

ORIGINAL ARTICLE

The intertwining of the present and the past: accounts of women about violence*

HIGHLIGHTS

1. Women experience multiple forms of violence.
2. Violence, when present, is reproduced in the family context.
3. The violent cycle generates physical, emotional, and social impacts.
4. The experience of violence leaves deep and permanent marks.

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ABSTRACT

Objective: To understand how women in situations of violence perceive the implications of this context in their lives. **Method:** Qualitative research that used Symbolic Interactionism and Grounded Theory as its theoretical-methodological framework, with a constructivist approach. Data were collected between March and November 2021, through interviews with 23 women located in groups on the social network Facebook®. **Results:** The results show the multiple expressions of domestic violence (physical, psychological assaults, restriction of freedom) and the repetition of behavioral patterns already experienced in childhood, which often justify violent practices in adulthood. **Final Considerations:** For many women, living in a context of domestic violence by a partner is a reproduction of what they have already experienced in their family of origin. Although they have managed to escape the cycle of violence, victims experience, day after day, the repercussions of this experience, expressed through feelings of fear, anguish, as well as physical and mental health issues.

DESCRIPTORS: Grounded Theory; Life Change Events; Domestic Violence; Family Relations; Women's Health.

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INTRODUCTION

Domestic violence (DV) is considered a phenomenon of high complexity, not only due to the multiple forms of its expression but also because of its high prevalence and the diversity of factors associated with its occurrence¹. Although people of any age can find themselves in situations of domestic violence, women are pointed out around the world as the most frequent victims. Physical, emotional, social, and economic impacts are identified in the lives of thousands of women around the world.

In Brazil, since the enactment of the Maria da Penha Law in 2006, domestic violence against women encompasses five distinct types of violence, either in isolation or in combination: physical, psychological, sexual, property, and moral². Intimate partner violence, for example, affects about 47.2% of women over their lifetime, with psychological violence being the most prevalent (51.5%), followed by physical (20.2%), sexual (11.5%), and economic (9.8%), which can occur in isolation or in prolonged cycles³.

In the Americas, one in three women and girls aged 15 to 49 experiences physical and/or sexual violence over their lifetime. Sexual violence, in particular, is a serious public health problem, with lasting physical, mental, and reproductive impacts, such as a higher risk of sexually transmitted infections, including HIV, which can persist even after the abuse ends⁴.

A study conducted on a sample of 1,042 women residing in 126 municipalities of different population sizes, distributed across the five regions of Brazil, revealed that 24.4% of them reported having suffered some type of violence in the period before the interview. The highest incidence occurred among young women aged 16 to 24 (35.2%), followed by women aged 25 to 34 (28.6%), and to a lesser extent, among those aged 60 or older (14.1%). In 72.8% of cases, the aggressor was the partner⁵. This type of violence was responsible for the loss of 175,000 DALYs (Disability-Adjusted Life Years) and more than 80,000 potential years of life lost, confirming its chronic and debilitating impact on the health of Brazilian women⁶.

Domestic violence against women is rooted in social constructions of gender that perpetuate unequal power relations. In patriarchal societies, men occupy the role of authority, while women are placed in a position of submission, especially within the family⁷. These asymmetries sustain the transgenerational transmission of violence, where experiences of aggression in childhood influence behaviors in adulthood, both in victims and aggressors⁸.

Given the complexity and multiple consequences of domestic violence, it is essential to understand the factors that contribute to the entry and maintenance in this cycle⁹, especially considering the perspective of the women themselves. Thus, given that the meanings attributed to this context are dynamic and can be modified through interactions and reflections throughout life, this study aimed to understand how women in situations of violence perceive the implications of this context in their lives.

METHOD

Explanatory study, of qualitative nature, which used Symbolic Interactionism (SI)¹⁰ as the theoretical-methodological framework and Grounded Theory (GT), a constructivist approach¹¹. SI assumes that human behavior is shaped by the meanings attributed to experiences and social interactions. Thus, individual action is seen as the product of a continuous process of interpretation and re-signification of their experiences, relationships,

and objects¹⁰. GT, in turn, aims to generate a substantive theory from the comparative analysis of data collected from people with relevant experience regarding the phenomenon under investigation¹¹. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were used to guide the preparation of the research report.

Data were collected remotely in 2021, when in-person data collection, due to the pandemic, still posed a challenge. The participants were women aged at least 18 years who experienced domestic violence by an ex-partner and had internet access, regardless of their region of residence. Women who still lived with the aggressor were not included, due to the possibility of his being in the household during the pandemic period, nor those who experienced episodic violence.

The first contact to request participation in the study was through an invitation posted in support groups for women in situations of violence, hosted on the social network Facebook®. Women who expressed interest in participating in the study were invited via chat for a conversation, during which the researcher explained the research objectives, ethical issues, ways to participate, and the scheduling of a preferred day and time. A phone number was provided for communication via WhatsApp®.

The initial question that guided the interviews was: How do you signify your family relationships in the context of the domestic violence experienced? Other questions were added as the interviews progressed, with an average duration of 85 minutes. They were recorded after consent and transcribed in full. All interviews were conducted by the same researcher (a nurse and doctoral student with experience in qualitative data collection), who had no relationship with the participants.

In line with the principles of GT, the participants were divided into four sample groups. The first sample group (SG) was formed by seven women who experienced domestic violence (DV) without children with the aggressor. The data analysis generated new hypotheses that led to the formation of the second SG, composed of six women with children from the aggressor. The data showed that the children occupied an essential space in the experienced context, leading to the third SG, formed by three daughters of women victims, including one victim of femicide, who, due to being constantly exposed to violence, show deep scars similar to those of their mothers. Thus, the fourth SG was composed of seven women who, in addition to experiencing DV in adulthood, also suffered violence in childhood, allowing for a deepening of this perspective.

After the full transcription of the interviews, coding and categorization of the data were carried out according to the constructivist approach of GT, which comprises two hierarchical stages: initial coding and focused coding, in the initial coding, the researcher becomes familiar with the data at a granular level, coding words, lines, or segments to capture the reality experienced by the participants. Focused coding identifies the most significant or frequent codes, grouping them for a more in-depth analytical understanding¹⁰. During the comparative analysis, memos and diagrams were developed, representing the researcher's reflections and illustrating ideas and codes that assist in developing the theory.

The study was approved by the Ethics Committee of the signing institution (Opinion No. 4,426,287), and all participants provided online informed consent. To ensure anonymity, they are identified by fictitious names, followed by their age.

RESULTS

The 23 participants in the study were between 21 and 61 years old, with 13 Catholic, 9 Evangelical, and 1 Spiritist. Six had elementary education, nine had high school education, six had higher education, and two could read and write only. None of the participants remained with the author of the DV, and three were in a new relationship. Most had a family income of less than two minimum wages, although 16 were employed.

From the data analysis, two categories emerged that will be described below.

Experiencing the multiple expressions of domestic violence

Memories of the violence perpetrated by parents and partners, including physical and psychological aggression, control over life, and restriction of freedom, were recalled.

I was deprived of everything; I couldn't talk to anyone, not even my mother or my children; he wouldn't let me have social media. I was practically locked inside the truck; I would only get out when it was extremely necessary. I even had to pee inside; it was a lot, besides the physical aggression. (Sonia, 31 years old)

There, I had no family, only him, who thought he had the right to keep me at home. If I said I was leaving, he threatened to kill my mother and me... he would tear up my documents, not allow me to have any money, to be his hostage. (Ilair, 33 years old)

The horses don't use those things to look only forward... when I was with him, I had to do that. After the aggression, whenever he saw me all bloodied and hurt, he wanted sex. I thought it was normal, and it almost always forced me. He had my videos, photos, nudes, those things, and ended up posting them on his status; then, he started threatening me that if I didn't come back, he would ruin my life. (Gabrielle, 32 years old)

Within this conflicting plot, the aggressors used degrading and offensive language, compromising body image and self-esteem, making them increasingly dependent.

The first point was to destroy my self-esteem, then he positioned himself as the only person who loved me, and then he mistreated me. They put in our heads that no one likes us, that family doesn't love us, and that friends have abandoned us. He humiliated me as a woman all the time and said he was the only one capable of being there with me. (Vanuza, 47 years old)

He made me believe for a long time that I really was nothing; I lost my dignity as a woman. (Gabrielle, 32 years old)

They go through a process of depersonalization, in which the aggressor seeks to strip them of their identity and characteristics that make them unique beings. Thus, the quirks and ways of being are gradually annulled.

If someone told a joke and I laughed, it was a reason to get hit; I had to stay serious and be careful with what I said to him, and I couldn't do anything. (Gabrielle, 32 years old)

I no longer did anything I wanted; he completely annulled me. I lost my identity, I didn't know who I was anymore, my favorite color, my favorite food. (Fatima, 32 years old)

He would tell me to sit up straight, even in the bathroom... I couldn't cross my legs. Everything had to be his way: taking a shower at the time he wanted. (Veronice, 43 years old)

And some attribute abusive behaviors to the history of violence experienced in childhood.

His father was very violent; he hit his mother... (Maria, 36 years old)

He was never a caring man; he was always a rough, stupid person. He inherited that from his father. He was a child who also suffered a lot of violence. The father was aggressive, hit a lot... came home drunk. (Wanderleia, 39 years old)

I think it was because of the upbringing he had; he was raised in an abusive home. The father did that; the grandfather had done it... So he thought this was right. (Ilair, 33 years old)

Women believe that the difficulty in establishing healthy relationships in adulthood is due to the violence experienced in childhood – they feel the need to cause pain and suffering to others.

He hated his mother and tried to kill her several times for abandoning him. He is angry with women all over the world; he wants revenge. (Fátima, 32 years old)

The way he criticized his mother for being beaten by his father, and he reproduced that with the women who passed through his life. Besides the physical violence — they have marks on their bodies — the father threw them out of the house, and the mother did not stop it. So, he has no love for absolutely anyone. (Ilair, 33 years old)

The father hit his mother; he started doing the same thing his father did. (Veronice, 43 years old)

The violence perpetrated over long periods makes women more vulnerable and unable to cope, in addition to leading to emotional dependence and blaming themselves for the experienced context, which makes it difficult to break the cycle of violence.

It hurts, it's a different kind of pain. It's as if I really felt guilty. He put it in my head that I was responsible for that, and I believed it. (Mariana, 42 years old)

I felt responsible for him. I knew it was emotional dependence. I felt bad when I was near him, but I couldn't leave the relationship. It seems like we miss the suffering, being close. (Ilair, 33 years old)

I became emotionally ill, with a lot of dependency. It reached the point of feeling guilty for the things he did. I didn't have the strength to say no. I would separate and come back. (Gabrielle, 32 years old)

The way he treated me was emotional slavery. I became completely enslaved by the situation, out of shame, even though I was an intelligent woman and couldn't get out of the relationship. It's pathological, a disease that makes you stay in the abusive relationship. (Vanuza, 47 years old)

Experiencing contexts of violence for long periods leads to the reproduction of roles, both of victims and abusers, by unlearning/unknowing other ways of relating to others.

Experiencing the deep, serious, and permanent reflections of the context of domestic violence

A daily life surrounded by abuses at different stages of life results in the construction of meanings rooted in the imagination, with reflections on life decisions.

I tried many times not to reflect my parents' relationship in mine, but there was nothing different; it was exactly the same, even the way of speaking, everything was very similar. I remember that my mother would sit and be silent, so I thought I had to sit and be silent. (Aline, 23 years old)

When I was a child, I felt like I was in prison, in a violent house. I felt it again, only now I was an adult, I could leave, but I couldn't. So, I think that explains why I tolerated it. I grew up in hell; it's a repeated hell. (Maria, 36 years old)

What I lived in adulthood was very much a reflection of my childhood, because I grew up in a violent home, my father hit my mother a lot, and he broke all her teeth. I said I would never allow a man to do to me what my mother accepted, and I ended up finding myself in a similar relationship (Gabrielle, 32 years old)

The reproduction of a previously experienced context leads to naturalization and negative influences. Women, in a way, "give up" fighting and just survive.

The time went by, and I got used to living like this, being mistreated. Since I experienced everything that happened in my mother's relationship, I thought everyone was like that, that it was a model of a relationship. (Gabrielle, 32 years old)

We get used to it; if he yelled at me, if he slammed things, I thought it was normal. (Claudia, 25 years old)

I was accepting it, you know? When he raped me, I didn't say anything anymore, I didn't care, I didn't even want to live anymore. I survived in that situation; I no longer cared about things. Nothing made sense anymore. I was vegetating; that was the truth. (Patrícia, 44 years old)

The repercussions are not just the scars on the physical body; they are also the emotional marks that cannot be easily erased.

I have very deep anxiety attacks, where I can't breathe, I start crying, and my heart races. I cry, I don't want to be alone, I can't sleep. I have chronic depression, generalized anxiety, and OCD. (Mariana, 42 years old)

When I talk about him, my body shakes; I can't hold a glass with one hand because half the juice spills (Juliane, 42 years old)

I take anxiety medication; I want to stop therapy, but I don't know if I can. (Gabrielle, 32 years old)

It's a painful thing (crying, staring blankly). Does. To this day, I see a psychologist. The pain is not in the flesh; it is in the soul, inside, and you do not forgive yourself. Violence meant for me my internal death. (Elenice, 54 years old)

The lack of enthusiasm for life, the absence of desires, and the presence of hurts and visible and invisible scars are always present.

I thought about killing myself. Once, I tried to cut my wrists, my son saw and said, 'Mom, if you die, I will also kill myself.' After that, I saw that I needed help to get treatment, so I looked for a psychiatrist. (Gabrielle, 32 years old)

I'll show you how much medication I take. It hasn't been easy to face life until today. I attempted suicide several times to escape the suffering. I'm here because it's God's will. (Vilma, 55 years old)

Despite the breakup, the fear of a possible approach from the aggressor is a latent feeling that intensifies the suffering.

I'm afraid of dying at his hands, that he will come at night to set the house on fire, but nothing can buy the happiness I feel for having managed to distance myself. (Vilma, 55 years old)

I'm terrified of being just another statistic in femicide. It's a fear that haunts me every day. I feel calm at times because he is detained, but I know that sooner or later, he will be here again, so that destroys my mental health. (Wanderleia, 39 years old)

The reflections of a life permeated by violence at different moments, both for the perpetrators and for the women victims, are lived and reproduced in their relationships that, when intertwined, produce more suffering. Partners reproduced themselves as aggressors, and women, as victims of the masculine figures previously represented by their fathers and, later, by their husbands.

DISCUSSION

The women in this study reported experiencing multiple forms of violence — physical, psychological, sexual, property, and social — that deeply impacted their self-esteem, identity, and self-perception, making them insecure, dependent, and devalued. These experiences, mediated by everyday interactions and the meanings attributed to the internalized female role by machismo, expressed through the control of partners, contributed to the naturalization of violence, reinforcing patterns of submission and dominance learned since childhood.

In light of the IS, it is understood that these meanings are not fixed but are constructed through social interactions and reinforced by everyday symbols and practices. Thus, violence is interpreted by women not only as an isolated event but as part of a repertoire of meanings that guide their behaviors and expectations in relationships.

Gender inequality proves to be a determining factor in the behavior of both women and their partners. While women were socialized for submission, aggressors, in general, reproduced patterns of domination learned in their families of origin, which connects to the social construction of gender. In this sense, the symbols and practices transmitted in interaction contexts consolidate gender expectations and meanings that guide behaviors and, at the same time, impose distinct roles for men and women¹¹. The intergenerational transmission of violence, through behavioral modeling, reinforces the repetition of family patterns, in which children learn to deal with conflicts by observing the behaviors of adults¹²⁻¹³.

Women report repetitive patterns of violence in the attitudes of their partners and fathers, in addition to recognizing that certain maternal behaviors previously rejected are incorporated as forms of self-protection. These behaviors reflect the way women interpret and attribute meaning to experiences of violence, re-signifying them as survival strategies, which highlights how meanings are continuously negotiated in everyday life and shape individual actions.

After prolonged abuse, many women begin to tolerate aggression as a natural part of the relationship, reinforcing the intergenerational nature of violence and the obstacles to breaking this cycle¹². This view reduces empowerment and perpetuates the cycle of violence. Similarly, children of violent parents tend to reproduce abusive behaviors in their own relationships¹².

Research conducted in São Paulo revealed that women who tried to escape domestic violence through new relationships often ended up getting involved with partners who reproduced aggressive patterns similar to those experienced in childhood. Upon realizing this repetition, many recognized that their choices were conditioned by family experiences that shaped their affective expectations¹⁴.

Childhoods marked by aggression, neglect, and marital violence reinforce the internalization of unequal gender roles, where the man occupies a position of authority and the woman assumes responsibility for domestic care¹⁵. In this context, boys learn to naturalize this division, consolidating male centrality in the public sphere. Women who experienced DV in childhood, despite the desire to break with this past, often end up getting involved in even more violent relationships, frustrating the expectation of building an idealized family and becoming a new source of suffering¹⁶⁻¹⁷. This occurs because the way children interpret and attribute meaning to violent interactions tends to structure their worldview and future practices, sustaining the cycle.

DV impacts not only the woman's life but also the children and other family members, generating emotional and social consequences. A systematic review study revealed that children exposed to DV may develop psychological and behavioral problems, such as decreased academic performance, social difficulties, symptoms of depression, obsessive-compulsive disorder (OCD), and reduced IQ¹⁸. Moreover, feelings such as fear, insecurity, and sadness are common among children, impacting their self-esteem, confidence, and learning. These experiences not only perpetuate social inequalities from childhood but also transcend the limits of the family environment, reaching the collective sphere and affecting future generations¹⁹.

However, although there have been significant legal advances against domestic violence, such as the Maria da Penha Law in 2006² and the National Policy for Combating Violence Against Women in 2011²⁰, the effectiveness of public policies is still limited by institutional failures and cultural barriers. This policy, through the integration of the health, justice, security, and labor sectors, seeks to guarantee women's rights and hold aggressors accountable, complementing the Maria da Penha Law and focusing on the prevention and combat of domestic violence, as well as protection and assistance for women. However, the mere existence of laws is not enough to break the cycle of violence; it is necessary to invest in effective strategies, such as professional training, speed in processes, and sociocultural changes that ensure comprehensive care for women and their families²¹⁻²².

Thus, even though legislation represents an achievement, its effectiveness depends on intersectoral practices and, considering the health sector, on the actions of professionals, who need not only to address the consequences of violence but also to promote preventive actions, identify risks, and offer comprehensive and humanized support²⁰. International guidelines, such as the RESPECT Women guide, for example, propose actions based on seven fundamental axes: strengthening relational skills, women's empowerment, ensuring services, reducing poverty, creating safe environments, preventing violence against children and adolescents, and transforming gender norms²³.

Therefore, the health sector is strategic but challenging. Qualitative research conducted in the Northeast showed that the lack of welcome and empathy hinders care. At the same time, humanized listening and the articulation between services strengthen women and encourage them to break free from violence²⁴.

Professional interactions and the meanings attributed to violence directly influence the quality of care provided. Health professionals, when properly trained, become key players in identifying situations of domestic violence, in addition to representing a space of support and care for women, especially when they make referrals and provide guidance related to specialized care services. Moreover, Primary Health Care (PHC) can be strategic in developing actions to confront and combat domestic violence²⁵.

However, a review study that sought to analyze how health professionals have been trained to act in the prevention and confrontation of violence against women in Brazil concluded that training, both in undergraduate and in-service education, is insufficient, leaving professional preparation dependent on isolated initiatives, as this topic is not a focus of discussion in team meetings or continuing education training²⁶. The lack of professional qualification limits the health sector's role as an important device in the network confronting this type of violence. This is because it compromises the detection of cases, the care, and the referrals of women in situations of violence to the other services that make up this network²⁶.

The promotion of women's autonomy must go beyond immediate care to encompass broader educational and sociocultural dimensions. This process begins in childhood, in the family and educational environments, through socialization that stimulates a critical understanding of gender roles, playing a fundamental role in deconstructing inequalities²⁷. However, this type of socialization was not present in the experiences of the women in this study, who reported early experiences of machismo, subordination, lack of protection, and violence.

Such experiences leave deep marks on mental health, such as low self-esteem, anxiety, depression, post-traumatic disorders, and suicide attempts, highlighting the need for investment in comprehensive care and multiprofessional training, including for the aggressor²⁸⁻²⁹. Confronting domestic violence requires coordinated strategies among health services, justice, public security, and social assistance, as well as including the topic in school curricula to deconstruct the normalization of violence and gender inequality^{21,28}.

As possible limitations of the study, we note the inability to compare across genders, as it was conducted only with women. Still, their findings provide support for future interventions and for the debate on the topic, especially in the Brazilian context.

The IS allowed us to understand that DV is not limited to the act itself, but is permeated by symbols, languages, and meanings attributed to relationships, which sustain or challenge gender social roles. The analysis of the phenomenon through this lens highlights how interactions shape both the naturalization of violence and the possibilities of breaking the cycle.

FINAL CONSIDERATIONS

This study contributes to the understanding of the subjectivities involved in the context of DV, highlighting how women, based on their family memories, life stories, and social insertion, apprehend, perceive, and re-signify this phenomenon over time.

Knowing these conceptions allows for an analysis of how DV becomes naturalized, based on the lived and shared experiences of women in various moments and spaces, which produce and re-signify the meanings of this context.

The women in this study developed in a macho and oppressive family environment and, without knowing other relationships than submission, rejection, and violence, were inserted into new abusive contexts, where male control over them predominated. Thus, the implications of experiencing the context of DV for them involved a process of nullifying their identities and experiences, in addition to the reproduction of the cycle of violence observed in the family of origin. Despite being able to leave the scene of violence, they live, day after day, with the repercussions of this context, expressed by feelings of fear, anguish, as well as physical and mental health issues.

From the perspective of those who experienced this context, health professionals, educators, and policymakers can reflect on possible strategies to break the naturalization of female oppression and gender inequalities, as well as to think about prevention and health promotion actions for women and their families. Moreover, it is emphasized that health professionals need to be sensitized about violence and its contexts from their undergraduate studies.

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