim of aggression, the social representations of the behavior of the male aggressor are entrenched in the social role of males in the family and in society. In this way, it represents a model of dominant masculinity that in turn reinforces family structures and the repetition of roles.*

Key words *Violence against women, Masculinity, Gender*

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Introduction

Violence against women is a complex and multifaceted event and the result of cultural, political and religious construction, based on gender gaps^{1,2}. Such a structure naturalized and legitimized power asymmetry, justifying men's domination over women. As a consequence, the most common type of violence against women is intimate partner violence, which occurs among people of different ethnic groups, religions, economic and social classes^{3,4}. Battery includes rape, physical, psychological, financial abuse, and can sometimes culminate in the death of abused women⁵.

In this setting, intrafamily violence is a type of abuse to which many women are subjected, originating from family members, regardless of whether or not the perpetrator is sharing the same home^{6,7}. It is observed that violence translates the social construction of gender that determines the hierarchical relationships between men and women, through the delimitation of their culturally-rooted social roles⁸.

It is imperative to think of the figure of the perpetrator, the victim and their marital relationships, above all, in the face of the naturalized association between violence and masculinity present in the imaginary of society^{3,9}. The following research question was elaborated through the gender asymmetry built up in family relationships between men and women, as well as the configuration of men as it emerges socially: What are the social representations of men's aggressive behavior, from the perspective of women in domestic violence situations? It is believed that the Social Representation Theory will provide, from the experiences of women in situations of violence, the encounter with male perpetrators and the understanding of their aggressive behavior.

Thus, this study aims to analyze the social representations of men's aggressive behavior from the perspective of battered women.

Methods

This is an exploratory and descriptive study, with a qualitative approach, based on Social Representation Theory. Representational studies are defined as a set of assumptions, explanations and concepts that originate in everyday life through the communicative process among individuals¹⁰.

Adult women who were under the protection of the Reference Center located in the Municipality of Natal, Rio Grande do Norte participated in the study.

Regarding the support network for women victims of violence, the municipality has Women Assistance Police Stations (DEAM), Legal Assistance Centers/Attorney General's Office, public services such as the Citizen's Reference Center (CRMC) and Home-Shelters. This service was chosen because it is the primary gateway for women in a situation of domestic or family violence in the municipality, besides relying on the performance of multidisciplinary team providing the necessary psychological apparatus, considering the data collection's specificities.

The intentional sample was selected using the inclusion criteria: adult women who suffered intrafamily violence; declaring affective or kinship bond with the perpetrator; male perpetrated battery; showing psychological and emotional conditions appropriate to reality. And, as exclusion criteria: cases with aggravated emotional and affective conditions, fear and severe threat, and risk of death of relatives of the victimized woman. The sample consisted of 20 women, ranging from 31 to 40 years (35%), white (55%), in common-law marriage (50%), with incomplete elementary school (30%) and housewife (25%).

Data were collected from March to June 2013 through a free narrative, with the guiding question: "Tell me about violence and your experience with the perpetrator." Based on the answers obtained, a database was prepared that was submitted to the software *Analyse Lexicale par Contexte d'un Ensemble de Segments de Texte (ALCESTE)* version 2010. This software allows performing lexical analysis of the content of a text through specific qualitative and quantitative techniques, grouping semantic roots, generating the elementary context units (UCEs) and the ascending and descending hierarchical classification expressed in each class, considering the occurrence, co-occurrence of words and their textual function¹¹.

The study in question was approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte (CEP/URFN). The excerpts from the study collaborators' statements were identified by the names of prominent female characters in world cinema classics.

Results

The material obtained by the ALCESTE software processing achieved approximately 58%, indicating relevance for representational studies. Of the 177 UCEs selected, the software generated three

ness, not even my desires, to enjoy my own money, was violence, and unfortunately I could not see or recognize. I only began to understand what I was living at home when I started working at CRMC, through studies, participating in discussions, interacting with other women [...]. (Donna)

This scenario comprised the conflicts experienced by women between the ideal husband/partner versus the figure of the perpetrator. Men have linked a negative, obscure meaning, whose figurative constructions for women who suffered the violence anchor in the idea of a monster, executioner, Nazi, persecutor.

For starters, I had never had a relationship, I have always been someone inclined to studies, and this was my first experience. I created expectations, I dreamed about the relationship, with the construction that started. So when the assaults began, it was a massive impact for me. Seeing this different world, the first thing I thought was to end my life. (Frances)

Today I see him as a monster, an executioner. As if he were a Nazi who took me to a concentration camp and wounded me, forcing me to do things I don't want to do. (Raimunda)

This person means danger to me; I do not trust him anymore. (Margot)

Breaking with the violent cycle

The thematic category addressed the denunciation, the process of coping by battered women, ranging from vulnerability to resilience. Narratives experienced, where the symbolic constructions of women on men's aggressive behavior are observed. Factors such as fatigue, acceptance of the broken relationship and the suffering of the child were the starting points for the reconstruction of a new history, from the complaint filed at the CRCM.

I lived moments of sadness and suffering; I just faded. I got tired of all this, and I decided to start over by writing a new story. This is not what I dreamed of marriage and family; I bore beyond my strength, now I will file a complaint and say enough is enough! (emphatic). (Scarlett O'Hara)

I cannot stand being beaten up and my son watching this. I have a son who did not ask to come into this world, but then, I cannot submit him to a life of sacrifice and suffering. (Olga)

I lived with him for three years and all this time I suffered violence, I endured in silence until I got pregnant. It was then that I decided to file a complaint, to put an end to that situation. I'm going to try to have another life with my unborn child. (Eve)

When women left the condition of battered and submissive wife/companion condition to assume the status of mother, they were encouraged to break with the cycle of violence, extreme violence, presence or birth of the child. When they realize this condition, they start anew with a desire for change. Thus, a path of struggle and search for support begins.

I arrived here at the center very depressed and suffering, and you (CRMC professionals) treated me so well that I felt better here than at home. I used to think about death before, I saw death many times, I did not eat anymore and I lost weight. I had severe health problems, but once I got here, I wanted to grow professionally, to be happy with my children. I know I can, I know we deserve (emphatic). Here I found my self-esteem, which I lost amid so much suffering. It's been so long since I wrote, can I write some more? (Referring to DE). (Nina)

One understands that being with the other in social support networks allowed the continuity of the process of breaking with violence and the perpetrator.

I dream of a happy, well-organized house, with all my things in place. I wish peace to live in the family with my children. God willing, I will succeed. (Selma)

God willing, I know I can. My children and I will be very happy. (Nina)

I am already studying; I have learned to drive. Now I have my job and I live my life intensely. Ah! (laughing) I want to get someone for me, too. (Donna)

In the confrontation process, the women participating in this study were totally into breaking with the violent cycle through judicial separation or protective measures.

He's a nobody. Today I ignore everything he does. (Katherine)

It's even strange to look at him today and see that I don't feel anything at all for him. Neither anger nor love. Today he means nothing to me. He is worthless. (Scarlett O'Hara)

The lines also refer to the aggressive behavior coming from family constructs that perpetuate in their intimate relationship with their companion, and perpetrator:

I see that there was a construction within the family itself. His behavior is the same as his mother's, always blaming his father to try to extricate himself from responsibility. So I think he's a disturbed person. I believe that this lack of family education, this unstructured family, the suffering he endured, has influenced his attitudes and behaviors. (Frances)

In his family, the father was very aggressive with his mother and his sister, but not with his sons. Even when we were married, he treated me like his father treated his mother. He reproduced his father's attitudes and behavior as if he were my master. (Donna)

Women relate aggressive behavior to two meanings, addiction caused by alcohol and drug abuse, and personality/behavior disorder, such as mental illness.

My husband's father was very aggressive with his mother and he also drank a lot. (Cabíria)

He was always under the influence of drugs, especially marijuana and cocaine. (Eve)

It's as if he has a dual personality. I hope he can find out the cause of this aggressive behavior. I believe that the perpetrator can recover. (Amélie Poulain)

He was a different person when I first met him; he was a homely person, evangelical, but when he started drinking, he destroyed everything inside the house. (Selma)

The configuration is of illness or a sick individual, due to alcohol and drug abuse and personality disorders, emotional instability against a contrariety. Some statements strengthen this thinking:

His father spanked him a lot. (Amélie Poulain)

His father was very violent with his mother and daughters. Not the male children. (Eve)

He could not be contradicted. He exploded with just about anything. (Maria)

Through the categories and lines mentioned, a figure was elaborated illustrating the social representations of male aggressive behavior and its network of meanings, from the perspective of the battered woman (Figure 2).

Discussion

The social representations of male aggressive behavior, based on the experience of the women in situations of intrafamily violence, are anchored in the social roles attributed to men and women, who grant to men the power in the relationship, with a figure of provider, virile, and a submissive role to women. They also reflect family models organized based on patriarchalism and gender inequality⁸. These differences point to patterns of identity, in which both the subject and the object investigated identify what it is "to be a man and to be a woman" before the social images witnessed in the family, and they reinforce the idea of a dominant model of masculinity^{2,3}.

It is understood that this experience is constructed throughout someone's lifetime, within experienced objective conditions, and is continuously changing from how the same sex and the opposite sex relationships are experienced, both in public and private space (at home)⁶. That is to say, these dynamics seized in the middle of the sociocultural relationships correspond to the images and meanings of masculine and feminine, conforming both women in a situation of intrafamily violence, like aggressive husbands/companions, their masculinities and femininities^{2,4,8}.

Violence denies women autonomy, the possibility of being subject, of building themselves up and of being able to have freedom in the relationship, insofar as the power relations materialize violence, because they objectify people and individuals⁶. One of the ways of coping and avoiding women in situations of violence is passivity, not as a form of acceptance, but as an appropriate decision-making process for a given situation¹².

The asymmetry of gender roles of being a man and being a woman in society is observed in the marital relationship. Thus, the desire of having and maintaining a family contributes to the position of submission and resignation of the woman herself^{8,12}. This is when the woman allows her self-imprisonment. Regarding sexuality between the couple, women are deprived of autonomy, the right to decide, even on their body^{6,9}. Thus, the marital relationship is marked by an asymmetrical power relationship, in which self-resigning women become vulnerable to battery, reinforcing the male dominance concept in men¹³.

Besides the physical violence used by punching, slapping, kicking, shoving, among others, women experience cursing, insult and defamation. In other words, they suffer from psychological violence through emotional damage, lower self-esteem, acts that hinder full development or that may displease or control actions and behaviors, beliefs and decisions, through threats, embarrassment, humiliation, manipulation, isolation, vigilance, persecution, insult, blackmail, mocking, exploitation and impediment of movement or other means that cause harm to the psychological health and self-determination of the human being¹⁴. However, it may be unknown and invisible in the eyes of the battered woman because she considers it a normal and acceptable behavior within familiar patterns and is not perceived as battery^{5,6}.

In both situations, violence is used as a manifestation of the relations of men dominance over women, expressing a denial of the freedom of the

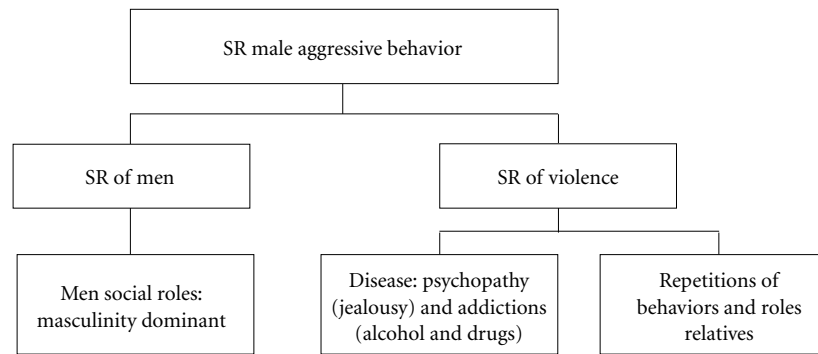


Figure 2. Social representation (SR) of male aggressive behavior from the perspective of women in situations of intrafamily violence.

other, equality and life. This inequality manifests as power asymmetry, weak submission to the strong, translating into ill-treatment^{8,9,13}.

It was observed that violence was not treated as a violation of the rights of women, which strengthens and even enhances the acceptance of male behavior in the face of the situations experienced as something that is part of the relationship between the couple. The conflicts experienced by women of the study are evidenced in coping with the limit between love and violence, the companion and perpetrator. Both sides intertwine in the lives of these couples, as an “endless game” that unites them and drives them away, keeping them in a constant tension that, contradictorily, is the main “link” of the marital bond and the violence endured, frustration, suffering and death as an escape. In these dynamics, different expectations projected on the other, myths and beliefs, constructions about gender relations and values about love and passion, marriage and family are confounded^{3,6}.

Breaking with this vicious circle occurs with facilitating factors such as women’s attitudes, ranging from self-voidance and beliefs and expectations of their conjugality in years of humiliation or anger over an abused child to the perception of increased in violence and the imminent risk of death¹³⁻¹⁵.

Understood as post-domestic violence resilience insofar as they can speak, expose their subjectivity from the traumatic experience and attribute a new meaning to the stored experience, and in doing so, it will be possible to change the meaning of suffering, and thus, overcome it¹⁶. Moreover, the narrative for oneself, about the trauma experienced, facilitates the attribution a

meaning to what happened and reshape it affectively. This mechanism can be understood with a resilience factor, besides the narrative to the other.

Conclusion

The social representations of the aggressive behavior of husbands/partners from the viewpoint of the women participating in the study reflect the dominant masculinity, as well as the familiar constructs in which men were created. The meaning of power and domination in the marital relationship was assigned to men, reinforcing the dominant male model that minimizes women’s figure, the idea of passivity, submission and victimization; such an asymmetrical relationship is identified as a possible violence-generating factor.

The historical and social construction of intrafamily violence traverses a complex process of vulnerability and resilience such as that experienced by the group of women, sometimes characterized by the concealment or silencing of the victim in reporting their self-imprisonment, including in the face of suffering and pain, triggered by the rupture of the idealized image of the companion and the laborious process of coping with his aggressive behavior.

Among the main limitations of the study were the type of research and the local coverage of the study, in part inherent to the very topic of intrafamily violence from women facing various biopsychosocial conflicts such as prejudice, fear, embarrassment, mental distress, among others. And findings point to the relevance of this work and future studies that denounce the problem

at hand, fostering sensitization and reconstruction of concepts on gender ideology, as well as accountability, treatment and appropriate reception to the actors involved.

Collaborations

VKM Nóbrega participated in the study design, data analysis, drafting and critical review of the manuscript. JM Pessoa Júnior and EGC Nascimento participated in the data analysis and critical review of the manuscript. FAN Miranda guided the project, participated in data analysis and critical review of the manuscript. All authors approved the final version of the manuscript.

References

1. World Health Organization (WHO). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO; 2013.
2. Howard LM, Oram S, Galley H, Trevillion K, Feder G. Domestic violence and perinatal mental disorders: A systematic review and meta-analysis. *PLoS Med* 2013; 10(5):e1001452.
3. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH; WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. Prevalence of intimate partner violence: findings from the who multi-country study on women's health and domestic violence. *Lancet* 2006; 68(9543):1260-1269.
4. D'Oliveira AFPL, Schraiber LB. Mulheres em situação de violência: entre rotas críticas e redes intersetoriais de atenção. *Revista de Medicina*. 2013 [acessado 2015 Jan 14]; 92(2):134-40. Disponível em: <http://www.revistas.usp.br/revistadc/article/view/79953/83887>.
5. Acosta DF, Gomes VLO, Barlem E.L.D. Perfil das ocorrências policiais de violência contra a mulher. *Acta Paul Enferm*. São Paulo, 2013 [acessado 2015 Jan 14]; 26(6):547-553,. Disponível em: <http://www.scielo.br/pdf/ape/v26n6/07.pdf>.
6. Araújo MF. A difícil arte da convivência conjugal: a dialética do amor. In: Féres-Carneiro T, organizadora. *Família e casal: efeitos da contemporaneidade*. São Paulo: PUC; 2005. p. 278-293.
7. Brasil. Ministério da Saúde (MS). *Violência intrafamiliar: orientações para prática em serviços*. Brasília: MS; 2001.
8. Scott J. Gênero: uma categoria útil para a análise histórica. *Educ Real* 1995; 20(2):71-99.
9. Spencer RA, Renner LM, Clarck CJ. Patterns of dating violence perpetration and victimization in U.S. young adult males and females. *J. Interpers Violence* 2015; 31(15):2576-2597.
10. Moscovici S. *Representações sociais: Investigações em psicologia social*. 8ª ed. Petrópolis: Editora Vozes; 2011.
11. Azevedo DM, Costa RKS, Miranda FAN. Use of the ALCESTE in the analysis of qualitative data: contributions to researches in nursing. *Rev. Enferm. UFPE on line* 2013; 7(n. esp.):5015-5022.
12. Souto CMRM, Braga VAB. Vivências da vida conjugal: posicionamento das mulheres. *Rev. Bras. Enferm* 2009; 62(5):670-674.
13. Schraiber LB, Oliveira AFLP, Couto MT. Violência e saúde: contribuições teóricas, metodológicas e éticas de estudos da violência contra a mulher. *Cad Saúde Pública*. 2009; 25(Supl. 2):S205-216.
14. Meneghel SN, Mueller B, Collaziol ME, Quadros MM. Repercussões da Lei Maria da Penha no enfrentamento da violência de gênero. *Cien Saude Colet* 2013; 18(3):691-700.
15. Santinon EP. *Você não enxerga nada: A experiência de mulheres vítimas de violência doméstica e a Lei Maria da Penha* [tese]. São Paulo: Universidade de São Paulo; 2010.
16. Labronici LM. Processo de resiliência nas mulheres vítimas de violência doméstica: um olhar fenomenológico. *Texto Context Enferm* 2012; 21(3):625-632.

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