

FRAGMENTS OF FEMALE CORPOREALITY IN VICTIMS OF DOMESTIC VIOLENCE: A PHENOMENOLOGICAL APPROACH¹

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ABSTRACT: This was a phenomenological study undertaken at the Women's Police Station in Guarapuava in the Brazilian state of Paraná that aimed to understand the significance of living with the offender after filing a domestic violence report at the station. Data were collected by means of interviews with 14 women victims of domestic violence, who continued to live with their attackers after reporting them. The women's discourses were interpreted through the lens of the framework of French philosopher Maurice Merleau-Ponty. The results showed that the victims' body images were modified, distorted, and negative. Coexistence with the offenders was sustained through destruction and weakening of the victims' body image, thereby reducing their coping skills because they felt threatened, insecure, and inferior to the other, which perpetuated the cycle of violence. In conclusion, there is a need for professionals trained to capture the invisible beneath the visible, in order to take care of abused women in their multidimensionality.

DESCRIPTORS: Domestic violence. Violence against women. Nursing care.

FRAGMENTOS DE CORPOREIDADES FEMININAS VÍTIMAS DE VIOLÊNCIA CONJUGAL: UMA APROXIMAÇÃO FENOMENOLÓGICA

RESUMO: Pesquisa fenomenológica desenvolvida na Delegacia da Mulher em Guarapuava, Paraná, que teve como objetivo compreender o significado de coexistir com o agressor após a denúncia da violência conjugal na Delegacia da Mulher. Os dados foram obtidos mediante entrevistas com 14 mulheres vítimas de violência conjugal que permaneceram no convívio com os agressores após denunciá-los. Os discursos foram interpretados à luz do referencial filosófico de Maurice Merleau-Ponty. Os resultados revelaram que os corpos femininos vítimas de violência perceberam sua imagem corporal modificada, distorcida e negativa. O sentido da coexistência com o agressor encontra sustentação na destruição da imagem corporal, que foi fragilizada, reduzindo as capacidades de enfrentamento desses corpos, por se sentirem ameaçados, inferiorizados e inseguros em relação ao outro, fato que contribuiu para perpetuar o ciclo da violência. Destarte, percebe-se a necessidade de profissionais capacitados para captar o invisível no visível, a fim de cuidar desses corpos na sua multidimensionalidade.

DESCRITORES: Violência doméstica. Violência contra a mulher. Cuidados de enfermagem.

FRAGMENTOS DE CORPOREIDADES FEMININAS VÍTIMAS DE LA VIOLENCIA CONYUGAL: UNA APROXIMACIÓN FENOMENOLÓGICA

RESUMEN: Investigación fenomenológica desarrollada en Comisaría de la Mujer en Guarapuava, Paraná, que tenía como objetivo: comprender el significado de convivir con el agresor después de la delación de la violencia conyugal en la Comisaría de la Mujer. Los datos fueron recolectados a través de entrevistas a 14 mujeres víctimas de violencia doméstica que permanecieron en contacto con los asaltantes tras denunciar a ellos. Los discursos fueron interpretados a la luz del marco filosófico de Maurice Merleau-Ponty. Los resultados revelaron que los cuerpos femeninos víctimas de la violencia se dieron cuenta de su imagen corporal modificada, distorsionada y negativa. El sentido de la convivencia con el agresor encuentra apoyo en la destrucción del imagen corporal, que fue debilitado, lo que reduce las habilidades de afrontamiento de estos cuerpos, porque se han sentido amenazados, inferiorizados e inseguros frente al otro, lo que contribuyó a perpetuar el ciclo de la violencia. Así, podemos ver la necesidad de profesionales capacitados para capturar lo invisible en lo visible con el fin de hacerse cargo de esos organismos en su multidimensionalidad.

DESCRIPTORES: Violencia doméstica. Violencia contra la mujer. Atención de enfermería.

INTRODUCTION

Because the world is a space of relationships with oneself and others, human beings undergo multiple experiences upon entering it. This process of coexistence is expressed in several ways and, when it is confrontational, this may trigger different forms of violence, including domestic violence against women, which is the focus of this study.

Domestic violence is a global phenomenon that affects millions of women, and is a serious public health problem, because of its ability to compromise the health of all individuals involved, be they victims, attackers, or the general population.¹

In the private space, domestic violence occurs in the context of an intimate relationship.² Its definition is broad, and includes any type of violence in a relationship, and is not restricted to partners that are legally married, nor to the sex of the victim or perpetrator, yet it is more likely to occur when both partners live together or maintain frequent contact.³

Violence against women is supported by gender differences and unequal relationships of power between men and women, as evidenced in a study conducted in Sudan, which demonstrated social acceptance of violence against women, and that both women and men concur with traditional gender norms and support the attitudes of men and women based on gender violence.⁴

Eradication of violence against women is based on the perspective of gender violence, the impact and consequences of which should be the focus of further studies. In addition to legislative and penal measures as strategies to reduce the frequency of this type of abuse, this traditional approach to the problem must be complemented by a focus on education and preventive measures aimed at constructing gender equality.⁵

Domestic violence against women is a public health problem because of its impact on the physical, mental, and reproductive health of women. In the perception of women victims, the most significant type of violence is that which causes emotional damage. Thus, to understand these women in order to support them and attend to their needs, it is fundamental to enter their lived world.⁶

From this perspective, it is important to point out that women victims of violence live experiences that leave visible and invisible marks on their bodies. This violence affects the entire woman,

causing transformations in her being and in her existence in the world through the expression of a multitude of symptoms,⁷ including depression and post-traumatic stress disorder.⁸

The impact caused by violence perpetrated by intimate partners causes abused women to seek health care services, given the seriousness of the situation and frequent repetition of violent episodes.⁹ Although health care services continue to prioritize interventions based on the biomedical model, most of which are treatment of injuries,¹⁰ abused women expect to receive humanized care with respect, dignity, and solidarity.¹¹

Health care services are an important gateway to support and protect women in situations of domestic violence. Existing public policies in Brazil recommend that care for this population be designed from the expanded perspective of health care, with actions that transcend mere diagnosis and treatment of physical or emotional injuries. It is necessary, above all, to change attitudes, beliefs, and practices.¹² From this perspective, in order to understand and meet the needs of abused women, it is imperative to overcome the technical dimension and provide care with human subjectivity.

In order to grasp human subjectivity and transcend superficiality, it is necessary to enter the worlds of these women to capture their lived experience through perceptive and attentive listening,¹³ because by coexisting with the offender after filing a police report of domestic violence, these women attribute meaning that manifests in the form of expression of their body, in their body.

The body lives experiences and interacts with the other and the world, and this is possible because it goes beyond the physical dimension, in which it is understood only as a group of separate organs and systems. These are different parts that are interwoven through a body schema, that is, the body itself.¹⁴ If we understand that the experience of domestic violence on the part of women who continue to live with the perpetrators after reporting the violence to the police may leave visible and invisible marks on their bodies, and can transform their being and being in the world, the following question emerges: Does living with the perpetrator of domestic violence after the police report has been made modify the woman's corporeality?

This study aimed to understand the significance of coexisting with the perpetrator after filing a police report of domestic violence at the Women's Police Station.

METHODOLOGY

This was a phenomenological study based on the theoretical framework of Maurice Merleau-Ponty, a French Existentialist philosopher for whom phenomenology is the study of essences that allows for understanding human beings through their facticity. Phenomenology is a philosophy that repositions the essences in existence; it is the experience itself in search of a meaning, which seeks to understand human beings in their existential totality, integrated into a lived world. It is a direct description of the experience as a body, an incarnated consciousness, and an account of space, time, and the lived world.¹⁴

Merleau-Ponty's phenomenology was chosen as the theoretical framework because in order to understand the phenomenon of being a woman victim of domestic violence who continues to live with the attacker after reporting him, it was necessary to adopt a methodology that enabled understanding the lived experience, which is stored and becomes part of these female bodies. Understanding⁷ is possible through analyzing and interpreting the subjectivity that is stored in the body and projected outwards through language, which reveals the essence of the phenomenon.

The location that enabled approximation to women in situations of domestic violence and obtaining descriptions of their lived phenomenon was the Women's Precinct in the city of Guarapuava, in the southern Brazilian state of Paraná. This police station was established in 1996, with the specific task of handling cases of domestic violence against women. Per year, about 895 cases are reported at this precinct.¹⁵

Fourteen women between the ages of 18 and 59 years participated in the research, all of whom, after reporting their attackers, returned to live with them. Study participants were initially approached by means of contact with an officer from the precinct who mentioned the study and invited them to participate. After they expressed interest in participating, the project was formally presented to the women by the researcher. The interview was scheduled according to their availability, and took place in a private room at the precinct.

The phenomenological interviews took place from March to August 2012. The guiding question of the interviews was: Tell me about your experience of living day-to-day with your partner after having filed a police report of domestic violence against them.

The interviews were digitally recorded and transcribed in full. Analysis was conducted according to the methodology,¹⁶ and interpretation was based on the theory of Merleau-Ponty. The interviews were concluded when convergence in the descriptions was perceived, and it was shown that their content responded to the research question and aim.

The methodology for analysis¹⁶ consists of five phases: the first involves collection of verbal data, and occurs through description or interview to detail the lived experience. The second phase is comprehensive reading of the interview, in order to grasp the general meaning of data and the composition of its parts, and must be performed before beginning analysis. The third phase entails rereading the interview in order to capture units of meaning expressed in the common and naive parlance of the subject, with the researcher maintaining a receptive attitude. In the fourth phase, units of meaning are examined, explored, and described again in specialized language to highlight a character of "learning" from the naive description. The fifth stage is synthesis of the results, in which each unit of meaning found is reduced to its essence. Based on the phenomenon studied, which of these units are essential to describe the essential structure of lived experience can be defined.

In this study, the analytical process was initiated by general and careful reading of the description of the experience of the women victims of domestic violence, which provided an overview of the perception of the female bodies that coexisted with their offenders after the police report, in order to begin phenomenological analysis at a later time.

With a posture of openness, careful rereading of each interview was performed in order to find "units of meaning," which were then transformed into phenomenological language with the intention of revealing what each of these units contained. In this phase, the following expressions emerged: "Perception of female bodies modified by domestic violence during its existential trajectory"; "Female bodies wounded, demeaned, subjected, and denied by the aggressor;" and "Women's bodies saddened, distressed, reduced to fragments of a whole." In the final phase, the units of meaning were synthesized, considering points of convergence of the phenomenon studied, and thus transformed into an "essential structure" from which emerged the theme: fragments of female corporealities of women victims of domestic violence.

The study was approved by the Research Ethics Committee of Health Sciences at the *Universidade Federal do Paraná*, as registered under number CEP-SD/UFPR: 1304.005.12.03. Participants' identification data were maintained in absolute anonymity, which was guaranteed by replacing their name with the letter I (for Interviewee), followed by Arabic numerals in ascending order of interview sequence (i.e., I1-I14).

UNDERSTANDING THE PHENOMENON: FRAGMENTS OF FEMALE CORPOREALITIES OF WOMEN VICTIMS OF DOMESTIC VIOLENCE

The phenomenon revealed that, in the relationship lived between women and their abusive partners female bodies abused by domestic violence and their partners, there exists a complex existential scheme of conflict in which the aggressor, both before and after the police report is filed, intentionally uses degrading and offensive language to distort the woman's body image, as is shown in the following statements:

[...] he looks at me and says that the way things are going, I'm going to get fat and toothless, and I'm going to explode. He says my hair looks like a Brillo pad, and that's why I always keep it in a ponytail. When I get home from a long day of work, I am very hungry, and that's why I gain weight, and he just sits there, the same way (I9). [...] he calls me a whore, slut, bitch. Those words. This is because I had three children before I married him. I had the kids and became a widow (I4).

Violence perpetrated for long periods has the ability to weaken these women, making them more vulnerable and thus reducing their ability to cope. The experience of domestic violence undermines the women's self-image, which over time becomes negative, distorted, and visible¹⁷ as this flesh, the material that composes the body.¹⁸ "The body is not only an object among all other objects, a nexus of sensible qualities among others, but an object which is sensitive to all the rest, which reverberates to all sounds, vibrates to all colors, and provides words with their primordial significance through the way in which it receives them."^{14:317}

The flesh, internally processed by existential polishing of the raw being, is required for the construction of body image. This must be congruent with the aim of forming a harmonious shape and sense of the phenomenal body with the element of being because, for Merleau-Ponty,¹⁸ flesh is made from the time-space opening, and is the maker of

object and subject. This is the reason why it should not be perceived from the perspective of division, but as a whole.

Flesh is an interweaving, a chiasmus, a phenomenal body, a feeling body that is not merely an objective body.¹⁸ From this phenomenological perspective, it is possible to grasp that each lived experience enables the construction, reconstruction, and modification of body image, of corporeality.

Upon hearing the pejorative language expressed by their aggressors, the female corporealities incorporate it into themselves, and this fragments the perception of the totality that they had of themselves, impeding them from polishing themselves by means of an existential balance, a fact that encourages and perpetuates the cycle of violence. Coexistence with a partner who, even after police report was filed against them, continued to verbally abuse the woman with offensive words, made possible a new configuration of perceptions of the "I," the other, and the world and, from there, new distorted impressions of "I" were constructed.

The layers of impressions of the "I" are constructed because the body has the ability to connect, to form a link between itself and the other, as well as to reconnect with itself by means of intersubjectivity,¹⁴ in which the body of the other is always an image to itself, and its body always an image to the other.¹⁹

The body is, for oneself, the image that one believes that the other has of it. Thus, an entire tactic between the beings is instituted through their bodies, without which they realize that, often in this relationship, there is a strategy of two poles, in which seduction and intimidation can coexist.¹⁹

The attackers, the other poles of the relationship, pose a threat that intimidates the female bodies, perpetually haunting them in a manner that intentionally affects them through different forms of violence, and gradually modifies the positive body image constructed during its trajectory.

The female bodies perceive changes in body image, as well as the distortions that have occurred in them. Before suffering domestic violence, these bodies perceived themselves, perhaps not in their entirety, but with a more satisfying view than after, as shown in the following statements:

[...] I remember back in the day, I was more beautiful, happier, more beautiful inside and out. My hair was beautiful, and my body was perfect. I was free, and didn't live like I do today: a prisoner in my own home.

I could talk and relate to people [...]. As time went by, I ran myself out, and today I think I'm ugly when before I did not. In addition to getting and keeping those bruises and scars, from what I went through with him, I lost the will to take care of myself [...]. Also, to take care of myself, when I look at myself, I see myself and see me like this, all destroyed, bruised, inside and out (I9). [...] recently, when I passed in front of the mirror and saw myself, I realized that he destroyed me. Left me all purple. Knocked my jaw out of place. Left my eye covered in blood, and turned black. He almost dislocated my spine. [...] He destroyed me (I1).

The women perceive themselves as destroyed by the other, yet they remain prisoners even after filing a police report. They no longer recognize the temporality of the here and now, and only manage to have good, positive memories when they look to the past. From this perspective, the questions that can be asked are: If what is shown does not mirror the perception that the women's bodies had of themselves in the past, who are they now? What makes them remain chained to the cycle of violence even after filing a police report?

Most abused women stay with their partners after being abused by them because they feel unable to negotiate changes aimed at confronting the situation and, from the experience, perceive themselves to be inferior, insecure, devalued, and helpless in relation to the other.¹⁷ By reporting their attackers, they hope to break the cycle of violence, because they want to separate, and expect to have peace in order to resume their plans and lives.²⁰

Many battered women cite fear of reprisal, loss of financial support and support from family and friends, emotional dependency, feelings of love for their partner, and the desire to fight for the good of the family and their children. They maintain hope that their partner will change his behavior.²¹ These are elements stored in subjectivity, which on the one hand feed the cycle of violence and, on the other hand, seem to create emotional dependency.

Maintaining female bodies in the cycle of violence results in a total lack of vitality towards life and an absence of desires or self-care because, in the perception of these women, there does not seem to be any stimulus for the opposite to manifest itself. These bodies continue to store sorrows, pain, and visible and invisible scars. From the phenomenological perspective, it is possible to understand that the perceptions that I1 and I9 have of themselves, and that are shown through

the description of the temporality of the here and now, are concrete and loaded with negativity.

The female bodies, by coexisting with the aggressors, are affected by the story built and experienced by both at the time they are submitted to the worst ontological degradation to which the female body can be subjected: sexual violence associated with psychological and moral abuse, as is perceived in the following statements:

[...] I'm ashamed to say that he wants to put his entire hand inside [the vaginal canal], and if I don't let him, he hits me and threatens to kill me. [...] (I14). [...] one day I was coming home, on my street, when I got off the bus and passed an ex [boyfriend], and he greeted me and then I greeted him. He [her partner] was coming and saw. This was enough to drag me down the street cursing at me, saying I wasn't worth anything, saying I am a whore that puts out to everyone. He did it on purpose for people to think that I don't have any value (I11).

The behavior of the attacker who perpetrated sexual violence reveals a barbarian invasion of what is sacred – the female body – and is a violation of human rights. The invasion of the body and violation of these rights is perpetrated not only through the practice of sexual violence; it is also perpetrated by gestures, movement, and words, translated into psychological and moral violence.

The gestures, movements, and words make up a language established among corporealities that have the ability to perceive and feel as bodies themselves, embodied consciousness involved in a body schema.¹⁴ Thus, the way the female body receives this language is distinct, as are its implications for life and health.

How each body experiences the consequences of violence is different, because every human being is unique and singular, and brings with his or her being the cultural and historical baggage lived in the existential trajectory. However, the fear begins to be felt daily, manifested in corporeality, and makes the women perceive themselves as victims, constant hostages of their partners.¹³

The experience of women victims of domestic violence is indecipherable, because their daily life is permeated by the uncertainty of not knowing when and how they will be beaten. In the face of sexual violence, these women adopt an attitude of submission, and feel lonely and deeply hurt by being forced to submit as a sexual object to the other.²²

The submission of the female bodies of victims of domestic violence reveals their absolute

invalidation in the face of the other. It is as if they have put their lives in the hands of someone who should be their partner, accomplice, and friend but who, instead of being available to experience a full relationship, without limits of care, respect, and love, turns these women into their property, objects of domination and imposition of power.

The aggressive behavior of the partners affected the female corporealities, and undermined the women's self-esteem, as shown in the following statements: [...] *today I feel ugly and fat. I think that's why he lost interest in me and abuses me [...] everything is still the same [after filing the report] (I6). [...] I feel like crap, very small, worthless, so miserable for making myself sleep in the same bed with him. I'm ashamed [...] I feel humiliated, sad (I3). [...] when I look in the mirror, I see there is nothing left. [...] I have no more desire to take care of myself, I see ugly, I feel ugly (I1).*

When looking in the mirror, the female bodies no longer recognized themselves. The positive perception that they once had of themselves and that was stored in their memory has been slowly destroyed by their attacker.

It is important to highlight that, during existence, the person creates an image of herself which influences all of her choices. From this, the adjectives that define the features that constitute the "I" form the feeling of self-esteem (the affective part of the *self*, in which the individual admires or values the "I"). The affective part of the *self* (individual as totality) causes each person to have the ability to feel either satisfied or miserable with themselves. Thus, high self-esteem fosters appreciation of positive experiences lived; however, those that are negative generate anxiety and depression.²³

Low self-esteem, associated with clinical anxiety and depression, are part of the daily lives of women victims of domestic violence, and constitute a strong risk factor that can affect their mental health at different levels,²⁴ as shown in the statements below: [...] *I'm not what he calls me, but I get very down and sad. I had to take medication for depression. Because of this name-calling, I start feeling like a tramp. I start thinking that this is what I really am [cries] (I5). [...] I cry a lot, I get nervous and anxiety attacks. I thought about hospitalizing myself because I thought I was going to die. [...] I get anxious about this. My head aches and I've had depression [...]. Last night I took almost an entire bottle of dypirone. When my blood pressure is high, I take dypirone to lower it (I2). [...] I live distressed, sad [...]. I stay locked in my room with the children, terrified, crying and without*

eating until the next day. Sometimes I don't leave my room even to eat [...]. Today me and the children are going to a psychologist to try to overcome this (I4).

The experience of violence causes disorders such as post-traumatic stress disorder, generalized anxiety, depression, alcohol and drug abuse, and suicide attempts.²⁵ Thus, these traumas that affect all of these women require the development of expressive actions related to their subjectivity.

The existence and expansion of a coordinated network of services involving the police, judiciary, and psychosocial and health care services is necessary, staffed by professionals who are available to support, host, and perform necessary referrals for women victims.²¹ Nursing care for this population should be emphasized.

Nursing care to women victims of sexual violence requires more than technical skills; it requires individualized care that transcends the dimension of cure and treatment. The possibility of welcoming care by nursing enables a humane and sensitive view of women's health, with the purpose of regaining their self-esteem, mental health, and quality of life.²⁶

Construction of a differentiated, professional relationship of nursing care for these women will be solidified through the adoption of an attentive, sensitive, and empathetic posture as well as listening, because to care is to listen and feel and, at the same time, if need be, know how to listen so that the patient expresses herself.⁷ From this perspective, there is a need for a movement of distance with simultaneous approximation, which reveals an infinity of possibilities towards the construction of a caring and complementary relationship,¹⁸ essential in the practice of health care.

To build a relationship of care, the nurse must enable the expression of the needs of female bodies, their anxieties, fears, and doubts, the expression of the other in its totality. From this perspective, it is fundamental to have a hermeneutical view that is able to interpret, capture the invisible through the visible and, based on this, to have the sensitivity to identify the needs that will lead to actions of care, without causing harm of any kind.

CONCLUSION

Upon completion of the trajectory traveled based on the description of the lived experiences of the female bodies that were victims of domestic violence, it was possible to perceive that, even after the women filed police reports against their

attackers, there was no harmonious and caring marital relationship open to possibilities, because the manipulative and dominating behavior of the aggressors did not change, and prevented the expression of these bodies as corporealities.

The violence perpetrated by the male partners, in its most perverse forms of expression, transformed the women's bodies into body objects. Furthermore, engrossed in conflict on a daily basis, these bodies were plunged into situations for which they were not prepared to cope.

The unveiling of the phenomenon showed that, from the lived experience, the female corporealities incorporated the degrading and derogatory language expressed by their attackers, and when they saw the reflection of themselves in the mirror, they realized and recognized a body image that was distorted, fragmented, and negative.

By remaining in the cycle of domestic abuse, the positive perception that the women's bodies had of themselves, which had been built throughout its trajectory, was gradually destroyed, a phenomenon that resulted in decreased self-esteem and modified their being in the world. This phenomenon prevented the women from overcoming suffering and facing the experience, making it impossible for them to pursue their existential trajectory in search of new meaning.

The coexistence of the female bodies with the aggressor after filing a complaint with the police was sustained in the phenomenon of destruction of body image, because this contributed to weaken these bodies, reducing their ability to cope because they felt threatened, inferior, and insecure in relation to the other, a fact that contributed to perpetuate the cycle of violence.

This study enables reflections for nursing care, because it reveals the need to intervene in the promotion of the health of these bodies. Yet, in order for this to occur, it is necessary that nurses, as caregivers of bodies, surpass the technical dimension in order to provide responsive care that enables the other to approach so that she can express her needs.

Nurses need to adopt a differentiated stance towards female bodies that are victims of domestic violence, in order to capture the invisible in the visible, which will only be shown through a posture of openness, closeness, warmth, and respect, with a view to identifying these women's real needs, so that the victims are cared for in their multidimensionality.

An understanding from the phenomenological perspective of Merleau-Ponty enables planning for nursing care, as well as realizing other scientific research so that new layers of perceptions related to domestic violence may be revealed.

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