Social representations of women about domestic violence

Representações sociais de mulheres sobre a violência doméstica

Representaciones sociales de mujeres sobre la violencia doméstica

ABSTRACT

Objective: To analyze the social representations of women about domestic violence against women. **Methods:** Qualitative research, based on the Theory of Social Representations. Data were collected through the Free Word Association Test (FWAT) and semi-structured interviews. Participants were 80 women in situations of violence. The data obtained were analyzed by the EVOC software and the Content Analysis Technique. **Results:** A *corpus* consisting of 77.75% of free evocations was obtained, where the terms *aggression*, *humiliation*, *fear* and *insult* were those that constituted the central core, being the most frequently evoked. The terms *aggression* and *insult* were more expressive, being considered the main representations of the suffered violence. **Conclusions:** The social representations of women in situations of domestic violence, in the light of their experiences, are permeated with fear, sadness and insecurity, revealing a significant dissatisfaction; thus, comprehensive nursing care must respect these particularities.

Keywords: Violence against women; Domestic Violence; Women's Health; Nursing.

RESUMO

Objetivo: Analisar as representações sociais de mulheres sobre violência doméstica contra a mulher. **Métodos:** Pesquisa qualitativa, fundamentada na Teoria das Representações Sociais. Os dados foram coletados por meio do Teste de Associação Livre de Palavras (TALP) e entrevista semiestruturada. Participaram 80 mulheres em situação de violência. Os dados obtidos foram analisados pelo *software* EVOC e pela Técnica de Análise de Conteúdo. **Resultados:** Foi obtido um *corpus* constituído de 77,75% de evocações livres, onde os termos *agressão, humilhação, medo e xingamento* foram os constituidores do núcleo central, sendo os mais evocados. Os termos *agressão e xingamento* obtiveram maior expressividade, sendo considerados as principais representações da violência sofrida. **Conclusões**: As representações sociais de mulheres em situação de violência doméstica, à luz de suas experiências, encontram-se permeadas de medo, tristeza e insegurança, revelando uma significativa insatisfação; assim, o cuidado integral de enfermagem deve respeitar essas particularidades.

Palavras-chave: Violência contra a mulher; Violência Doméstica; Saúde da mulher; Enfermagem.

RESUMEN

Objetivo: Analizar las representaciones sociales de las mujeres sobre la violencia doméstica contra las mujeres. **Métodos**: Investigación cualitativa, basada en la Teoría de las Representaciones Sociales. Los datos se recopilaron mediante la Prueba de Asociación Libre de Palabras (PALP) y entrevistas semiestructuradas. Las participantes eran 80 mujeres en situaciones de violencia. Los datos obtenidos se analizaron por el programa EVOC y la Técnica de Análisis de Contenido. **Resultados**: Se obtuvo un *corpus* compuesto por 77,75% de evocaciones libres, donde los términos *agresión*, *humillación, miedo* e *insulto* eran los constituyentes del núcleo central, siendo los más evocados. Los términos *agresión* e *insulto* fueron más expresivos, considerándose las principales representaciones de la violencia sufrida. **Conclusiones:** Las representaciones sociales de las mujeres en situaciones de violencia doméstica, a la luz de sus experiencias, están impregnadas de miedo, tristeza e inseguridad, revelando una insatisfacción significativa; así, la atención integral de enfermería debe respetar esas particularidades.

Palabras clave: Violencia contra la mujer; Violencia doméstica; Salud de la mujer; Enfermería.

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INTRODUCTION

Violence against women is a universal situation that results or will result in physical harm that can leave physical, sexual or mental sequelae, in addition to death, and that generates suffering for women. It ranges from threats of such actions, as well as coercion or deprivation of rights [1]. Physical and sexual violence against women is a public health problem; data reveals that almost 30% of women who are in a relationship say that they have suffered some form of beating or other type of physical aggression and/or sexual abuse during their lives [1].

Another issue that has been exposed is the lethal outcome of violence. Data for this purpose are alarming in the country and evidenced that 4,519 women were murdered in 2018, making a rate of 4.3 homicides for every 100,000 female inhabitants, with an increase in these rates in several states. In the last 10 years, there has been a 4.2% increase in murders of women. In certain federal units, this rate more than doubled in 2018, increasing by 278.6%, while others showed increases of 26 to 86%. Only three states showed significant reductions, which underlines that violence against women is disastrous, tragic and impactful, and that there is an urgent need for overt intervention [2].

Violence against women is a cultural and gender phenomenon that involves sociodemographic, and behavioral factors or life and personal experiences, which can potentiate the situation and make women more vulnerable to violence; therefore, it is essential to expand the strategies of promotion, prevention, detection and monitoring of violence [3]. When analyzing the aggressor, some common characteristics can be observed, such as low income, use of alcohol and illicit drugs [4-5], low educational level, history of child abuse, as well as exposure to maternal domestic violence and inequalities of gender, which determines the social construction that the woman is the aggressor's property. In turn, the vast majority of women in situations of violence has low education, has already experienced child abuse or witnessed their mothers being abused by a partner, which can generate an attitude of acceptance of violence and subordination to the partner [6].

Violence against women leads to occurrences of physical, sexual and psychological problems that demand care and attention from the most diverse health professionals [1]. Sometimes, these are the first people to provide assistance to women in situations of domestic violence, but it is necessary that these professionals understand that care must also be focused on minimizing the emotional disturbances resulting from psychological violence, since it leaves consequences that compromise the woman's entire psychological, physical and social structure, making intervention much more difficult [7].

From this perspective, it is worth emphasizing that psychological violence is very subtle and, sometimes, socially accepted. It is a common condition and affects women regardless of their socioeconomic status, ethnicity and religion, and that compromises the quality of life, not only of women, but of the entire family core [7].

In the XXI century, there are several barriers to be overcome regarding domestic violence against women, because, in general, the legal mechanisms and public policies that should protect the integrity of women are still rooted in unequal gender values that discourage women in situations of violence from seeking help, or when they do, the feeling of dissatisfaction, insecurity, unwelcoming and impunity prevails [8].

In this context, understanding the representation of the situation of violence experienced by women allows them to empower themselves to change the experienced reality. In this vein, a study of this nature will allow the unfamiliar to become familiar, based on a previous experience, spreading discussions about the theme, both in academic and professional spheres, leading to a better theoretical basis to foster actions in this direction.

Accordingly, research on this issue will promote a focus on women's health, in various spheres of care. In this context, nursing will act in the prevention, promotion or rehabilitation of possible traumas and problems caused by domestic violence.

Given the importance of knowing about the concepts socially elaborated by women in situations of violence and the influence of these representations in this process, associated with the incipient studies that address the issue, in the light of the Theory of Social Representations (TSR), this study has the objective of analyzing the social representations of women about domestic violence against women.

MATERIALS AND METHOD

This is a qualitative study, electing the Theory of Social Representations as a theoretical and methodological reference. This reference favors a concrete analysis of the representations that an individual has about a certain subject. In this sense, the researcher will appropriate the knowledge to make the connection between the behavior and the represented object [9].

The study included 80 women in situations of domestic violence who were assisted at the Center for Women's Assistance (NAM, as per its Portuguese acronym) and at the Specialized Police Station for Women's Assistance (DEAM, as per its Portuguese acronym), located in a municipality in the southwest of Bahia. In the NAM, it was possible to interview only 12 women in more than one intense month of research, which resulted in the displacement from the field to the DEAM, where a more expressive number was obtained, corresponding to 68, thus ending the expected number for the sample. This measure of field change was necessary, since the demand of the NAM at that time was very low, with a maximum of 2 to 3 women being assisted daily, as a result of numerous changes in location, structure and staff, while, at DEAM, the service was greater, with about 5 to 6 women daily.

The inclusion criteria of the study participants were: women in situations of domestic violence, over 18 years old, who sought assistance at the NAM and made a complaint at the DEAM, in physical and emotional conditions that allowed them to participate in the research. The exclusion criteria were: women in situations of domestic violence who sought services only to obtain general information, without formalizing a complaint.

Data collection started after approval of the research project by the Research Ethics Committee of *Faculdade Independente do Nordeste* (FAINOR, as per its Portuguese acronym), under CAEE 68229217.2.0000.5578 and opinion nº 2.108/2017, and then the Free and Informed Consent Form (FICF) was signed by study participants.

Data were collected between July and November 2017, using the Free Word Association Technique (FWAT) and semi-structured interview. The FWAT was carried out with 80 women, containing an open question so that the free association of words could flow naturally: what words come to your mind when you hear the expression *domestic violence against women*? Each woman was asked to speak five words.

The data obtained through the FWAT Technique were treated using the *Ensemble de programmes permettant l'analyse des évocations* (EVOC) [10] software, which calculates for the whole corpus the frequency of each evoked word, the average order of evocation and average frequency of words, i.e., the number of times the word was mentioned. Thus, the structure of the social representation of women about domestic violence against women was identified, pointing out elements of the central core and of the peripheral system, through a table of 4 boxes.

After performing the FWAT, 24 of the 80 interviewed women were invited to participate in the semi-structured interview, being chosen by non-probabilistic sampling for convenience, in depth, with the objective of corroborating and giving significance to the evidence obtained in the FWAT, considering the data availability and saturation empirical, starting from the question: could you report your experience in relation to the domestic violence suffered? It is noteworthy that, after the 22nd interview, the findings started to be repeated, with empirical data saturation. Thus, 2 more interviews were carried out, totaling 24 interviewed women.

The semi-structured interviews were carried out in a private place, providing the necessary confidentiality, with an average duration of 40 minutes, recorded in digital media, conducted by the main author, who established a relationship with the patients at the time of the study.

The speeches were transcribed in full, using Microsoft Word 2010 software, generating the data that was analyzed, following the phases of pre-analysis, exploration of the material and treatment of the results, as proposed by Bardin's content analysis technique, which is presented as a set of procedures that analyze communication through the content of the messages, storing them in categories [11]. Nevertheless, in this article, only the registration units grouped in themes that were related to the elements present in the table of 4 boxes were presented, in order to validate the findings inherent to the social representations of women about domestic violence against women. In order to ensure anonymity, fictitious names corresponding to precious stones were assigned.

RESULTS

Of a total of 80 women in situations of domestic violence, most had completed high school or higher education (48.75%), aged between 19 and 40 years (47.5%). With regard to employment link, it was observed that most were unemployed and/or living with government aid from the *Bolsa Família* program (40%), and, when analyzing the marital status, most of them declared to be single (47.5%) (Table 1).

Table 1. Sociodemographic data of women in situations of domestic violence. Jequié, Bahia, Brazil, 2017.

Variables	N	%
Educational Level		
Non-literate and/or up to elementary school	37	46.25
Complete high school or college education	39	48.75
Post-graduated	4	5
Age Group		
19 to 40 years	38	47.5
41 to 61 years	33	41.25
62 to 75 years	9	11.25
Employment Link		
Unemployed and/or living with the aid of the Bolsa Família program	32	40
Employed	26	32.5
Without income, depending on her partner	13	16.25
Retired	9	11.25
Marital Status		
Single	38	47.5
Married	32	40
Divorced	6	7.5
Consensual union	4	5

Source: Survey data, 2017.

All women participated in the free evocations and a corpus consisting of 400 words was obtained in the face of the inductive term *domestic violence against women*. The average order of evocation (MOME = average of the evocation orders, as per its Portuguese acronym) was around 3, on a scale from 1 to 5. Regarding the evocation frequencies, the cutoff point was lower than 8, with 311 terms taking part in the analysis, which represents 77.75% of the performed evocations.

A total of 89 low-frequency terms were suppressed, and then the average frequency of evocation (311/22) was calculated, obtaining an approximate value of the cutoff point equal to 22. It should be underlined that 45 different words were evoked. The analysis of this dataset resulted in a table of 4 boxes (Figure 1).

Figure 1 – Social representations of women in situations of domestic violence about domestic violence against women. Jequié-Bahia-Brasil, 2017.

	Rang < 3	Rang > = 3
Frequency > = 22	Aggression 48 2.563 Humiliation 23 2.435 Fear 40 2.950 Insult 48 2.958	Sadness 30 3.167
8 <= Frequency < 21	Despair 16 2.250 Insecurity 10 2.500 Bad 13 2.154 Suffering 20 2.850	Disrespect 11 3.636 Unacceptable 8 3.500 Death 16 3.063 Punishment 9 3.667 Anger 19 3.421

Source: Survey data, 2017.

The formation of the table of 4 boxes is composed by the distribution of the evoked words, weighting the criteria of higher frequencies and average evocation orders. It is understood that the representational dimensions – concept, image, and attitude – are based on the forms of aggression and feelings experienced by women in situations of violence, being in the

central core. Accordingly, the structure of representations is focused on the dimensions that form a social representation, the concept being related to access to information, the image in relation to the object of study and the attitude regarding taking a position [12].

The central core varies according to the nature of the peripheral elements, so that what is raised from these evocations leads to the reflection that the representations of women express the image of domestic violence. The terms that made up the central core characterize the ontological meaning of the representation and express the woman's perception of the experienced violence.

In view of the formation of the central core, displayed in Figure 1, it can be inferred that the terms therein correspond to the expression of the experience lived by women in situations of domestic violence, as the representations work as the decoding of reality, producing an anticipation of acts and behaviors of the individual or community.

Accordingly, it is observed that, given the obtained results, from a total of 400 evocations, the terms *aggression, humiliation, fear* and *insult* were the constituents of the central core, being the most evoked, being located in the upper left quadrant.

The lower right quadrant is formed by the less expressive evocations of the representation, namely: *disrespect*, *unacceptable*, *death*, *punishment* and *anger*. All of these terms are anchored in feelings and desires and bring significance to these women's experiences of domestic violence.

The lower left quadrant, called the quadrant of contrast terms, shows the elements of tension in relation to the object of study, diverging from the opinions of greater consensus, represented by: despair, insecurity, bad and suffering. These terms are not part of the central core, but represent an unfolding of the terms of greater frequency, endorsing their significance and the representation itself, causing modifications in the identified central core.

The word *sadness* is located in the upper right quadrant of the table of 4 boxes, which also showed high frequency, but was not evoked enough to belong to the central core, remaining, therefore, in the peripheral core.

Regarding the content analysis, it was performed by a *posterioriore* categorization, and the units of meaning that were consistent with

the findings of the table of 4 boxes were identified and grouped into subcategories, which were later grouped into categories, according to Bardin's content analysis technique [11]. Thus, the five categories, described below, were presented.

Forms of violence experienced by women

This category presents the terms considered as the main representations of the suffered violence. In this context, the terms *aggression* and *insults* were more expressive, while *humiliation* was related to the verbal aggression instituted by the aggressor.

"I was the one who was all scratched up, stabbed with my face stitched up and pregnant, because he raped me too, because I didn't want to have sex with him anymore, and yet he would forcefully throw me on the bed" (Crystal).

"I was slapped, punched, thrown against the wall, but verbal aggression hurt the most and was the worst because of the humiliation! The word 'damn' puts you down. I thought I was useless and that I was no longer fit to live" (Agate).

Women's Feelings after aggression

This category represented the feelings experienced by women victims of violence. Terms such as *fear* and *sadness* were mentioned, with fear being associated with the feeling in making the complaint, when the woman is outside the protection services.

"After we enter these services, the fear increases, because we are protected inside the police station, but who will protect outside?" (Pearl).

"It's so sad, it's such a malaise, such a shame [...] Being insulted without deserving it, a misspoken word is worse than hitting! How about the threats?" (Kyanite).

The word *suffering* had the highest number of evocations, favoring the inference of the expression of internal contents caused by the experienced external violence, culminating in different representations. Regarding the psycho-affective manifestations of women in situations of domestic violence, several feelings were observed, as displayed below:

"It's a terrible suffering to live with so much violence. I feel anger, hate, desire to get revenge. It's living with terrible displeasure, sad, not knowing tomorrow, whether I'll wake up alive or

dead. Total insecurity, but he is the father of my children" (Tourmaline).

The words *bad* and *disrespect* were mentioned by the participants. Disrespect related to the meaning of violence against women by the participants.

"It's very hard to live with violence, it's too bad, but sometimes I think that if it's bad with him, it's worse without him. My family cannot help me, they are weak like me. At least, there is no lack of things in the house, but the bad thing is that we never know how it's going to be the next day" (Emerald).

"Violence for me is a nasty aggressor who hits the woman, curses the woman; curses her in the house and on the street too [...] It's a shame and a disrespect" (Ruby).

Difficulty in providing assistance in the legal service

This category emerged after the evocation of the term *anger*, the most mentioned in the lower right quadrant, representing the feelings experienced by the reporting services used by these women.

"The Public Prosecution [...] *Hail Maria*!! Everything, everything is very difficult [...] A horrible slowness [...] very few professionals to welcome us, we even get angry when we go looking for that place." (Tourmaline).

Aggressors' attitudes

This category emerged after the word *death* was mentioned by women, being related to the threats suffered by them.

"The man has a violent and aggressive personality [...] he was at home all day and I worked all day; and, when I arrived, he threatened to kill me" (Kyanite).

Punishment of the aggressor

The words *punishment* and *unacceptable* gave rise to this category, and these terms were similar in the low frequency of evocations. They are associated with the woman's desire to see the aggressor punished, as demonstrated by the speech unit below. In addition, they show the intolerance of women when violence against women is mentioned.

"I came to seek punishment too. Oh, I want my ex-husband to learn to respect women, and I want him to be punished for what he did not only to me, but to his mother and sisters as well" (Agate).

DISCUSSION

Studies carried out corroborate this article, revealing that psychological or emotional violence and physical violence are the most frequent. Mostly, psychological or emotional violence is manifested through humiliation, insults and contempt [6].

The study participants revealed that the marks on the body are always accompanied by suffering, thus evidencing the woman's vulnerability; others reported that insults left them with low self-esteem, where it can be inferred that it generated anxiety and sadness.

In this study, women bring examples of psychological or emotional violence suffered by many, which results in psychological suffering, causing them to lose, over time, their self-esteem. It is noteworthy that this type of violence harms women in situations of violence, since their ability to solve problems can be compromised, leading them to feelings of shame and humiliation and, consequently, to experience depression [7].

Such revelations provide an understanding of the conceptual and imagetic dimension of women about their situation of violence by expressing, in a significant way, the consonance and congruence of their thoughts, allowing them to enter their universe of values and understand, through their experiences, what really impacts their health and what, in fact, interferes psychically and physically.

The current study also showed that these women are afraid of reprisals from the aggressor, which can often be linked to the maintenance of the cycle of violence and the postponement of complaints. Accordingly, it is observed that the relationship experienced by the aggressor and the woman in a situation of violence causes emotional and physical sequelae, which are referred to in the threats made to her or her loved ones' lives, which can lead to a condition of submission, resulting therefore in a cycle of violence [4]. In addition to fear, shame is a feeling reported by many women, which maintain the cycle of violence [13].

It is noticed that fear is also related to the concern that women have to call the protection services, mainly due to the embarrassment of making the violence public and not having a

welcoming service and/or a qualified and non-judgmental listening. Added to this, one can mention the fear of the consequences and impacts that the complaint can cause in her life with regard to her relationship with the aggressor and his family. Moreover, it is noted that financial dependence proves to be an inhibiting factor for decision making, and women are afraid of moving forward, due to lack of resources to guarantee their survival.

In this sense, support and assistance, either from relatives or friends, are fundamental to confront and stop the succession of violence against women, since their absence is a reason for women in situations of violence to remain in this condition [7,14]. In view of the above, it is important to evaluate the family core, in order to provide assistance to women in situations of domestic violence.

Nevertheless, from the reports, one can see that, in many cases, the family of the woman in a situation of violence, in most cases, is not able to provide, in fact, the necessary support. This happens for several reasons, such as the crystallized cultural perception that naturalizes such a thing, putting the woman in the position of bearing with the situation, under the aegis that the aggressor will improve his behavior; for the lack of understanding of the violence process, as well as the aspects that bring negative repercussions on the woman's health; the low economic condition, which prevents welcoming the woman and her children into their homes, as well as embedded religious issues that prioritize the non-separation and the permanence of the family institution and the subordination/submission of the woman.

A factor mentioned in another study is related to support through social networks, since the members of these networks are contacted by the women before they seek the formal organizations and institutions. The form of help offered by the network helps in the decisions and actions aimed at the situation of violence [13]. In this sense, people close to the woman may suspect a situation, using the networks as a way of alerting those who need support.

Another word mentioned in this study was *sadness*, mentioned by the participants, being essential for the imagetic formation demonstrated by the participants' reactions to the suffered violence. In this context, after the aggressions, women experience feelings such as psychological changes, which refer to anxiety,

fear, feelings of inferiority, insecurity, self-destructive behavior, low self-esteem and sadness; in addition, some women report the hope that their partner will repent and no longer commit the act. Psychosomatic symptoms are also pointed out, among which are insomnia, nightmares, lack of concentration and irritability [15].

In addition to dealing with the experienced violence, women in situations of violence go through the reporting services. Nonetheless, they report that they are not organized to speed up the processes; thus, the term *anger*, the most evoked in the lower right quadrant, although not very expressive, demonstrates the feeling experienced by these women in relation to protection services.

In this context, 13 years after the establishment of the Maria da Penha Law, when a network of actions to care and prevent violence against women was defined, articulating government actions from the Union, states, municipalities and non-governmental bodies integrated to the Judiciary, Public Prosecution and Public Defender Offices, the management of policies and resources is weakened. This shows the unpreparedness of municipalities in conducting the management process, whose actions are developed in a punctual and disjointed way, with little effectiveness and outreach to women in situations of violence. Therefore, there is a lack of expansion of welcoming services and the articulation of intersectoral policies, a factor that can interfere in women's decision-making, i.e., it becomes preponderant in the search for confronting violence against women [16].

It is observed how essential it is to provide humanized care, quality listening, based on confidentiality, respect and safety, which encourages women to make decisions and register the occurrence. Such practices empower women to face the situation of violence, which in itself already brings a lot of suffering, besides preventing them from giving up on going ahead with the complaint and, consequently, breaking the cycle of violence.

A study shows the report of women who complain about the women's protection services, such as those related to the negligent and disrespectful service provided by the workers at the police stations and the lack of understanding in the information received in the Judiciary sector – represented by the forums, the Courts for Domestic and Family Violence (JVDF, as per its

Portuguese acronym), the State Public Defender Office and private lawyers, even though the progress of the cases has been favorable for most women [17].

In this sense, improvements must be made in the women's support network, making the existing public policies and legal frameworks effective, so that there is no giving up on reporting violence, since the obstacles in the system lead to the case being filed.

Death threats were mentioned by the participants of this study, corroborating Oliveira and Leal [6], who conducted a study in Parobé – RS, identifying that physical violence was associated mainly with psychological violence, followed by death threats, representing 42.5% and 20.7%, respectively. Another type of violence that often drives women to break the cycle of violence is the aggression to the child (ren) of the couple, carried out by the partner, exacerbating the feeling of maternal protection to the child.

Nonetheless, all these forms of violence lead women to show signs of social isolation, in addition to sadness and depression, also hurting their human rights; in this sense, a cohesive and multidisciplinary support network is necessary for their welcoming. Accordingly, health services are important in the detection of violence, because they provide care to women. Inserted in this context, the consultations and home visits of nurses who work in the Family Health Units (FHU) are able to identify, receive and notify the cases before they become a more serious incident.

From this perspective, nursing is extremely important in the detection of violence because, through proper reception, it provides the victim with the opportunity to establish a bond of trust, which allows the case to be evaluated and a dialogue to be held with the victim about the alternatives and options for intervention, respecting her choices and referring her to the competent bodies. In addition, nursing encourages participation in support groups and proposes psychological follow-up [19].

The disrespect evoked by the study participants is one of the forms of moral violence, understood as consequences of slander and defamation. This type of violence occurs when there is a refusal to show any respect for the other, behaving in a callous and inattentive manner toward the partner. The crime occurs when there is the practice of actions against a woman's honor, being concomitant to psychological violence. As a consequence, moral violence causes invisible wounds to the person's self-esteem, who ends up incorporating depreciation and will not feel worthy of being loved, which comes to generate damages in the spheres of their cognitive, social, moral, emotional or affective development [20].

The terms *despair*, *insecurity*, *bad* and *suffering* reveal manifestations of the biopsychosocial aspects of these women's lives, while expressing the experienced suffering. They experience negative feelings, such as fear, anger, sadness, despair, yearning for justice, which demonstrates an intense psychic shock and reveals that women in situations of violence from their partners express inadequate feelings, with significant suffering. Therefore, this generates a low quality of life and insecurity in relation to their own future, including survival or not.

Nevertheless, women hardly ever denounce or seek external help, but accept and even justify the attitudes of the aggressors, who are mostly their partners. They delay the denunciation until there is a threat to their lives or an attempt of homicide, occasions when they resort to health services or even the police [14]. However, the search for help in health institutions is a resource not only for the resolution of physical woes, but also for psychological ones, generally more felt by women in situations of violence and evidenced in the speeches presented in this study.

Thus, it is expected from the health teams a sensitive and welcoming attitude, with availability to care for these women, making them feel supported to expose their situation. Nonetheless, the weaknesses of professionals in the appropriate approach to provide comprehensive care for women victims of violence are evident. The study showed that there is a lack of preparation on the part of the nursing staff when it comes to caring for this audience, acting in such a way as to stimulate the encouragement of women, enhancing their abilities, giving them strength to face the situation and guidance in the search for the assistance network, besides rescuing the women's bonds to serve as emotional support [21].

The term *insecurity* also refers to a negative feeling about the phenomenon. In the midst of social representations, the reactions, the ways of acting, present themselves as favorable or unfavorable positions towards a certain object. Accordingly, opinions, as attitudes, acquire a characteristic that precedes action, guiding

behavior in the network of relationships where the object is inserted [22]. That is why it is believed that the non-acceptance of the object contributes to a change in the woman's attitude, so that she can break the violent cycle that undermines her dignity and survival.

The word *bad* mentioned demonstrates an interpretation of the semantic world reinforced by the representation in revealing the negative imagetic concept that women have of the domestic violence they have suffered. Nevertheless, even if one identifies how devastating a marital relationship based on violence is, the break of this cycle is slow, permeated by fear, submission and emotional dependence, as observed in the women's speeches.

The main reasons that favor the permanence of women in a relationship of submission and violence are the effective absence of family support and the lack of knowledge and/or disbelief in the services to which they can resort to access their rights. Thus, the support provided by friends and relatives is one of the main supports to deal with violence, since it is to them that the woman exposes the situation of violence, believing that the search for a service will not solve her problem, besides increasing her exposure or the risk of suffering aggression again, if her partner finds out [14].

The words *punishment* and *unacceptable* had similarities in the low frequency of evocations, being associated with the woman's desire to see the aggressor punished, besides showing the intolerance of women when violence against women is mentioned.

The study reveals that many women, for fear of not complying with the protective measures and understanding the limitations of the system, wish to see the punishment of the aggressor. However, the complaint is the first step in a police and judicial process, which must be clarified in the DEAM, since women are often unaware of this process [18].

Meanwhile, in another study, some women referred to the desire for punishment of the aggressor through the deprivation of his freedom, because they felt threatened and vulnerable in relation to his possible approaches. Nevertheless, it was observed an absence of hope for punishment or protection, because most women do not trust the efficiency of the justice system, understanding the denunciation as the last alternative for the resolution of their marital problems [23].

Many times, the desire to punish the aggressor brings with it a yearning for collective justice, because sometimes violence against women involves several female figures in the family core who have also experienced this reality.

FINAL CONSIDERATIONS

The social representations of women in situations of domestic violence are, from their own point of view, full of experiences permeated with fear, sadness and insecurity, revealing a significant dissatisfaction that prevents them, most of the time, from breaking the cycle of violence, together with psychological and physical suffering that negatively affect their health, requiring, therefore, effective intersectoral intervention, given the various demands that such a process brings in its wake.

In the light of their experiences, the violence suffered by women also shows that it goes beyond the sphere of physical aggression, leaving deep marks on the soul, as seen in the central core, through the terms *aggression* and *insult*. Verbal aggression is not initially perceived by society, relatives or authorities, since it does not leave visible and palpable marks, but causes suffering and pain in women in situations of violence.

The fear of denouncing the aggressor becomes a barrier for many women, regardless of their educational level. The condition of subordination and financial dependence on the partner favors the perpetuation of domestic violence suffered by the woman, as well as her emotional fragility.

Another barrier that inhibits the denunciation of domestic violence suffered by women is the difficulty in providing assistance in the legal service. In this sense, it is necessary for the public sphere to be ready and equipped to receive them and to promote the articulation of intersectoral policies, aiming to produce improvements in the women's support network, in order to avoid dropping the denunciations and to improve the comprehensive care in the health services.

Therefore, this study contributes in the sense of expanding nursing knowledge, opening spaces for discussion about the barriers and feelings of women in situations of violence, through their social representations. In addition, it can encourage reflection and awareness of

professionals for humanized and comprehensive care, focused not only on care against physical violence and its clinical conditions, but also on psychosocial aspects.

This study has the limitation of having been constructed through self-report, configuring a difficulty of women in situations of violence to describe the experienced situation in more detail. Nonetheless, despite this limitation, it is relevant as it demonstrates the complexity and or difficulty surrounding the theme, in the light of the surveyed women's experience, and due to the fact of presenting a representative number of participants. Moreover, it identified the forms and suffering of women in situations of domestic violence, as well as the motivations to seek punishment for the aggressor.

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