Original article

PROFILE OF THE AGGRESSOR AND FACTORS ASSOCIATED WITH VIOLENCE AGAINST WOMEN*

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ABSTRACT: The objective was to analyze the aggressor's profile and the factors associated with violence against women. A cross-sectional and documentary study was undertaken at the Women's Police Station in the city of Vitória de Santo Antão, state of Pernambuco, Brazil. A census sample of 512 forms was used, covering the period from June 2008 till December 2012. To analyze the data, the chi-square test was applied and significance was set at 5%. It was verified that the aggressors were young men (36%), who lived in a fixed relationship with the victims (37.8%, p<0.001), being the husband or partner (53.4%, p<0.001). Physical (65%) and psychological violence (60.4%) were the most frequent. In view of the results, it is fundamental to elaborate coping strategies based on the aggressor's profile, which can help in the fight against gender inequalities, besides developing intervention measures that cooperate with prevention, health promotion and assistance to the women in situations of violence.
DESCRIPTORS: Nursing; Community health Nursing; Gender violence; Socioeconomic factors.

PERFIL DO AGRESSOR E FATORES ASSOCIADOS À VIOLÊNCIA CONTRA MULHERES

RESUMO: Objetivou-se analisar o perfil do agressor e os fatores associados à violência contra as mulheres. Trata-se de estudo transversal e documental, realizado na Secretaria da Mulher, do município Vitória de Santo Antão, estado de Pernambuco. A amostra foi censitária e composta por 512 fichas, referente a junho de 2008 a dezembro de 2012. Para análise dos dados, aplicou-se o Teste Qui-quadrado e nível de significância de 5%. Verificou-se que os agressores eram homens jovens (36%), viviam em união estável com as vítimas (37,8%, p<0,001), sendo estes o marido ou companheiro conjugal (53,4%, p<0,001). A violência física (65%) e psicológica (60,4%) foram as mais frequentes. Diante dos resultados, é imperativo elaborar estratégias de enfrentamento, baseadas no perfil do agressor, que possam auxiliar no combate às desigualdades de gênero, além de desenvolver medidas interventivas que colaborem com a prevenção, promoção da saúde e assistência às mulheres em situação de violência.
DESCRITORES: Enfermagem; Enfermagem em saúde comunitária; Violência de gênero; Fatores socioeconômicos.

PERFIL DEL AGRESOR Y FACTORES ASOCIADOS A LA VIOLENCIA CONTRA MUJERES

RESUMEN: Fue objetivo del estudio analizar el perfil del agresor y los factores asociados a la violencia contra mujeres. Es un estudio transversal y documental, realizado en la Secretaría de la Mujer, del municipio Vitória de Santo Antão, estado de Pernambuco. La muestra fue censitaria y compuesta por 512 fichas, ubicada entre junio de 2008 y diciembre de 2012. Para análisis de los datos, fue aplicado el Test Chi-cuadrado y nivel de significancia de 5%. Se ha verificado que los agresores eran hombres jóvenes (36%), vivían en unión estable de hecho con las víctimas (37,8%, p<0,001), siendo estos el marido o compañero conyugal (53,4%, p<0,001). La violencia física (65%) y psicológica (60,4%) fueron las más frecuentes. Delante de los resultados, es imperativo elaborar estrategias de afrontamiento, basadas en el perfil del agresor, las cuales puedan auxiliar en la lucha contra desigualdades de género, además de desarrollar medidas de intervención que ayuden con la prevención, promoción de las alud y asistencia a las mujeres en situación de violencia.
DESCRIPTORES: Enfermería; Enfermería en salud comunitaria; Violencia de género; Factores socioeconómicos.

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INTRODUCTION

Gender inequality figures as one of the main incongruences in the history of civilization and often puts women in social positions of subordination and dependence. This inequality takes the form of violence, which in turn results in power asymmetry based on relationships of domination and force[1].

Gender violence is a social problem that directly influences the life, disease and death of women[1]. Several factors are intrinsically interrelated in its link with the origin of the patriarchal family, involving gender, education and society[2].

Consequently, any gender-based action or omission that causes death, injury, physical, sexual or psychological suffering and moral or material damage to women is acknowledged as violence against women[3-5].

In a study developed in João Pessoa, the state capital of Paraíba, at the Specialized Women's Precinct (DEAM), situations were evidenced that enhance the effects of violence against women and determine its invisibility. The first refers to the fact that the woman does not file a complaint against the violent acts, demonstrating vague and immediate complaints of physical damage; the recurrence of fragmented care based on the heritage of health programs. The second refers to the influence of gender identities in the course of the women's lives, loaded with stereotypes that result in submission and obedience[1].

In the results of a research developed at two Women's Precincts in the city of São Paulo, the vicious circle of violence is observed, which appointed the primary aggressor to be the husband or partner the woman maintained an affective relationship with. Although the women filed a complaint at the precinct, many women did not pursue the process[4].

In a study developed at 19 health services in the state of São Paulo, it was revealed that domestic violence affects women's health, representing an obstacle in the search for family planning, in protective actions against sexually transmitted diseases (STD/HIV) and in obstetric care[6].

In view of the relevance of this issue, in the conjuncture of the social policies, the Federal Constitution of 1988 and Law 11.340 from August 2006 are highlighted, known as Law Lei Maria da Penha, as landmarks in the historical advancement of the equality between men and women.

The Law Lei Maria da Penha is focused on the protection of Brazilian women against domestic and family violence. It is important to highlight that this law not only contributes to the safety and protection of women for a life without violence, but is essential to promote the debate with the formal and informal organizations in society about the theme gender violence[7-8].

In addition, the role of health professionals is highlighted, especially nurses active in primary health care, in coping with situations of violence against women. These should address the social inequities and value the users' socioeconomic context in the sense of identifying situations that compromise the population's health condition[9].

A significant number of women are violated daily, making them vulnerable to organic or mental illness. In that sense, primary healthcare is considered to be the privileged locus to identify, assist and refer female victims of violence. Nevertheless, many women turn to the health services because of problems deriving from the violence suffered, without reporting the case. Therefore, when attending to these women, the health professionals need to welcome these women, investigate the motive for the consultation with sensitive listening and unbiased, besides aiming to report the identified cases[2].

Violence against women is a recent problem, although health professionals hardly address it. In Brazil, studies on the profile of the aggressor and the factors associated with the violence are scarce, mainly in the North and Northeast, despite acknowledging that this phenomenon violates the human rights of women, impairing their life and health. Therefore, it is relevant to expand research on the gaps and local epidemiological findings across the Brazilian territory, considering that the dynamics of violence is understood in a multifactorial and diversified manner, affecting all regions of the country in great proportions[10].

Hence, the objective was to analyze the socioeconomic profile of the aggressor and the factors associated with violence against women in a city in the Zona da Mata Pernambucana.

METHOD

A cross-sectional and documentary study was undertaken at the Women's Health Precinct of Vitória de Santo Antão, located in the Zona da Mata Pernambucana, in the Northeast of Brazil. The Zona da Mata Pernambucana consists of 43 cities, among which the city chosen for this research stands out because of the high rates of violence and female homicides[11]. This showed the need to study the aggressors' profile, as the city with 134,871 inhabitants had no previous epidemiological data on this theme.

The Women's Health Precinct in this city aims to prevent and monitor women in situations of violence. This institution attends to female victims or women at risk of violence and executes actions to prevent and combat violations of human rights in the city, besides contributing to activities to improve the women's health conditions.

The data were obtained by consulting all files at the Women's Health Precinct, which contained notes of cases of violence between June 2008 and December 2012, that is, a census sample.

Therefore, the following variables were chosen for the aggressor: age range, marital status, income, length of relationship with the victim, relationship among the stakeholders, motives the victim attributed to the violence, frequency of violent acts, drugs use by the aggressor, type of drug consumed and type of violence.

For the data analysis process, a specific worksheet was constructed, which was later expected to statistical analysis software. In the description process of the data, the prevalence rates, percentage frequencies and frequency distributions of the variables analyzed were calculated. In the inference process, the chi-square test was applied to compare the proportions of the variables and the existing association between qualitative variables. In the tests, a 5% significance level was adopted ($p<0.05$) and a 95% confidence interval (95% CI).

The study complied with the ethical premises for research, including approval by the Research Ethics Committee of Universidade Federal de Pernambuco (protocol 495/11).

RESULTS

The analysis considered 512 cases of violence against women. Table 1 shows that 90 men (36%, $p<0.001$) involved in the cases of gender violence were between 19 and 30 years of age; 62 (37.8%, $p<0.001$) lived in a fixed relationship with the victims and 96 (93.2%, $p<0.001$) gained their own income.

As regards the relationship among the stakeholders, it is observed that, in 198 cases (53.4%, $p<0.001$), the aggressors were the victims' partners/husbands, with 10 years as the prevalent length of the relationship in 37.2% ($p<0.001$) of the cases. Among the cases analyzed, 53 women (38.4%, $p<0.001$) related the violence suffered with their partner's alcohol abuse at the moment of the aggression. Concerning the occurrence of the violent acts, 76 women (67.9%, $p<0.001$) declared being frequent victims of violence. In all factors assessed, the test to compare proportions was significant.

As observed, physical (333 cases, 65%) and psychological violence (309 cases, 60.4%) were the most frequent in the study population. Next followed moral violence (87 cases, 17%), material violence (53 cases, 10.4%) and sexual violence (31 cases, 6.1%).

Table 2 displays the prevalence of violence cases according to the type and factors associated with the profile of the aggressor. As verified, the most frequent aggressors of physical violence ($p<0.001$) are men between 19 and 30 years of age.

As regards the marital status, men who lived in a fixed relationship were the most frequently

Table 1- Variables related to the aggressor's profile of the women in situations of violence. Vitória de Santo Antão, PE, Brazil, 2013

Factor assessed	n	%	p-value1
Age (years) (N=250)*			
< 18	5	2	<0,001
19 to 30	90	36	
31 to 40	84	33,6	
41 to 50	38	15,2	
51 to 60	24	9,6	
> 60	9	3,6	
Marital status (N=164)*			
Married	49	29,9	<0,001
Divorced/Separated	14	8,5	
Single	39	23,8	
Fixed relationship	62	37,8	
Own income (N=103)*			
Yes	96	93,2	<0,001
No	7	6,8	
Relation with aggressor (N=371)*			
First and Second-degree relative	47	12,7	<0,001
Husband/partner	198	53,4	
Ex-partner	115	31	
Acquaintance	11	2,9	
Length of relationship (years) (N=145)*			
1 to 4	51	35,2	<0,001
5 to 7	24	16,6	
8 to 10	16	11	
10 or more	54	37,2	
Reasons attributed to the violence (N=138)*			
Alcohol abuse	53	38,4	<0,001
Jealousy	43	31,2	
Aggressive temperament	31	22,5	
Others	11	7,9	
Frequency of violent acts (N=112)*			
Sporadic	16	14,2	<0,001
Frequent	76	67,9	
Rare	20	17,9	
Drugs use (N=145)*			
Yes	125	86,2	<0,001
No	20	13,8	
Type of drug (N=117)*			
Alcohol	103	88	<0.001
Marihuana	4	3.4	
Drugs	1	0.9	
Tobacco	2	1.7	
Other	7	6	

[1]p-value of Chi-square test
*The number of observations differs from the number of participants in the sample, as some variables were not informed and/or completed.

accused of physical (p<0.001), psychological (p<0.001) and material violence (p=0.043). With respect to the income situation, men who gained their own income were more frequently reported in cases of physical (p<0.001), sexual (p<0.001) and psychological violence (p<0.001), while men without an own income showed a higher prevalence of moral (p=0.002) and material violence (p=0.007).

Table 2 - Prevalence of cases of violence according to type and factors associated with the aggressor. Vitória de Santo Antão, PE, Brazil, 2013

Factor assessed	Type of violence				
	Physical	Sexual	Psychological	Moral	Material
Age (years)					
< 18	2(40)	0(0)	3(60)	0(0)	1(20)
19 a 30	68(75.6)	7(7.8)	51(56.7)	12(13.3)	9(10)
31 a 40	57(67.9)	9(10.7)	66(78.6)	14(16.7)	13(15.5)
41 a 50	26(68.4)	3(7.9)	28(73.7)	7(18.4)	6(15.8)
51 a 60	18(75)	3(12.5)	20(83.3)	8(33.3)	2(8.3)
> 60	4(44.4)	1(11.1)	6(66.7)	2(22.2)	1(11.1)
p-value[1]	<0.001	0.052	<0.001	0.038	<0.001
Marital status					
Married	30(61.2)	7(14.3)	34(69.4)	11(22.4)	4(8.2)
Divorced/Separated	6(42.9)	1(7.1)	10(71.4)	4(28.6)	2(14.3)
Single	29(74.4)	5(12.8)	30(76.9)	4(10.3)	3(7.7)
Marital status	47(75.8)	5(8.1)	48(77.4)	10(16.1)	10(16.1)
p-value[1]	<0.001	0.238	<0.001	0.117	0.043
Own income					
Yes	67(69.8)	19(19.8)	84(87.5)	12(12.5)	10(10.4)
No	4(57.1)	0(0)	6(85.7)	1(14.3)	1(14.3)
p-value[1]	<0.001	<0.001	<0.001	0.002	0.007
Relationship with the aggressor					
1st and 2nd degree relative	31(66)	6(12.8)	22(46.8)	9(19.1)	5(10.6)
Husband/partner	143(72.2)	13(6.6)	124(62.6)	33(16.7)	21(10.6)
Former partner	64(55.7)	7(6.1)	90(78.3)	18(15.7)	17(14.8)
Acquaintance	7(63.6)	0(0)	8(72.7)	2(18.2)	1(9.1)
p-value[1]	<0.001	0.191	<0.001	<0.001	<0.001
Length of relationship (years)					
1 to 4	37(72.5)	1(2)	34(66.7)	4(7.8)	8(15.7)
5 to 7	20(83.3)	1(4.2)	17(70.8)	5(20.8)	1(4.2)
8 to 10 years	12(75)	4(25)	11(68.8)	3(18.8)	1(6.3)
10 or more	35(64.8)	7(13)	46(85.2)	13(24.1)	8(14.8)
p-value[1]	0.001	0.055	<0.001	0.018	0.012
Reasons attributed to violence					
Alcohol abuse	39(73.6)	5(9.4)	41(77.4)	10(18.9)	4(7.5)
Jealousy	30(69.8)	3(7)	31(72.1)	10(23.3)	5(11.6)
Aggressive temperament	28(90.3)	9(29)	28(90.3)	3(9.7)	1(3.2)
Others	7(63.6)	2(18.2)	7(63.6)	0(0)	1(9.1)
p-value[1]	<0.001	0.109	<0.001	0.119	0.200

[1]p-value of Chi-square test

What the relation between the victim and the aggressor is concerned, the husband/partner showed a higher prevalence of cases of physical violence (p<0.001). Cases of psychological (p<0.001) and material violence (p<0.001) were more frequent among former marital partners. Moral violence (p<0.001) stood out among aggressors with some family relationship with the victim.

The length of the relationship was proportional to the number of violent acts. Men with a relationship of ten or more years showed a higher prevalence of psychological (p<0.001) and moral (p=0.018) violence. Among the motives the women declared to practice violence, aggressive temperament and alcohol abuse prevailed in cases of physical (p<0.001) and psychological (p<0.001) violence.

DISCUSSION

Gender violence, marital violence and domestic violence are some terms used to designate a social problem, which in practice are used in the analysis of violence against women and in affective relationships, internationally referred to as intimate partner violence. The lack of consensus among these terms makes it difficult to outline spaces, effects and modalities of violence, aggravated by the lack of reliable data to better understand the episodes of this problem[12].

The results on the occurrence of violence against women committed by intimate partners are similar to other studies on the theme[2,13-14], which have shown that marital partners are the main perpetrators, followed by former partners. Nevertheless, this information is not always evidenced, as many women choose to hide these events.

In a study[13] developed in Ribeirão Preto, state of São Paulo, the profile of the aggressor was characterized as over 35 years of age, white, with finished primary education and paid work. In another study, developed in a city in the central region of the state of Paraná, the aggressors were married, with low education levels and paid work, who practiced violence under the effect of alcohol[15]. In a study in the North of Mexico, the aggressors were presented as young adults, with a mean age of 33 years, light brown, median stature, professionally active in the security area, followed by unemployed aggressors[16]. These research data show some partial contrasts with the results presented in this research, in which the aggressors were young adults, between 19 and 30 years of age and gaining their own income.

Gender violence takes place in an affective relationship involving current or previous partners. It can take the form of physical violence, sexual violence, threats and emotional abuse. In most cases, it starts with emotional abuse and advances to physical or sexual offenses. Nevertheless, the different types of violence can occur simultaneously in the course of the women's lives[17-18].

Feelings of fear frequently happen, making it impossible for the women to seek help and explain the situation experienced. This type of behavior covers the abuse and reduces the gravity of the violent event due to fear, absence of information and lack of awareness on what the aggression happens; in addition, the hope that the partner will not commit such an aggression again is recurrent[13].

The results found on the victim's relationship with the aggressor were equivalent to other studies. According to the Multidisciplinary Support Central in Serra, state of Espírito Santo, women's expectations of being spanked by their partner are higher. In addition, different types of violence are experienced, which in most cases make the victims receive health care[19].

A study developed in Iran revealed that the women's empowerment through education and opportunity to have a stable income can help to drastically reduce domestic violence. In addition, men are encourage to allow women to actively participate in decision-making spaces and in the promotion of public awareness on human rights[20].

A study showed the prevalence of 37.9% of physical violence, perpetrated by intimate partners, committed at some moment in the lives of women living in the city of São Paulo in 35.2% in the Zona da Mata Pernambucana[21].

In a study involving Iranian women, a prevalence of 38.7% of exposure to physical violence was observed in the course of their lives. It was appointed that expectations of suffering physical violence

were higher among people in urban areas associated with low education, unemployment and lower socioeconomic level[20].

According to the Ministry of Health, in a study developed in eight countries, including two Brazilian states (São Paulo and Pernambuco), it was observed that the morbidity resulting from domestic and sexual violence particularly affects women between 15 and 49 years of age. In the state of Pernambuco, 34% of the female population referred being victims of physical and/or sexual violence by their intimate partner, followed by health problems such as lack of concentration, dizziness, pain, suicide attempts, recurring alcohol consumption, relating violence as a theme of physical and mental illness[22].

What the prevalence of the type of violence is concerned, physical aggression was the most frequent in this study, followed by psychological violence. In addition, an analysis[23] appointed frequent cases of physical violence against women. Other studies developed at health services in the city of João Pessoa, state of Paraíba and in hospitals and health districts in Andalusia, Spain, presented the prevalence of psychological violence among the cases investigated[2,24].

The physical violence committed by women between 19 and 30 years of age can be associated with the cultural condition of gender, in combination with immature affective problem solving in this young adult group[23]. Nevertheless, frequent physical violence reveals the brutality of the aggressor's actions and ranges from pulling the hair to more serious cases like stab wounds and bone fractures, arousing questions on possible murder attempts the victims may have gone through but which they did not reveal at the moment the information was collected[25].

A study[14] revealed that more than three quarters of the women have been victims of some type of violence in their life, physical violence being the most referred at least once in life, in line with the study findings.

Psychological violence denounces the invisibility of the aggression committed against women, as this type of abuse does not show the victim's physical characteristics. In that sense, it is difficult for health professionals to identify these cases at health services, confirming their lack of qualification during consultations looking for signs of violence in care to the victims[25].

Episodes of violence gain frequency as the length of the couple's relationship increases[21], supporting the results found in this study. A research revealed that most of the female victims of violence already registered between two and four complaints of abuse against their partners, revealing the long and intense nature of the cycle of violence[23].

The results revealed alcohol abuse, followed by jealousy, as the main elements the women reported for the violent acts committed. In line with these results, a study developed at the Forensic Medicine Institute in Catalonia, Spain, appointed that alcohol and jealousy were present in 39% and 29% of the cases, respectively[26]. In addition, an analysis[23] on the triggering factors of aggression against women appointed jealousy and male annoyance as the main motives of violence, partially differing from this study.

In line with other studies[7,27-29], the consumption of alcohol was a factor related to the aggression against women. It is undeniable that alcohol abuse determines severe social problems, such as interpersonal and family barriers, violence and criminality. At the primary health care services, the professionals can routinely apply tools for the early detection of alcohol use and support interventions capable of promoting people's behavioral and lifestyle changes[30].

Drunken men have been more predominant in the violent episodes than women. Gender distinctions in alcohol use can be directly related with the consumption of this legal drug, which tend to be higher among men[27]. This result sometimes influences the couple's relationship, triggering the aggressions as the man does not accept the partner's intervention in his alcohol-related conduct[23].

There is no consensus nowadays on the causes of violence or the motives that make the men commit aggressions against women. Nevertheless, knowing the aggressor's profile is a useful tool to prevent gender inequality and, in situations of violence, in the identification of risk groups, besides contributing to the incorporation of protective attitudes in the most vulnerable regions, optimizing resources, applying programs and implementing the service network for female victims of violence[16,26].

Therefore, based on the understanding of the results, the availability of reliable data on the dimensions of the aggressor's profile contributes to the analysis of the problem of violence against women. It is acknowledged that the visibility of some information at the moment the violence is reported would permit better correlations in the results and a greater wealth of data on the phenomenon. These bottlenecks did not impair reflections on the theme, but triggered the challenge of further analyses and future studies.

CONCLUSION

Violence against women was associated with the type of affective relationship, age, marital status, income and alcohol abuse. The profile of the aggressor was characterized as young men living in a fixed relationship (husband/partner) with the victim who gain their own income.

Gender violence showed to be a frequent event in these women's life, experienced through a vicious cycle in the couples with longer relationships, being the intimate partner appointed as the main aggressor. Physical and psychological violence stood out among the most prevalent types in this study.

Alcohol use was frequently associated with violent acts. This fact strengthens the need for public policies, inherent in the control of this exacerbated consumption, promoting behavioral changes and healthy environments through health education, with a view to favoring better lifestyles in the community.

In view of the above, it is fundamental to understand the aggressor's profile and the factors associated with the violence, so that health professionals and society in general can develop grounded intervention measures with a view to prevention, health promotion and care for women, furthering the care network for victims of violence.

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