

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i52p2164-2181>

SORORITY IN NURSING: giving voice to black women victims of violence

SORORIDAD EN ENFERMERÍA: dar voz a las mujeres negras víctimas de violencia

SORORIDADE NA ENFERMAGEM: dando voz às mulheres negras vítimas de violência

ABSTRACT

The objective of this research was to describe the impact of domestic violence suffered on black women in the municipality of Cabo Frio and to prepare an informative lecture on domestic violence and its consequences for black women and their families. It was a descriptive-exploratory research with a qualitative approach. Three women were interviewed, participating in Rede das Pretas. All the interviewees suffered psychological violence, as it is difficult to identify violence, none of the aggressors was reported. However, these victims managed to break the cycle of violence and live far from their aggressors. It was seen that some data diverged from the literature in relation to the profile of the aggressor and the level of education of women. It is concluded that the objectives were achieved, since it was possible to describe the impact of domestic violence suffered on black women, in the municipality of Cabo Frio. This research is of great importance to society, as it supports the admission of better conduct in welcoming women victims of domestic violence. In nursing, it is relevant for professional improvement, the adoption of humanized assistance, established in sorority and empathy.

DESCRIPTORS: Violence Against Women; Domestic Violence; Gender-Based Violence; Nursing; African Continental Ancestry Group.

RESUMEN

El objetivo de esta investigación fue describir el impacto de la violencia doméstica sufrida en las mujeres negras en el municipio de Cabo Frio y preparar una conferencia informativa sobre la violencia doméstica y sus consecuencias para las mujeres negras y sus familias. Fue una investigación descriptiva-exploratoria con un enfoque cualitativo. Tres mujeres fueron entrevistadas, participando en Rede das Pretas. Todos los entrevistados sufrieron violencia psicológica, ya que es difícil identificar la violencia, no se informó de ninguno de los agresores. Sin embargo, estas víctimas lograron romper el ciclo de violencia y vivir lejos de sus agresores. Se vio que algunos datos divergían de la literatura en relación con el perfil del agresor y el nivel de educación de las mujeres. Se concluye que se alcanzaron los objetivos, ya que fue posible describir el impacto de la violencia doméstica sufrida en las mujeres negras, en el municipio de Cabo Frio. Esta investigación es de gran importancia para la sociedad, ya que apoya la admisión de una mejor conducta en la acogida de mujeres víctimas de violencia doméstica. En enfermería, es relevante para la mejora profesional, la adopción de asistencia humanizada, establecida en hermandad y empatía.

DESCRIPTORES: Violencia Contra la Mujer; Violencia Doméstica; Violencia de Género; Enfermería; Grupo de Acendencia Continental Africana.

RESUMO

Como objetivo desta pesquisa estabeleceu-se descrever o impacto da violência doméstica sofrida nas mulheres negras, no município de Cabo Frio e elaborar uma palestra informativa sobre a violência doméstica e suas consequências para a mulher negra e sua família. Tratou-se de uma pesquisa descritivo-exploratória com abordagem qualitativa. Foram entrevistadas 03 mulheres, participantes da Rede das Pretas. Todas as entrevistadas sofreram a violência psicológica, por ser uma violência de difícil identificação nenhum dos agressores foi denunciado. No entanto, essas vítimas conseguiram romper o ciclo da violência e viver longe de seus agressores. Foi visto que alguns dados divergiram da literatura em relação ao perfil do agressor e nível de escolaridade das mulheres. Conclui-se que os objetivos foram alcançados, visto que foi possível descrever o impacto da violência doméstica sofrida nas mulheres negras, no município de Cabo Frio. Esta pesquisa tem ampla importância à sociedade, pois corrobora para admissão de melhores condutas no acolhimento às mulheres vítimas de violência doméstica. Na enfermagem, ela mostra-se relevante para um aperfeiçoamento profissional, adoção de uma assistência humanizada, estabelecida na sororidade e empatia.

DESCRIPTORES: Violência Contra a Mulher; Violência Doméstica; Violência de Género; Enfermagem; Grupo com Ancestrais do Continente Africano.

RECEIVED ON: 12/06/2019 APPROVED ON: 12/09/2019

Patrícia da Costa Teixeira

Master in Nursing from the State University of Rio de Janeiro Professor at Veiga de Almeida University - Campus Cabo Frio - RJ. ORCID: 0000-0002-1338-6091.

Thaís da Silva Oliveira

Nursing Student at Veiga Almeida University - Campus Cabo Frio. ORCID: <https://orcid.org/0000-0002-6461-201X>

Leila Tomazinho de Lacerda Duamarde

Master in health, society and psychoanalysis; PhD student in education and health; Professor at Veiga de Almeida University - Cabo Frio, RJ. ORCID: 0000-0002-3344-5298

Evelyn Alves Coura

Nursing Student at Veiga Almeida University - Campus Cabo Frio. <https://orcid.org/0000-0002-9050-3618>

Gabriela Priscila Goveia Faria

Nursing Student at Veiga Almeida University - Campus Cabo Frio. ORCID: 0000-0002-7652-0796

Jorge Unsonst Filho

Nursing Student at Veiga Almeida University - Campus Cabo Frio. <https://orcid.org/0000-0002-2918-1525>

Ludmila Santos Antunes

Nursing Student at Veiga Almeida University - Campus Cabo Frio. ORCID: 0000-0002-9865-3282

INTRODUCTION

Worldwide, according to the World Health Organization (WHO), about one in three women (35%) worldwide has been the victim of physical and / or sexual violence by their spouse or third parties during life⁽¹⁾.

The Map of Violence 2015, carried out by the Latin American Faculty of Social Sciences (Flacso), indicates a 54% growth in ten years in the number of femicide against black women, exceeding 1,864 in 2003 to 2,875 in 2013. With the percentage of 4.8 murders for 100 thousand women, Brazil is among the countries with the highest rate of femicide: it is in fifth place in a ranking of 83 nations. Research has shown that between the years 2005 and 2015, the mortality of black women grew by 22%, pointing to a rate above the national average. With the rate of 5.2 murders per 100 thousand women, black women are 65.3% of the victims of violence followed by death⁽²⁾.

Recently, the 2019 Atlas of Violence presented data indicating the homicide rate of non-black women

increased by 4.5% between 2007 and 2017, while the homicide rate for black women grew 29.9%. In total figures, the difference is even more cruel, since among non-black women the increase is 1.7% and among black women, 60.5%. In view of the last available year, the homicide rate of non-black women was 3.2% per 100 thousand non-black women, whereas among black women the rate was 5.6% for every 100 thousand women. Black women remain the deadliest in the country, we certify this data when we look at the proportion of black women among victims of fatal violence: 66% of all women killed in the country in 2017^(3,4).

According to the Brazilian Institute of Geography and Statistics (IBGE), in 2010, the black female population in the State of Rio de Janeiro was 354,880, between the age group of 19 to 50 years old⁽⁵⁾.

In the State of Rio de Janeiro, in the first half of 2018, the Women's Service Center (Call 180) recorded: 14 femicides, 17 homicides, 3,018 attempts at femicide and 43 attempts at homicides. In the same period, reports of violence reached 38,681,

with the highest numbers referring to physical violence (16,615) and psychological violence (12,745). The aggressors are, for the most part, the companions themselves⁽⁶⁾.

The concept of violence against women in the Maria da Penha Law 11.340/ 2006 has the definition of domestic and family violence: "It configures domestic and family violence against women any act or conduct based on gender that causes death, harm or physical suffering, sexual, psychological and moral or property damage". Aggression can manifest itself in several ways: physical, psychological, sexual, patrimonial and moral⁽⁷⁾.

Gender-based violence became a social issue only in the mid-1970s. Based on situations that spouses and ex-spouses could murder and attack in defense of dignity and honor. However, in the beginning, the State did not assume the responsibility of confronting domestic violence, making the feminist movement start to make possible direct actions to combat this cruelty⁽⁸⁾.

As a result of high female homicides, femicide "is defined as the

homicide of women motivated by domestic or family violence or by discrimination due to the condition of women”⁽⁹⁾.

Sanctioned on March 9, 2015 by President Dilma Rousseff, the Feminicide Law, changes Art. 121 of Decree - Law No. 2,848, of December 7, 1940 - Penal Code, to provide for feminicide as a qualifying circumstance of the homicide, and Article 1 of Law No. 8,072, of July 25, 1990, to include femicide in the list of heinous crimes⁽¹⁰⁾.

The publication of this Law is the result of a sequence of international documents planned by the United Nations Organization (ONU) in order to stop the aggressions suffered by women in situations of domestic violence⁽¹¹⁾.

Based on the search for support networks, the bodies and services that support women and their families were identified, as follows: Call Center 180, Special Police Offices for Women (DEAM), State Council for Women's Rights (CEDIM), Nucleus Specialized in Assistance to Women Victims of Violence (NUDEM), Judicial Center for Temporary Housing of Women Victims of Violence - CEJUVIDA⁽¹²⁾.

As a result of the high rate of gender violence and feminicide, some questions emerged, such as: What is the impact of violence on black women? What types of violence do these women experience? Did they have a support network to deal with this situation?

Thus, black women victims of domestic violence were defined as the object of study. And as an objective of this research, it was established to describe the impact of domestic violence suffered on black women, in the municipality of Cabo Frio and to elaborate an informative lecture on do-

mestic violence and its consequences for black women and their family.

Consequently, this study is justified by its great relevance to society, since it contributes to the adoption of best practices in welcoming women victims of domestic violence. In nursing, on the other hand, it is important for professional improvement, the adoption of humanized assistance, constituted by sorority and empathy. In the academic sphere, this study is important, since, due to the high rate of feminicide as a result of gender violence, it is essential to the study through current references. It also helps as a guide and reference for other later works, being able to collaborate as a means of continuing education and in academic training itself.

METHODOLOGY

This research took place through a descriptive-exploratory study with a qualitative approach. The type of descriptive research aims, primarily, to describe the peculiarities of a given population or phenomenon; while the exploratory aims to familiarize the researcher with the problem, in order to make it more explicit or to build hypotheses. Qualitative data consists of detailed descriptions of situations in order to understand individuals in their own terms^(13,14).

The study had as a research scenario a nucleus of assistance to black women victims of domestic violence, a reference in the care of black women, and was initiated after the approval of the Monograph I project and by the Research Ethics Committee of the Veiga de Almeida University through of opinion No. 3,697,135. The subjects were (03) women. The data collection method was performed using voice recorders and characterization of the subjects and semi-structured script and checklist, being considered the best method for a reliable description of the nar-

atives reported by the interviewees. Inclusion criteria: black women over 18 years of age who experienced domestic violence. And as an exclusion criterion, women who did not experience domestic violence.

The study used the Free and Informed Consent Term (TCLE) to use the answers in the interview, the ethical precepts of the legality of Resolution No. 466, of the National Health Council, of December 12, 2012, which legalizes the study of human beings in Brazilian territory. The present study did not provide any cost to the institution where it was carried out, nor to any of the participants. It was carried out using only fictitious names of the subjects, respecting confidentiality.

The data analysis of the project was based on Bardin's thematic analysis, a qualitative proposal for content evaluation for future results discussions^(15,16).

The authors Marconi and Lakatos⁽¹⁷⁾ define “the analysis of content is characterized by the formulation of categories for analysis, which can be inspired by literature as well as the Bardin method”, and this methodology of analysis was used in this study.

RESULTS AND DISCUSSION

Regarding the construction of this research, it was essential to raise the sociodemographic profile of women, the protection and support networks and the types of violence experienced, such data are represented in the characterization of the subjects. Then, the lines were interpreted and grouped by similarity. With that, the analysis and discussion of the data followed the following sequence: Characterization of the subjects; Aggression and the impacts that surpass psychological damage; Profile of the aggressor; and Breaking the cycle of domestic violence.

Characterization of the subjects

For the preparation of this work, recorded interviews were carried out with victims of domestic violence members of Rede das Pretas, between the months of September and October 2019. An empirical research was also carried out that sought to outline the sociodemographic profile of women who sought support there and force. It is noteworthy that the observations now exposed refer to psychological violence against women by their ex-partners. Table 1 shows the main socioeconomic data

of the women interviewed.

As can be seen above, in terms of religion, there was a similarity in the responses, with 33.3% being the number of women who are evangelicals, candomblecists and spiritualists. Recent research shows that there is a growing indication of self-declared evangelical women who seek out the service sectors exposing the most diverse types of violence practiced by their partners⁽¹⁸⁾. All members of this research at certain times turned to the Christian church for help and support to face this violence.

All women who participated in this study declared themselves to be black. Recently, the 2019 Atlas of Violence showed data showing that the homicide rate of black women grew 29.9% between 2007 and 2017. In absolute references, the growth is 60.5%. Considering the last year available, the homicide rate for black women was 5.6% for every 100,000 women in this group. The records are alarming when we look at the proportion of black women victims of lethal violence, 66% of all women killed in the country in 2017⁽⁴⁾.

In total 100% of respondents have completed higher education: 33.33% are lawyers, 33.33% are nurses and 33.33% are quality control analysts. The average age of these women is 41 years and 3 months.

Only 1.3% of these women have children. 66.66% are divorced and 33.33% reported that they are separated from their bodies. According to the Code of Civil Procedure “The separation of bodies is a judicial measure that aims at leaving or withdrawing one of the spouses from the conjugal home, by judicial authorization, spontaneously or compulsorily”⁽¹⁹⁾.

Among the interviewees, 100% guaranteed that they had family support when they clarified to the family about the violence suffered. It is important to introduce a support and social base strategy so that it is able to build a care method willing to make the mental health of those involved viable and, specifically, so that the experience of violence experienced by women does not, in the future, consist of an identification pattern for children⁽²⁰⁾.

Regarding protective measures, 100% said they did not have protective measures. It should be noted that, in May 2019, the President of the Republic signed Law No. 13,827, of May 13, 2019, which:

Amends Law No. 11,340, of August 7, 2006 (Law Maria da Pe-

Table 1. Sociodemographic profile of women. Cabo Frio, Rio de Janeiro, Brazil, 2019.

Variáveis	Nº	%
Cor – Negra	03	100
Escolaridade		
Ensino Superior	03	100
Profissão		
Advogada	01	33,3
Enfermeira	01	33,3
Analista de Cont. De Qualidade	01	33,3
Religião		
Candomblecista	01	33,3
Espiritualista	01	33,3
Evangelica	01	33,3
Estado Civil		
Casada	–	–
Divorciada	02	66,6
Separada de corpo	01	33,3
Filhos		
Sim	02	66,6
Não	01	33,3

Table 2. Protection and support networks. Cabo Frio, RJ, Brazil 2019.

Variáveis	Nº	%
Suporte Familiar		
Sim	03	100
Não	—	—
Medidas Protetivas		
Sim	—	—
Não	03	100

nha), to authorize, in the cases specified, the application of an emergency protective measure, by the judicial or police authority, to women in situations of domestic violence family, or their dependents, and to determine the record of the emergency protective measure in a database maintained by the National Council of Justice⁽²¹⁾.

According to the data presented, of the 03 women who were assisted by Rede das Pretas, the 03 were victims of domestic violence: physical, psychological and moral; psychological and sexual; psychological and patrimonial, respectively.

The network to combat violence against women refers to the planned action between governmental, non-governmental entities and society, aiming at the progress of effective prevention strategies and policies that ensure the building of women's independence, their rights and qualified assistance to women victims of domestic violence⁽²²⁾.

Violence is related to the unequal position of women in relationships and to the male "power" in the domain of feminine goods, behaviors and attitudes, so that when women undo this authority or men cannot maintain it, violence is designed⁽²³⁾.

The most common types of violence are: physical violence that is violent practice, in which physical force was used purposefully in order to injure, cause pain and suffering or cause injury to your body; psychological, which is any conduct that aims to damage or repress actions and behaviors; sexual is the obligation on the victim to attend, maintain or participate in unintended sexual intercourse; patrimonial that is characterized as any conduct that constitutes retention, partial or total destruction of its objects, personal documents, values and rights or economic resources; and morality, which is an action designed to defraud, defame, dishonor or insult the woman's name and image^(7,24).

Aggressions and the impacts that surpass the psychological damage of Woman

Violence against women has a wide scope, where it is possible to verify in Art.7º Section II psychological violence. According to recent research, psychological violence is the second biggest aggression suffered by women in situations of domestic violence. Although there is Law No. 11.340/ 2006, popularly known as the Maria da Penha Law, there is still difficulty in identifying this type of violence as it is carried out silently and without leaving any noticeable signs. In this study it was possible to identify that the greatest aggression suffered by women was psychological, which differs from current literatures^(5,25).

Regarding the first thematic category, it was possible to understand the vulnerability of these women in the face of experienced violence, identified in the following statements:

"The first aggression was psychological. He lowered my self-esteem all the time. She said I was ugly, fat, and smart because I wanted to know everything. When I put on makeup, I was like a perro. A while later, physical aggressions began. This relationship has been 11 years"(Pinheiro).

"I was a victim of psychological aggression, in fact I didn't want to see it, you know?! At the beginning, it showed that it was so, but he said it was going to change. And with that we were married for four years"(Cactus).

"I suffered psychological violence, he put my life at risk, in normal conversations with all the calmness of the world, if he disagreed with something that I said simple, basic things from day to day. In these two years and eight months of marriage, he punched the san-

dwich maker, punched the door of the house, he already punched the pillar on the wall and several and several things"(Acácia).

Intimate partner violence has a significant impact on individuals, families, the community and society. The constant episodes of violence become a set of physical and psychological damages for the woman who suffers aggression from the abusive partner. The most common consequences are physical and brain injuries, sometimes irreversible (e.g., loss of teeth, rib fractures, abdominal injuries). In this research, no brain damage was identified, however, there was unanimity in relation to altered sleep patterns and eating disorders; feelings of fear, shame and guilt^(26,27).

When analyzing the psychic dimension of psychological violence, it is noticed that the results of violence against women, regardless of their form of manifestation, are related to a multiplicity of psychosocial and psychological causes. Mental and physical health problems, containing: muscle pain, isolation, anguish, distress, restlessness and depression⁽²⁸⁾.

These symptoms considered psychic can be analyzed in the following statements:

"It's been a year and since then I have never recovered physically, I am not the same physically, because the pain, the emotion has become this physical disease that has an emotional background. I went to the rheumatologist and he had released me from the treatment of Chikungunya, I came back to say that I had been without treatment for a year, but I was still in pain. That's when he said he wasn't from Chikungunya anymore, I did the exams and stuff, but it's probably Fribromyalgia. Today I use a medication that treats depression and pain. Ah, anxiety too. Anxiety has become a common thing as well. It

has already improved, there are times when it gets worse, there are times when it gets better, but it is anxiety, concern about things at home” (Cactus).

“[...] came to depression and then I started having to do treatments with a psychologist and psychiatrist, having to take medication, because therapy alone didn't help at that time. I ended up having a post-abortion depression, because I had a spontaneous abortion” (Acácia).

“But I think I just wanted to be in love with someone who was in love with me, in fact, that gap was never filled, because I can't have legal relationships after that, I don't trust anyone. I treat everyone badly, whoever stays with me, stays because he wants to, I think I'm kind of aggressive” (Pinheiro).

It is possible to observe the similarities in the interviewees' arguments when they manifest the events experienced with their ex-companions. With that, we can identify psychic symptoms, such as: anxiety, depression and the fear of relating again, recurring to episodes of violence.

Former Secretary General of the United Nations (UN), Kofi Annan, declared that “violence against women causes enormous suffering. By preventing women from realizing their potential, it limits economic growth and undermines development”⁽²⁹⁾.

“Nobody gets away with so much violence, I don't like to deal with domestic violence in the office. I don't like to serve victims, I don't work well with this audience. Because I think everyone has to react like I did. And it's not like that, people are afraid, but I was not afraid. I was not afraid! I could have died, and I told him that I wasn't going to become a statistic,

that I wasn't going to die. When I had other relationships, I became neurotic, screamed a little and I thought it was violence and said that I didn't like that he spoke in that tone to me” (Pinheiro).

In view of this, it is noted that in this study there is an interviewee who is unable to do her job fully, as she relives all the episodes of psychological violence she suffered while she was married to the aggressor, making it difficult to carry out her job.

Aggression and the impact of psychological damage on children

It is possible to note the perspectives of the research members on the consequences formed on their children due to the violence they suffered. In the beginning, these children were exposed indirectly in a marital relationship in which disrespect, aggression and insult occurred, as identified in the following statements:

“[...] My son saw, my daughter saw. But my daughter must not remember because she was a little girl, but my son saw it. [...] I know that my son is a problematic guy, but I raised him to be a nice guy, to respect women” (Pinheiro).

“My youngest daughter, twelve years old, is very attentive. She told me that she will never have a man like her father. So she is aware that what her father did was not legal. There's the grandfather, who has the same profile, the father's father. She went to spend Father's Day with her father and grandfather and when she arrived she told me that she no longer wants to be with them, as it is a toxic family. I don't want to force it, but we still have to experience it. [...] after he left, we were able to open up and talk more about the man's reality. My eldest daughter is dating a girl who is 1 year old and little, ok. She

is bisexual, she already dated, she did not date as she dates this girl, but she has flirted with boys, but today she dates this girl who is my daughter-in-law” (Cactus).

Children exposed to abusive behavior by the aggressor are subject to trigger violence as a way of life and social, emotional and psychological problems, such as: anxiety, depression, low school performance and disobedience⁽³⁰⁾.

In this way, it is identified that children who watch constant episodes of domestic violence have the possibility of becoming abusive adults or adults who cannot tolerate experiencing any type of violence. It was not possible to identify in other studies that bisexuality occurs because of the trauma of domestic violence.

Profile of the aggressor

The aggressor normally follows a very specific pattern of behavior, governed by common actions in all episodes of violence, known as the domestic violence cycle. When asked about the profile of their ex-partners, manipulation and threats are constantly cited, as can be seen in the statements below:

“There was a manipulation to dominate me, so that I could judge him. [...] As long as I didn't want to do anything alone, I wanted my freedom, my individuality. [...] There were many death threats, because he thought I was cheating on him. Then he started threatening me. [...] he became paranoid” (Pinheiro).

“He was a very possessive, jealous, bad character. It was a domain! On my cell phone, on my social networks, on the people I used to meet, wherever I went. [...] He was very manipulative” (Cactus).

The violence practiced by the intimate partner involves several assaults

that, for the most part, are acts that occur in frequent ways that intensify over the years, such as: censorship, defamation, intimidation, threats and psychic aggression⁽³¹⁾.

Although there are studies outlining the characteristics and reasons that influence men to become an aggressor, it is not possible to determine a specific profile of an abusive partner. However, although it is difficult to define the causes that are capable of estimating this type of aggression, it is exposed that: there are a significant number of men who have the need for authority and manipulation over women; is afraid of his partner's autonomy, freedom and trust; thus, these men manifest their anger when they realize that they would be losing control, influence and authority towards women and their relationship⁽³²⁾.

"Showing me up more than him was something that irritated him so he always wanted to prune me. He's a guy I tell you, I think he has psychiatric problems. In addition to bad characterism, he realized that manipulation, lying works his ego and he always does it to feel good and important. He has an imbalance, he has a very big imbalance" (Cactus).

Women in situations of violence believe that they have responsibility for their partner's aggressive behavior. In some cases, the aggressor uses physical force to frighten and imprison his partner in this violent relationship. The fear experienced daily by these women and the apprehension for not knowing the cause of causing new episodes of anger by the aggressors is a relevant factor to become permissive in relation to the aggression suffered^(24,29).

"[...] he took it and punched the pillar that the blood came down and he kept asking me if I was afraid. [...] it seemed bipolar, suddenly it was transformed. I see no reason why one person goes to save

a dog the other arrives and punches the pillar" (Acácia).

In the speech below, Cactus explains that he was not physically assaulted by his spouse for living in a community, where there are rules for survival.

"[...] when you are born and live on the periphery you know people, you are not involved in the traffic, but you know the people who are. So there is a law in the favela, you know ?! There is a law there that works. So men can't beat women in the favela" (Cactus).

Studies point out that having a support network is essential for women in conditions of violence to be able to break with the aggressions suffered and move away from their violent intimate partner⁽³³⁾. However, it is noted in the present study that, for cultural and personal reasons, at the beginning of the aggressions, these women did not expose the behavior of their husbands and the violent situations they experienced, causing them not to report their partners and family members who were unaware of the situation. first moment of the humiliating and violent episodes that these women were exposed to, as characterized in the following statements:

"I didn't want to worry my father and mother, and then I solved my problems in theory. [...] Failing marriage for me was something I couldn't accept. So my marriage had to work, this one had to work, I forced this bar" (Pinheiro).

"Nobody knew! It was just me and God alone and he, right ?! Nobody else knew, I didn't tell anyone, because at the time I was suffering from it, I didn't understand it and I didn't even think it was a psychological aggression. But only after I could understand how it was harmful to me" (Acácia).

In view of this, it is important to emphasize that it is necessary that the structural cycle of violence against women be broken, with the alliance of all components of society in order to enable actions favorable to the integrity of the health of women and their families⁽³⁴⁾.

Breaking the cycle of domestic violence

Within domestic violence, there is a repetition of aggressive acts against women, called a cycle of violence that has three phases. The first of these is defined as the accumulation of tension, the man responsible for the violence exposes an aggressive conduct, disparaging and disrespecting his partner; the second moment is when the explosion occurs, in this phase the aggressor is out of control, most of the time physical aggression occurs; the third and last phase is known as honeymoon, the partner recognizes that his attitudes were inappropriate and excessive. It is a phase of tranquility and abnormal balance, asking for forgiveness and ensuring that there will be no more violence, but the aggression occurs more and more frequently and intensely⁽²⁴⁾.

It is necessary to understand that there is a time until the woman breaks this cycle and can get away from the abusive partner. Differently from what is presented in some studies, in the reports below, it is clear that after a few years' women managed to break the cycle of violence by relying on study, militancy, affection, good will and tenderness.

"It was militancy that rebelled me. I found the strength to scream" (Pinheiro).

"[...] I won't cry anymore because I'm smart, I'm beautiful" (Acácia).

"I started looking at myself with more love. So, I decided that the money I spent on him, time, dispo-

sition, my laughs, the food I made. Everything I invested for him, I started to do for myself. Invest in me, love me, play with me, go out for me. Engage more in the fight.” (Cactus).

Thus, it is important to highlight that the women in this research who were subjected to domestic aggressions by their intimate partner overcame more than psychological violence. They managed to overcome the fear of being victims of femicide, the embarrassment felt towards society, loneliness and all the difficulties that prevented the breakup.

It is significant that they feel safe in sharing the violence experienced with the health teams, specifically nurses, and that these professionals understand the specificities of these women, who do not have any judgments, but rather that they reorient these women so that their self-esteem is stimulated and that it is in your own will to break this perverse cycle.

It is important to highlight the liberation that feminism offered for the lives of these women, as they all managed to rebuild themselves now when they deepened in the feminist struggle and discovered new ideologies. These women discovered the strength they had, and, through this, they had the courage to break with the oppressive experience that they have been subjected to over the years. The sorority among this group is

intensifying more and more as the days go by. Support, empathetic listening, affection and companionship are some of the principles that are present in Rede das Pretas and in the women, who participate in it.

CONCLUSION

It was found that violence against women remains a Public Health problem, it is essential that government agencies establish actions and care for black women in situations of domestic violence, in the municipality of Cabo Frio, as Specialized Centers in care and reception to these women and their children who are in a situation of domestic violence, so that there is a reduction in aggression and death against black women.

When observing the research in detail, it was seen that some data diverged from the literature, in relation to the most common type of violence suffered, physical aggression is in first place, however, in the current research there was a prevalence of psychological aggression. Another interesting fact is the profile of the aggressor, who in large part shows himself to be a man who has the habit of using drugs and consuming alcoholic beverages, however, in this research, men did not use any psychoactive substance. It was possible to identify the divergence in the education of women, because in the literature, women who

suffer domestic violence, most of them do not have high schooling, however, all women in this research have completed higher education.

The main purpose of this study was to give a voice and understand what the needs of these women are, in order to be a prototype of research that can aim at reorienting public policies aimed at these women. Health professionals, especially nurses, must have an empathetic listening and provide comfort and security for these women to have the courage to denounce their aggressors.

There were limitations to the conduct of this research: the indolence of Plataforma Brasil reduced the period for processing data, the low number of subjects, as these women felt ashamed to expose the violence experienced while they were married to the aggressors and also the insufficient time for the investigation. conducting the entire study. However, it was possible to complete this research and conclude that the objectives were achieved, since it was possible to describe the impact of domestic violence suffered on black women in the municipality of Cabo Frio. Despite this, this research cannot finish itself, but it must be able to stimulate research within the theme of violence, as society, until now, still has a macho structure, a scarce dialogue and a view of family violence and limited home care. ■

REFERENCES

1. Organização Pan Americana de Saúde [Internet]. Folha informativa - Violência contra as mulheres [acesso em 20 de mar de 2019]. Disponível em: https://www.paho.org/bra/index.php?option=com_content&view=article&id=5669:folha-informativa-violencia-contra-as-mulheres&Itemid=820
2. Poder Judiciário Estado do Rio de Janeiro [Internet]. Femicídio [acesso em 27 de mar de 2019]. Disponível em: <http://www.tjrj.jus.br/web/guest/observatorio-judicial-violencia-mulher/femicidio>
3. Nações Unidas no Brasil. Direitos Humanos das Mulheres: a equipe das nações unidas no Brasil. Brasília: Nações Unidas no Brasil; 2018.
4. Fórum Brasileiro de Segurança Pública. Atlas da violência 2019. Brasília: Fórum Brasileiro de Segurança Pública; 2019
5. Instituto Brasileiro de Geografia e Estatística [Internet]. População residente, por cor ou raça, segundo a situação do domicílio, o sexo e a idade. [acesso 05 de abril de 2019]. Disponível em: <https://sidra.ibge.gov.br/tabela/3175#resultado>
6. Ministério dos Direitos Humanos. Ligue 180 Central de Atendimento à Mulher. Brasília: Ministério dos Direitos Humanos; 2018.
7. Ministério da Saúde (BR). Protocolos da atenção básica saúde das mulheres. Brasília: Ministério da Saúde; 2016.
8. Senado Federal. Panorama da violência contra as mulheres no Brasil: indicadores nacionais e estaduais. Brasília, 2018. 39p.

REFERENCES

9. Câmara dos Deputados Comissão de defesa dos direitos da mulher. Mapa da violência contra a mulher 2018. Brasília, 2018. 79p.
10. Presidência da República, Subchefia para Assuntos Jurídicos (BR). Lei n.º 13.104 de 9 de Março de 2015. Dispõe sobre o feminicídio como circunstância qualificadora do crime de homicídio e incluir o feminicídio no rol dos crimes hediondos [Internet]. Brasília, DF; 2015. [acesso em 08 de maio de 2019]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/lei/l13104.htm.
11. Petrucci G. Lei do Feminicídio e reconhecimento: Discussão crítica em torno dos remédios afirmativos para a violência de gênero. DOI [Internet]. 2018 [acesso em 05 de abr de 2019]; 1(26): 311-322. Disponível em: <http://ojs.labcom-ifp.ubi.pt/index.php/ec/article/view/201>.
12. Tribunal de Justiça do Estado do Rio de Janeiro. Violência Doméstica e Familiar Contra a Mulher: nós vamos acabar com ela. Rio de Janeiro: Tribunal de Justiça do Estado do Rio de Janeiro; 2013.
13. Prodanov CC, Freitas EC. Metodologia do Trabalho Científico: métodos e técnicas da pesquisa e do trabalho acadêmico. 2. Ed. Rio Grande do Sul: Universidade Feevale; 2013.
14. Goldenberg M. A arte de pesquisar: como fazer pesquisa qualitativa em Ciências Sociais. 8. Ed. Rio de Janeiro: Record; 2004.
15. Conselho Nacional de Saúde (BR). Resolução n.º 466, 12 de dezembro de 2012. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União. 13 jun 2013; Seção 1.
16. Bardin L. Análise de Conteúdo. São Paulo: Edições; 2016.
17. Marconi MA, Lakatos EM. Metodologia do Trabalho Científico. 7. Ed. São Paulo: Editora Atlas S.A; 2015.
18. Sousa SD, Oshiro CP. Mulheres evangélicas e violência doméstica > o que o poder público e a igreja têm a ver com isso? Rev Caminhos [Internet]. 2018 [acesso em 30 de setembro de 2019]; 16 (2): 203-219. Disponível em: <http://seer.pucgoias.edu.br/index.php/caminhos/article/view/6730/3786>.
19. Instituto Brasileiro de Direito da Família [Internet]. CPC Simplifica separação de corpos [acessado em 10 novembro de 2019]. Disponível em: <http://ibdfam.org.br/noticias/5930/CPC+2015+-simplifica+separa%C3%A7%C3%A3o+de+corpos>.
20. Franco DA, Magalhães AS, Carneiro TF. Violência Doméstica e Rompimento Conjugal: Repercussões do Litígio na Família. Rev Pensando Famílias [Internet]. 2018 [acessado em 30 de Setembro de 2019]; 22(2): 154-171. Disponível em: <http://pepsic.bvsalud.org/pdf/penf/v22n2/v22n2a11.pdf>.
21. Presidência da República, Subchefia para Assuntos Jurídicos (BR). Altera a Lei n.º 11.340, de 7 de agosto de 2006 (Lei Maria da Penha), para autorizar, nas hipóteses que especifica, a aplicação de medida protetiva de urgência, pela autoridade judicial ou policial, à mulher em situação de violência doméstica e familiar, ou a seus dependentes, e para determinar o registro da medida protetiva de urgência em banco de dados mantido pelo Conselho Nacional de Justiça [Internet]. Brasília, DF; 2019. [acesso em 15 de novembro de 2019]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/lei/l13827.htm.
22. Secretaria de Políticas para as Mulheres Presidência da República. Rede de enfrentamento: à violência contra as mulheres. Brasília, 2011. 74p.
23. Leite FMC, Amorim MHC, Wehrmeister FC, Gigante DP. Violência contra a mulher em Vitória, Espírito Santo, Brasil. Rev Saúde Pública [Internet]. 2017 [acesso em 19 de abril de 2019]; 51(33): 1-12. Disponível em: <https://scielosp.org/pdf/rsp/2017.v51/33/pt>.
24. Ministério da Saúde (BR). Violência Intrafamiliar Orientações para a Prática em Serviço. Brasília: Ministério da Saúde; 2002.
25. Presidência da República, Subchefia para Assuntos Jurídicos (BR). Lei n.º 11.340 de 7 de Agosto de 2006. Dispõe mecanismos para coibir a violência doméstica e familiar contra a mulher [Internet]. Brasília, DF; 2006. [acesso em 17 de setembro de 2019]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11340.htm.
26. Centro de Estudos Judiciários. Violência Doméstica: Implicações sociológicas, psicológicas e jurídicas do fenômeno [Internet]. Brasília: CC Outro; 2016 [acesso em 26 de setembro 2019]. Disponível em: http://www.cej.mj.pt/cej/recursos/ebooks/outros/Violencia-Domestica-CEJ_p02_rev2c-EBOOK_ver_final.pdf.
27. Organização Mundial da Saúde. Relatório mundial sobre violência e saúde [Internet]. Genebra: OMS; 2002. [acesso em 26 de setembro de 2019]. Disponível em: <https://www.opas.org.br/wp-content/uploads/2015/09/relatorio-mundial-violencia-saude.pdf>.
28. Rujine RE, Howard LM, Trevillion K, Jongejan FE, Garofalo C, Bogaerts S, et al. Detection of domestic violence by community mental health teams: a multicenter, cluster randomized controlled Trial. BMC Psychiatry. 2017; 17:288
29. Secretaria de Estado de Saúde do Distrito Federal. Manual para atendimento às vítimas de violência na rede de saúde pública do DF. Brasília: Secretaria de Estado de Saúde do Distrito Federal; 2009
30. Organização Mundial da Saúde. Relatório mundial sobre violência e saúde [Internet]. Genebra: OMS; 2002. [acesso em 26 de setembro de 2019]. Disponível em: <https://www.opas.org.br/wp-content/uploads/2015/09/relatorio-mundial-violencia-saude.pdf>.
31. Secretaria Especial de Políticas para as Mulheres. Enfrentando a violência contra a mulher - Orientações Práticas para Profissionais e Voluntários(as). Brasília, 2005. 64p.
32. Geledés Instituto da Mulher Negra [Internet]. Violência doméstica e familiar contra a mulher – A lei Maria da Penha: uma análise jurídica. [acesso em 02 de novembro 2019]. Disponível em: <https://www.geledes.org.br/violencia-domestica-e-familiar-contra-mulher-lei-maria-da-penha-uma-analise-juridica/>.
33. Albuquerque Netto L, Moura MAV, Araujo CLF, Souza MHN, Silva GF. As redes sociais de apoio às mulheres em situação de violência pelo parceiro íntimo. Enferm. 2017; 26(2): e07120015.
34. Lemos ACS. Violência infligida por parceria íntima no contexto da mulher quilombola [monografia]. Santo Antônio de Jesus: Universidade Federal do Recôncavo da Bahia; 2017.