

The perception of psychological violence against women

La percepción de la violencia psicológica contra la mujer

A percepção da violência psicológica contra a mulher

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Introduction: The aim of the study is the difficulty of identifying marital psychological violence suffered by women, with the purpose of collaborating in the prior and effective identification by the victims, minimizing the impacts on health and reducing the rates of other domestic violence. Violence is characterized as any act of aggression or threat, intentional, resulting in physical and psychological damage, developmental deficit, which can lead to deprivation and/or even death. Whether it is caused against the individual, group or community¹. Psychological violence is considered the most overwhelming when we refer to loss of self-esteem, this damage is caused in different ways such as deprivation of freedom to perform daily activities such as work, study and contact with family and friends, humiliation, threats of aggressions and insults that denigrate the woman's image. The damage caused to women victims of violence goes beyond physical issues, it also involves severe damage to their psychological condition, and for the most part, it leads to low self-esteem. Invisible and imperceptible at times in the eyes of the woman herself and the people around her, which generates a greater extension of her suffering². The woman is hostage not only to physical violence, but also in some cases of psychological violence, which goes beyond verbal aggression, she also relies on manipulation, blaming, constant criticism, so that this woman feels incapable, inferior, discouraged, imprisoned. Generating loss of esteem and serious psychological damage³.

Main Objective: Characterize women's knowledge about domestic violence and describe how cultural issues influence the perception of psychological domestic violence.

Methodology: The study is characterized by descriptive, exploratory research with a qualitative approach, which seeks to unveil social processes that are still little known and that belong to groups. Set in a private university located in the city of Rio de Janeiro. The study participants were twelve university women from undergraduate courses offered by the university. Inclusion criteria: women over 20 years old who have been in a stable relationship for more than one year, enrolled in one of the university's courses. They were selected at random, according to their presence in the study setting. Exclusion criteria: women who do not live with their partners, with less than one year of relationship, or who did not accept to participate in the study. The data collection instrument was through a semi-structured interview, online form, prepared with the Google Forms platform due to the restrictions imposed by the new Coronavirus Pandemic. The Study followed the ethical requirements proposed by Resolution No. 466/12 of the National Health Council (CNS/MS), which regulates research carried out with human beings, being approved by the Research Ethics Committee under Opinion nº: 3.772. 84 and CAEE 26130619.3.0000.5291. To protect the identity of the participants, identification codes were used, opting for the letter E, for interviewee, followed by a cardinal number identifying the order of the interviews. Due to the COVID-19 pandemic, pursuant to Resolution No. 46,970 of 03/13/2020 and due to the suspension of activities at the university, data collection was carried out using forms prepared with the Google Forms platform, after authorization from the Research Ethics Committee. The collected data were subjected to Bardin's content analysis in the initial phase with pre-analysis of the data through floating reading, formulating the research hypotheses and objectives. In the second phase, the

technique of inference guided by communication poles was used: sender/receiver, message/channel. Afterwards, categories were created and grouped with broader themes, building the categories necessary for the study. Finally, each category was named according to its content and was linked to existing scientific knowledge⁴.

Results and Discussion: Prevalence of the participants' social characterization (n=12): women aged between 31-40 (n=4); higher incidence was found in women aged 20-30 (n=5). Married (n=6). As for the undergraduate course, (n=9) were nursing. Work activities performed, there are no other activities (n= 7). Regarding the violence suffered by the participants, (n=8), most of them being of mixed race (n=6). They have children (n=7), all of them have knowledge about the Maria da Penha Law, and (n=3) they do not know how to proceed in cases of marital psychological violence against women. Next, we will present the organization and analysis of the data, a process carried out in stages, with a transversal reading of the data and observations, the guiding concepts, and the most relevant categories. Category I - Coping with psychological violence: PSYCHOLOGICAL VIOLENCE - IDENTIFYING VIOLENCE: "[...] *Abusive relationship (physical, verbal, psychological, patrimonial aggression)*" (Int.II). Thus, it is identified that the signs of this type of violence are confused and/or naturalized with normal attitudes of a relational daily life by the perception of victims and even society⁵. ADDRESSING PSYCHOLOGICAL VIOLENCE / RESIGNIFICATION - THE REBEGINNING: "[...] *Trying to free myself. I ran away from home even pregnant and unemployed. Disappeared from the aggressor's life*". (Int. VI). "[...] *Today? Not letting my current husband hurt me, I don't allow it. Vigilant*". (Int. VIII). This type of violence causes serious damage, which can impact a woman's life forever. Therefore, prior recognition by the victim who suffers situations of violence can help to break this cycle and/or minimize their injuries⁶. Category II - Living with psychological violence: ABUSIVE RELATIONSHIP - MANIPULATION: "[...] *The abuser is manipulative, likes to impose things, turn you against yourself, things can only be the way he wants, deprives your choices and your freedom, even verbally and/or physically assaults*". (Int. X). Psychological violence, understood as any conduct that causes emotional damage and decreased self-esteem⁷. FEELING OF PAIN - HUMILIATION: "[...] *For being with you every day and making me cry, being humiliated without having done anything*". (Int. V). "[...] *Men who use words that make women feel useless as a woman, professional, etc.*" (Int. IX). This type of violence compromises the mental

health of women, bringing intense suffering to the victim, leading them to build beliefs of devaluation and self-depreciation, compromising their self-esteem². Category III - Influence of cultural issues: INFLUENCE OF CULTURAL ISSUES / SOCIAL OMISSION INVISIBILITY: "[...] *People who see this happening, but do nothing, because 'in a quarrel between husband and wife, nobody puts the spoon in'*". (Int. III). "[...] *The 'silent' way it occurs, by not leaving physical marks, people generally do not know or do not accept that it is violence*". (Int. XI). Violent relationships, often at the hands of the intimate partner, are structured in the face of the woman's bonding in her social network, damaging her relationships with people with whom she maintains affective ties, such as relatives, friends, and neighbors, in addition to formal institutions in safety, health, social work or education that can provide support⁸. STRUCTURAL MACHISM AND RELIGIOUS INFLUENCE - CULTURAL ISSUES: "[...] *I feel calm because I see it was spiritual and I see it was in a situation because of his son, as he no longer lives with us, things got better*" (Int. IX). Violence against women is the result of a cultural, political, and religious construction, based on the differences between the sexes, which may culminate in the death of the abused woman³. Influence of cultural issues / FEELINGS OF SHAME AND INFERIORITY - IMPOTENCE: "[...] *Low self-esteem, depressed, not daring to report*". (Int. II). "[...] *Feeling of violation, fear, shame, helplessness, weakness [...]*" (Int. III). "[...] *Incapacity, anguish, impotence*". (Int. VI). A phenomenon called "relational anesthesia" can occur, which is configured as feelings, ideas and actions that contribute to the maintenance of the situation of violence, especially by denying or naturalizing it⁶.

Conclusion: The need for demystification in relation to this issue is perceived with prior recognition of the actions that lead to this violence, increasing the visibility and support from society for these women. It is essential that these women are surrounded by a social support network, restoring their self-esteem, and promoting their reintegration into the social context in order to minimize health problems and the risk of suffering from other types of violence and/or femicide. The study had the opportunity to encompass the cultural issues that influence this perception of marital psychological violence. Where it was evidenced that gender inequality generating a hierarchy, cultural machismo rooted in society and naturalizing this violence. We come across, even in a familiar environment, with veiled silence, the silence of those who know and pretend they don't know, on both sides.

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