

# **Women's narratives of gender-based violence: Using "Discourse of the Collective Subject" as a qualitative data analysis technique.\***

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## **Abstract**

Gender-based violence against women is a profound human rights violation and a challenging topic to be addressed across the globe. The use of statistical analysis procedures to measure the magnitude of the phenomenon - prevalence, risks and correlates - is an important avenue to unveil the dimensions of the problem. However, additional techniques should be used to disclose the intensity of this type of abuse. This cross-sectional study was conducted in a metropolitan area of Brazil's capital called Varjão. 278 women aged between 15-49 years were face-to-face interviewed using a questionnaire that was developed by World Health Organization. At the end of the interview, 195 women depicted their personal narratives of violence answering an open-ended question developed by the researcher: "We are finishing the interview and I would like to give you the opportunity, in case you have had any episode of violence, to describe it. Would you like to talk about it?" The objective of this paper is to present the "Discourse of the Collective Subject", a qualitative technique with roots in the Theory of Social Representations. A brief description of the magnitude of the problem and the results of the women's narratives are also presented. The findings highlight the need to know the individual and collective thought of women who experienced intimate partner violence.

## **INTRODUCTION**

More recently violations of women's human rights and gender vulnerability have become popular issues for research in studies involving violence against women (VAW). Research specialists in the last decades have produced a large body of information about the state of gender relations in our

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global and local societies. According to these studies, in relation to women's social relation in organized society, women's lives can be better explained as been subject to an ongoing process of negotiating power within asymmetrical social norms <sup>1-3</sup>.

Intimate partner violence is a widespread phenomenon in most societies whether the violence is physical, sexual and/or psychological. Ironically, the most prevalent type of violence against women is perpetrated by intimate partners and ex-partners. In Brazil it is a frequent fact in the lives of thousands of women and adolescences <sup>10,12</sup>. The proliferation of gender-based violence, gender roles and stereotypes studies over the last few decades has profoundly challenged our understanding of what gendered bodies are, how they are socially constructed and what is considered a biological human body.

Gender role socialization based on hypermasculinity values has been associated with higher levels of IPV <sup>9</sup>. Strictly speaking, hypermasculinity may be a risk factor for perpetrating violence against women. However, it is important to emphasize that IPV is not only a result of hypermasculinity attitudes and stereotypic gendered display of destructive power. Gender violence can also be aggravated by the intensification of the modern neoliberal State with a market that globally increases the exclusion of disadvantaged urban areas. In recent times, gender theory encompasses the macro-structural basis of social inequalities and gender vulnerability which play an important role in human interactions, intergenerational relations and interpersonal encounters at family, community and society level.

The study investigated the magnitude of intimate partner violence against women that live in a social-economical segregated metropolitan area of Brasilia in the Federal District <sup>9</sup>. Part of the study was to investigate women's lifetime experience of violence and their narratives of lifetime violence that they suffered. For the purpose of this paper, a brief quantitative result will be provided to present the magnitude of the violence. In addition, an explanation of the DCS qualitative data analysis technique will be presented.

Feminist Social Theory was used as the theoretical framework of analyses. The paper showed some of the results found with the use of *Discourse of the Collective Subject* (DCS) <sup>4,5</sup>, a qualitative technique with roots in the Theory of Social Representations <sup>7,8</sup>.

## METHOD

This was a cross-sectional study performed with women aged between 15 and 49 years, living in a metropolitan area of the city of Brasília, DF, known as Varjão, in 2007.

A process of simple random sampling was considered to obtain the sample size, using the proportion of women who had suffered violence by intimate partners. The minimum sample size was 257 women, considering that the 2000 Census<sup>†</sup> included 1,688 women aged between 15 and 49 years and a prevalence of 27% of physical violence committed by intimate partner throughout life, published in the WHO Multi County Study with a 5% sampling error and 95% confidence interval. A final sample size of 300 women was achieved, with a 17% safety margin. As the study<sup>2</sup> used for the calculation found much lower rates than those observed in the present study, the research sample size was sufficient.

A systematic probability sample design was used to make data collection operational, including a 1/6 sampling fraction or 16.7%. Initially, all blocks and lots where women lived were surveyed. In each household, families were identified and, in each family, women aged between 15 and 49 years were listed for subsequent selection. One woman of each household was selected for interview. Only the 278 women who affirmed having current or past relationships with intimate partners were considered for analysis. The inclusion criteria adopted were: women aged between 15 and 49 years and residents of Varjão for at least a month. The interviews varied from 30 minutes to 120 minutes with an average of 40 minutes each.

“Intimate partner” in this article is a term that describes a husband, boyfriend, fiancé or any other man with whom a woman develops an intimate-affective relationship. Violence by an intimate partner leads to serious consequences and disease susceptibility, being one of the worst social and public health problems worldwide<sup>1,2</sup>.

Before the interview, one code word was defined by the interviewer and interviewee, which would be used in case the latter felt her safety threatened by the arrival of any other person. At such moments, the interviewer would show

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breast self-exam techniques, request privacy to continue the demonstration and use the procedures to guarantee the interviewee's safety, as well as care for the confidentiality and voluntary nature of the participation in the study.

At the end of the face-to-face interview, an open-ended question asking women to describe their personal experience with violence, gave the opportunity to the interviewees to narrate their stories. 195 of these women depicted their personal narratives of violence answering the question developed by the researcher: "We are finishing the interview and I would like to give you the opportunity, in case you have had any episode of violence, to describe it. Would you like to talk about it?". Results regarding the answers to this question were transcribed and analyzed. This was an opportunity to give the respondents a breathing space at the end of the interview. They were free to talk about whatever they wanted to and to reveal information regarding any violent episode that they suffered. Ethical recommendations and protocols were adopted to secure the safety of the subjects of this study. Figure 1 presents an example of data treatment using DCS.

The qualitative data analysis used the DCS technique as proposed by Levevre (2005). Given the fact that the time-consuming nature of discourse analysis makes it hard to undertake a comprehensive analysis of a large number of respondents, we chose a qualitative method which would allow us to gain an overview of the violent episodes that could be grouped by similar central ideas.

The DCS technique is based in the Social Representations theory and it emphasizes the individual and collective taught. This theory considered that in society there is a continual need to perceive "common sense" reasoning that provides an avenue to naturalize gendered-violence. Gender-based violence is a social constructed phenomenon within the context of many social systems of power. Moscovici<sup>7,8</sup> described social representation as representations used with specific purposes in particular situations. Social Representations help to transform an unfamiliar phenomenon into a familiar one through the process of anchoring, which turns something foreign that intrigues us into our particular system of categories that we use in the daily life. In his words, Social Representations are:

Systems of values, ideas and practices with a two-fold function; first, to establish an order which will enable individuals to orientate themselves in their material and social world and to master it; secondly, to enable communication to take place amongst members of a community by providing them with a code for social exchange and a code for naming and classifying unambiguously the various aspects of their world and their individual and group history.<sup>7:23</sup>

Findings were organized using three methodological approaches adopted by the DCS, which are: *Central Ideas; Key Expressions, and the Discourse of the Collective Subjective*. Narratives of violence by the 195 women were grouped by categorical classification. 395 central ideas were identified with their key expressions. Literal words of the respondents were preserved and grouped by major key expression categories with similar central ideas. After several readings, the researcher re-grouped discourses that belong to similar block of central ideas. A total of 32 discourses came out of the narratives. Each one of these thirty two discourses presented individual thoughts (literal key expressions reveal information on thirty two different situations involving violence) and collective thoughts (social representations strata) present in the discourse. Both individual and collective thinking are present in the same speech.

The social representations are cultural norms coming from society, from outside the individual and exert some influence in the discursive contend of every social actor. These collective discourses act in a plurality of concrete directions and diverse forms. They represent public stereotypes, notions, attitudes, standards, inter-generational values and ideals of systems of oppression, such as gender, class division, ethnicity, and so on.

The DCS technique offers a number of distinct advantages which we outlined in this article. Social representation theory helps to explain the construction of the knowledge systems on which individuals rely to interpret and react to life events. Common-sense knowledge unfolds the realm of a collective discourse and the uniqueness of each individual that speaks in a form of collective discourse. Arriving at an understanding of the mechanisms behind these discourses struck us as a valuable opportunity to identify local realities and global trends related to gender based-violence.

This study was approved by the *Comitê de Ética em Pesquisa da Universidade de Brasília* (CEP/FS – Brasília University Research Ethics Committee – Project n. 003/2007).

## RESULTS

Majority of women and men were in the age group of 25 - 34 (45% and 40% respectively). The average years of education were 6.5 years for women (SD = 3.1) and 5.1 years (SD = 3.6) for men. Regarding the employment status, 37% of women and 77% of men were employed; however majority of men's job were part time and per diem jobs. A considerable number of women reported that their male partner moderately use alcohol (49%) and is currently using drugs (11%). With regard to infidelity, 48% of women reported that their partner have, in the pass or currently, an affair with another women. Also 35% of women reported that their partners were involved in a male-to-male episode of physical violence.

Table 1 shows the prevalence of each type of violence by social economical variables. Physical violence was more prevalent among older women aged between 34 and 49 (64%) with lower education (74%), who had a partner in the pass (85%) and states no family support. Physical or sexual violence was more prevalent among women with lower education (75%) who states no family support (66%).

Psychological violence showed the highest prevalence, 80.2% (95% CI: 75.5;84.9) throughout life and 50% (95% CI: 44.1; 55.9) in the last 12 months. Physical violence had a prevalence of 58.6% (95% CI: 52.8;64.4) throughout life and 32.4% (95% CI: 26.9;37.9) in the last year, followed by sexual violence, with 28.8% (95% CI: 23.5;34.1) and 15.5% (95% CI: 11.2;19.8), respectively. (Table 2).

**Figure 1.** Example of data treatment using DCS technique

ID 046 - Narrative of APL, 33 years old

A: My mother used to hit me a lot when I was a child. She beat badly and I had so many cuts in my body. When I was 12, I run way from home and I married a guy that I met. My husband was a monster. He used to arrive at home and starts shooting. He used to drink alcohol a lot. One day he hit me with an electric cable and I couldn't wear any clothes for several days. My whole body had cuts. Then, he puts a gun in my head and had sex with me. It happened for a long time. I used to live waiting for the next episode of physical violence. My God, my life was hell. He didn't even promise to be a better husband. Then he left and I got the kids. Today, my actual husband also drinks and comes home yelling at me and humiliates me. I wish he could change.

A1: My mother used to hit me a lot when I was a child. She beat badly and I had so many cuts in my body. When I was 12, I run way from home and I married a guy that I met.

KE: My mother used to hit me a lot when I was a child. She beat badly and I had so many cuts in my body.

CI: Child abuse and neglect by parent

A:---

Category: **T** - Child abuse history

A2: My husband was a monster. He used to arrive at home and starts shooting. He used to drink alcohol a lot. One day he hit me with an electric cable and I couldn't wear any clothes for several days. My whole body had cuts. Then, he puts a gun in my head and had sex with me. It happened for a long time. I used to live waiting for the next episode of physical violence. My God, my life was hell. He didn't even promise to be a better husband.

KE: My husband was a monster. He used to arrive at home and starts shooting. He used to drink alcohol a lot. One day he hit me with an electric cable and I couldn't wear any clothes for several days. My whole body had cuts. Then, he puts a gun in my head and had sex with me. It happened for a long time. I used to live waiting for the next episode of physical violence. My God, my life was hell. He didn't even promise to be a better husband.

CI: Lack of promises of better days. Severe cycle of violence

A: "My husband was a monster". Social representation that violence is not a human act.

Category: **G** - Goodbye "Honeymoon Phase": a Perverse Cycle of Violence

A3: Then he left and I got the kids. Today, my actual husband also drinks and comes home yelling at me and humiliates me. I wish he could change.

KE: Then he left and I got the kids. Today, my actual husband also drinks and comes home yelling at me and humiliates me.

CI: Alcohol and violence. Women associated the use of alcohol with the episodes of violence.

A: ----

Category: **S** – Violent Cocktail

**Legend:**

Elements	Color Code to highlight the Central Ideas in the women's narratives
<u>ID</u> : identification of the interviewed	<b>1<sup>a</sup> Central Idea</b>
<u>A</u> : Complete answer (women's narrative)	<b>2<sup>a</sup> Central Idea</b>
<u>KE</u> : Key Expression	<b>3<sup>a</sup> Central Idea</b>
<u>CI</u> : Central Idea of the KE	<b>4<sup>a</sup> Central Idea</b>
<u>A</u> : Anchorage (Stratum of Social Representation)	<b>5<sup>a</sup> Central Idea</b>
<u>C</u> : Category	<b>6<sup>a</sup> Central Idea</b>

Seven syntheses of central ideas generated by the question: “We are finishing the interview and I would like to give you the opportunity, in case you have had any episode of violence, to describe it. Would you like to talk about it?” is presented (Table 3). Thirty two women’s discourses were grouped by similar narratives of violence following recommended DCSs technique. These discourses have been organized into seven major categories, which are the synthesis of the central ideas: The engineering of Intimate Partner Violence (eight DCSs) Child abuse histories (six DCSs), Silent violence or silenced violence? (four DCSs), women’s years of potential life suffering (three DCSs), Now is a new time despite the sorrow (four DCSs), Talking about violence...(two DCSs) and Violence is a language (four DCSs).

It is important to emphasize that each one of these discourses is individual and collective at the same time. It is written in the first person singular and the interviewed woman is the only one that speaks. The technique preserves the “voice” of interviewed person and the narrative is like a *subject-that-speaks-directly* and does not need the interference of the meta-linguistic work of the researcher. The categories are not created in advance by the researcher. They are portrayed in the central ideas of the women’s narrative.

The most prevalent discourse was the *Engineering of Intimate Partner Violence* with eight discourses where 114 women’s (58,5% of the key expressions) voiced their experiences with what they perceived as beings descriptions of the building elements of violence. Secondly, the data analyses found six discourses grouped as *Child Abuse Histories* with 77 key expressions out of the 395 (39,5%). *Silent violence or silenced violence* generated four discourses with 43 key expressions (21%) followed by three discourses about *Women’s Years of Potential Life Suffering*, which also had 43 key expressions (Table 3).

**Table 1.** Prevalence of lifetime experience of IPV by type and socio-demographic characteristics of interviewed women in a Metropolitan Area of Brazil's Capital, Federal District, 2007 (N=278)

Characteristics	Prevalence of IPV			
	Physical Violence	Psychological violence	Sexual violence	Physical or Sexual
	n (%)	n (%)	n (%)	n (%)
<b><u>Age group</u></b>				
15 - 24	39 (55%)	59 (83%)	18 (25%)	43 (61%)
25 – 34	77 (58%)	104 (78%)	34 (26%)	79 (59%)
35 - 49	47 (64%)	60 (81%)	28 (38%)	49 (66%)
<b><u>Education (years)</u></b>				
1 to 4	53 (74%)	62 (86%)	28 (39%)	54 (75%)
5 - 7	58 (57%)	80 (79%)	26 ( 26%)	63 ( 62%)
8-10	34 (50%)	51 (75%)	18 (26%)	36 (53%)
11 or more	18 (49%)	30 (81%)	8 (22%)	18 (49%)
<b><u>Religion</u></b>				
Catholic	84 (59%)	114 (85%)	37 (26%)	89 (62%)
Evangelical	44 (55%)	63 (79%)	23 (29%)	46 (58 %)
No religion	31 (65%)	41(85%)	18 (38%)	32(67%)
Other religion	4 (67%)	5 (83%)	2 (33%)	4 (67%)
<b><u>Occupation</u></b>				
Working	65 (63%)	82 (80%)	28 (27%)	66 (64%)
Unemployed/ Looking for a Job	92 (58%)	130 (81%)	49 (31%)	98 (61%)
Student	2 (25%)	5 (63%)	0	2 (25%)
Leave of Absence	4 (50%)	6 (75%)	3 (38%)	5 (63%)
<b><u>Marital Status</u></b>				
Currently married	35 (48%)	52 (71%)	20 (27%)	40 (55%)
Living with man	68 (55%)	98 (79%)	33 (27%)	71 (57%)
Regular partner, living apart	20 (59%)	29 (85%)	8 (24%)	20 (59%)
Had a partner	40 (85%)	44 (94%)	19 (40%)	40 (85%)
<b><u>Family Support</u></b>				
Yes	89 (56%)	126 (79%)	40 (25%)	93 (58%)
No	74 (63%)	97 (82%)	40 (34%)	78 (66%)
<b><u>Time of Residence</u></b>				
Up to 5 years	6 (50%)	11 (92%)	2 (17%)	8 (67%)
6 or more	157 (59%)	212 (80%)	78 (29%)	163 (61%)

**Table 2.** Prevalence of Gender-Based Violence against Women in a Metropolitan Area of Brazil's Capital, Federal District, 2007 (N=278)

<b>Intimate Partner Violence</b>	<b>%</b>
Women aged 15-49 years old who ever experienced physical violence from an intimate partner	58,6%
Women aged 15-49 years old who ever experienced physical violence from an intimate partner in the last 12 months	32%
Women aged 15-49 years old who ever experienced physical violence from an intimate partner who were injured <sup>1</sup> as a result of the violence	51%
Frequency of the injury caused by the physical violence from an intimate partner	Once or twice- 46% Three to Five times -14% Five or + Times - 38%
Women aged 15-49 years old who ever experienced sexual violence from an intimate partner	28,8%
Women aged 15-49 years old who ever experienced sexual violence from an intimate partner in the last 12 months	15,5 %
Women aged 15-49 years old who ever experienced psychological violence from an intimate partner	80,2 %
Women aged 15-49 years old who ever experienced psychological violence from an intimate partner in the last 12 months	50%
Women aged 15-49 years old who ever experienced physical violence from someone other than an intimate partner	49 %
Women aged 15-49 years old who ever experienced sexual violence from someone other than an intimate partner	20%
Women aged 15-49 years old who reported sexual violence below age 15 (Childhood Abuse)	32,4 %
Proportion of women aged 15-49 years old who anonymously reported sexual violence below age 15	34 %

**Tabela 3.** Prevalence of the Discourse of Colective Subject by central ideas with similar meanings in a Metropolitan Area of Brazil's Capital, Federal District, 2007 (N=195)

<b>DSC Key Central Ideas Category</b>	<b>n</b>	<b>%</b>
1. The engineering of Intimate Partner Violence – 8 Discourses	114	58.5
Violent Cocktail	28	14.4
Goodbye “Honeymoon Phase”: a Perverse Cycle of Violence	21	10.8
In the Company of Fear: women living in constant alert state	19	9.7
Risky Pregnancy: Intimate Partner Violence diagnosed	16	8.2
Histories of marital infidelity and violence	12	6.2
Unwanted sex or rape?	9	4.6
Naturalization of violence	5	2.6
To report or not report partner violence: that is the question	4	2.1
2. Child abuse histories - 6 Discourses	77	39.5
He was family!	30	15.4
I didn't know what was done to me	22	11.3
The silence of innocence	12	6.2
Painful memories	5	2.6
Marriage or statutory rape?	4	2.1
Danger on the streets	3	1.6
3. Silent violence or silenced violence? - 4 Discourses	43	22.1
Em briga de marido e mulher a família não está metendo a colher	16	8.2
Children who witness intimate partner violence	12	6.2
When the child talks and the staff chose not to listen to it	10	5.1
You don't talk and I don't ask	5	2.6
4. Women's years of potential life suffering - 3 Discourses	43	22.1
The violence started from the beginning	20	10.3
To stay or to leave? Thinking about leaving an abusive partner	12	6.2
A life trajectory of violence	11	5.6
5. Here and Now: a new season despite the sorrow - 4 Discourses	39	20.0
Today: time for a life free of violence	21	10.8
Here comes the Maria da Penha Law ...	9	4.6
Talking can heal my pain	6	3.1
I'm happy with my intimate partner	3	1.6
6. Violence: our daily bread – 2 Discourses	35	18.0
Our Community's experience of violence	28	14.4
Violence and violence	7	3.6
7. Violence is a language – 4 Discourses	34	17.4
Violence Survivors' Narratives	13	6.7
Language, violence, and gender	9	4.6
The religion discourse	8	4.1
I started the violence: women's confession	4	2.1

## One Example of DCS

A discourse of the collective subject with the title of: Goodbye "Honeymoon Phase": a Perverse Cycle of Violence spoken by 21 women:

I had experienced too much physical violence in my life. Lots and lots of time. He did not even promise to stop hitting me anymore. My husband almost killed me once. One day I ended up unconscious at a local hospital. You know, at the beginning he used to promise that he was going to stop being violent, but later on he'd hit me and not even talk about it afterward. He beat's me up so many times. He used to say that he was going to send me back to my hometown in a little package.... he said he was going to cut me in little pieces and delivery my dead body. I remember the day that he stabbed a knife in my neck and the occasions when he tried to strangle me with his bare hands.

Once, he started to yelled and he took the knife from the kitchen's cabinet saying *I'm going to bleed you, so I can get a rid of you*. I fought hard, I had to hold the knife and then I cut my hand right here. He hit, punched and choked me many times. It was fear and kicks or punches all the time. In one of those nights, he hurt me so badly that I lost the vision on my left eye.

My husband was a monster. He used to arrive at home and starts shooting. He used to drink a lot. One day he hit me with an electric cable and I couldn't wear any clothes for several days. My whole body had cuts. Then, he puts a gun in my head and had sex with me. It happened for a long time. I used to wait the next episode of physical violence. My God, my life was hell. He didn't even promise to be a better husband. You know, I was bringing home the money from my work, but I still suffered because he hit me.

Another occasion, he threw a hot dish on my face and burnt me. Sometimes when I was tired and forgot to help him change his position at nighttime bed- because he became paralyzed from a shooting - he would awake me up and punch me in the face.

He didn't apologize or promise not to hit me again. I runaway with my kids, but he found me and I had to return home with him. And everything repeated again. He didn't even promise to stop anymore.

My partner hit my back with a knife. Look at these scars. One day he hit my head with a metal object, I fainted. After that he hit me and placed fire at our home. I don't think he will stop hitting me. I don't have any hope that he will ever stop hitting me. That he is going to stop doing that. He hit me and then after sometime he hit me again. Just like that...

He'd arrive at home and start to hit me because he thought I was seen somebody. He grabbed my neck and threw a pot in my direction. I screamed and my neighbor came and told him that she was going to call the police. He fled. Later, he arrived at home and started shouting, shoving, pulling my hair, pushing me and throwing me at the floor. I faint. My husband used to punch me, throwing a wood stick on me, trying to hit me with several garden tools and knives. He placed the blades in my neck to kill me, but I screamed and his nephew came to help me.

After several years of supporting all the violence I'm planning to leave him. He doesn't even promise me anymore that he was going to try to stop hitting me. I'm always waiting the next fight. He no longer promises to stop his violent behavior. I was like a punching bag waiting for next beat.

## **DISCUSSION AND IMPLICATION**

The *universe of the discourse* showed similarities and differences for the same type of violent act that was experienced. The narratives are intense and demonstrate the treat for human well being. Dignity and human security are core elements of humanity and the presence of intimate partner violence endangers the human right project.

Despite the facts that literacy rate for Brazilian women is higher than those for men, the human rights advocacy and mandatory specific legislation have been enacted, and raised societal awareness of intimate partner violence as crime, violence against women continues to present high rates. The struggle to end violence against women is far from its end. The vulnerability of women's life cycle, especially during childhood, is highlighted in the results of this study. Reducing violence against women is an essential part of the Millennium Development Goal (MDG) which a total of 191 State Members, including Brazil, have pledged to achieve by the year 2015. This study showed that the reality of Intimate Partner Violence in Brazil is far from meeting its reduction target.

The conduction of an open-ended question, at the final section of the interview, was a very important and fertile experience. In addition, the selected interview technique was essential to help the respondent to feel comfortable during the process of releasing sensitive information. It allowed the opportunity to the interviewer to probe the respondent and provide a time for the interviewed to think about what was informed during all the 57 closed-ended questions that were answered before. The unstructured part of the interview provided a relaxed and unhurried atmosphere that acknowledged the pain of the violence suffered, the opportunity to stimulate the memory, and a breathing space to deal with the remembering of deep feelings or guarded emotions. At all the time the interviewer was attentive to the emotional thresholds of the respondents and offered silence periods, an entitlement to stop the disclosure experience at any time, offer to wait during long silent pauses and window of opportunities giving the women the needed time to utter her emotions and share her new knowledge about past or actual traumatic events.

In several occasions, the interviewer provided pauses at the end or even during the interview process to offer an opportunity for the women to rethink and re-interpret what had happened in her past or present. In some cases it was actually the first time that they were having the chance to name the abuse as violence and human violation. Michaud<sup>6</sup> affirms that the experience of naming or labeling violent acts as violence is part of the civilization process of human beings. Faceless and voiceless women were attempting to express their feelings and place a correct label to the suffered abuses. The range of violent acts that women may experience in their life journey is wide and needs to be seriously

addressed at the individual, institutional and societal levels. Labelling ability to identify violent acts as violence is part of the democratic development of contemporary societies. The DCS preserves the *voice* of the respondents and offers a mental map on some of their acquired knowledge related to the violence that they are suffering.

The subject matter of the violence was well exemplified by 21 women that discoursed about the lack of the “honeymoon” phase in the *cycle of violence*<sup>10</sup> that they were dealing with. The discourse called *Goodbye “Honeymoon Phase”: a Perverse Cycle of Violence* clearly describes the women’s expectation of hearing her partner’s promises that he would stop his violent behavior. More than anything else, she acknowledges that he is no longer offering any hope related to his own commitment towards non-violent behavior. She wanted him to change, but in the same token her testimony presents signs of hopelessness and reality crash.

The severe spiral of violence, from tension building and systematic humiliation and degradation stage to the violent phase showed no signs of promises. The honeymoon phase is not seen in the picture. The shorter version of the cycle found in this study shows that violence repeats itself, and overtime moves from tension to acute battering phase and seems like it returns to tension. The violent phase is lengthier and severe. The violence survivor is conscious that her life is a “hell scenario”. Fear and suffering are her constant feelings. The variety of instruments to inflict pain and establish complete control over the women’s body used by the perpetrators is well documented in the cruel sequence of events described by those women. Twenty one women told their story of unfulfilled needs for security, human right respect, and conjugal partnership. Life is on the limit. Death is a possibility. Peacemaking is no longer present in the scene. The discourse is harsh and shows the dangerous situation that women are living.

The DCS technique preserved the story that was entrusted to the researcher. It challenges the researcher ability to maintain the meaning of the narratives as close to the revealed information as possible using the complete set of words use employed to describe the central idea. The narrative of one episode of violence can have several Main Ideas supported by their Key Expressions (Figure 1). The discourses of the survivors are available to be used

with different theoretical treatments and interpretations as needed in the future. These narratives can also be used for academic, educational, and media purposes. It can also be used to promote community awareness and professional trainings. The high rates of lifetime experience of physical (58,6%), psychological (80%), and sexual violence (28%) is better understood when the numbers get the colors from the women's words. Their discourses were like vivid pictures of strong, and not weak, women that are dealing with the unimaginable and brutal use of force. The civilization process needs to advance and the human factor needs to be prioritized in levels of policy and decision makers. The DCS allowed treating qualitatively a larger number of interviews. 195 women had their narratives of a violent episode that they suffered treated and analyzed. The meaning of each discourse needs to be considered through a system of social negotiation rather than being a fixed and defined interpretation. This is the core of the social representation theory.

During the interview, many women revealed their histories of abuse by the first time. The high prevalence of childhood abuse (32%) shows that the women were comfortable talking about this topic. In some occasions, it was as if the knowledge about the past occurrence of childhood abuse was there, almost as an unconscious level, whether they remember the full extension of it or not. Then, as the information was retrieved and organized during the interview process - in some occasions by the first time - it was processed and interpreted as sexual violence perpetrated by family members or family friends. For example, a description of forced sexual activities during childhood was first name as child abuse at some point at the end of an interview. Also, a forced marital sexual activity was interpreted as spousal rape during some of the answers to the questions. Sometimes it was necessary to interrupt the interview and allow the women to take the charge of the process. Another time, it was necessary to allow a moment of silence to help the women deal with her own emotions, the new understanding that she was violated at an early age. Those were precious and empowered time that required fine observation skills and ability to discern what to say and most important what not to say. It was not the interviewer time. It was beyond a planned research schedule and protocol. It required experience, maturity and knowledge of the intimate partner violence phenomenon to understand that what was happening was bigger than a

research project. Therefore, those were occasions to design individual plan on how to contact needed services for specific situations. Additionally, in several occasions it was necessary to cancel previous scheduled interviews in order to search support services that were necessary to assist some women. The technique of the research was maintained and – an essential aspect of it- the ethical commitment to the human needs was prioritized. It took longer than anticipated to finish the interview process, but the research had multiple gains. Data collection, critical thinking pauses, empowerment experiences, and disclosure opportunities were just some of the outcomes from a qualitative research method that transformed an interview into an opportunity to the women to do a self-dialogue and a soul exercise.

Some methodological aspects could have contributed to increase the reporting of episodes of violence, especially those of a sexual nature, which have been described as more difficult to be exposed than acts of violence of a different nature.<sup>9</sup> The technique used in the interview included moments of silence and pauses, respecting women's individual rhythm. All interviews were conducted by the research coordinator, enabling homogeneity in the strategies to allow interviewees to be in a comfortable situation that encouraged them to reveal painful events that were often being narrated for the first time. The need for individuals experienced in the field of interpersonal violence represents a challenge to the logistic preparation of population-based studies involving multiple interviewers.

In conclusion, this study shows the high prevalence of forms of violence against women committed by intimate partners, who deny them the condition of "an individual with rights" in intimate-affective relationships. The development of a culture that does not tolerate the maintenance of such forms of violence in all spheres of the ecology of human relationships is essential to reduce these indices.

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