



Association between partner profile and the occurrence of violence against women

Associação entre o perfil do parceiro e a ocorrência de violência contra a mulher

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ABSTRACT

This study aimed to verify the relationship between intimate partner characteristics and the prevalence of psychological, physical, and sexual violence against women. It is a descriptive study conducted in a regular-risk maternity hospital in Vitória, state of Espírito Santo, Brazil. Partner characteristics were collected through a semistructured questionnaire, and violence was measured by the World Health Organization - Violence Against Woman instrument. Intimate partner characteristics were associated with violence, such as not being the father of the newborn, young adults, having alcoholic and smoking habits, using illicit drugs, and being jealous and controlling. Thus, identifying the intimate partner profile during gynecological and prenatal consultations constitutes an important tool for screening possible risk factors for violence against women.

Keywords: Violence. Violence Against Women. Intimate Partner Violence. CrossSectional Studies.

RESUMO

Objetivou-se verificar a relação entre as características do parceiro íntimo e a prevalência de violências psicológica, física e sexual contra a mulher. Trata-se de estudo descritivo realizado em uma maternidade de risco habitual, no município de Vitória, no estado do Espírito Santo, Brasil. As características do parceiro foram coletadas por questionário semiestruturado, e a violência foi mensurada pelo World Health Organization - Violence Against Woman. As características do parceiro íntimo estiveram associadas à violência, como não ser o pai do recém-nascido, adultos jovens, ter hábitos alcoólicos e tabágicos, usar drogas ilícitas e ser ciumento e controlador. Desse modo, a identificação do perfil do parceiro íntimo, durante as consultas ginecológicas e pré-natal, constitui uma importante ferramenta para o rastreamento de possíveis fatores de risco para a violência contra a mulher.

Palavras-chave: Violência. Violência contra a Mulher. Violência por Parceiro Íntimo. Estudos Transversais.

INTRODUCTION

Violence against women is one of the leading causes of female death and thus highlights a significant problem of human rights violation and challenge for global public health¹. The United Nations (UN) defines violence against women as “any act of genderbased violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life”. Briefly, they are aggressive behaviors occurring within the context of an intimate relationship, resulting in physical, psychological, or sexual harm to its members².

Violence mainly occurs in the family environment, and the intimate partner is the main aggressor³. Despite limitations in making causal inferences from the literature, certain characteristics such as unemployment, lower education, and alcohol consumption are the main factors perpetrating violence⁴⁻⁵.

Internationally, corroborating with national findings⁴⁻⁵, studies conducted in Spain⁶, Canada⁷, and Haiti⁸, showed that violence against women is directly related to the controlling and antisocial characteristics of the partner. However, despite all these studies agreeing that this type of violence should be treated as a public health issue, they also reiterate the difficulty of outlining a specific profile of the aggressor.

Gender issues, linked to the expressions of masculine and feminine, historically assigned through social and cultural impositions, subject women to situations of subalternity based on a supposed biological inferiority⁹. It is important to consider that violence against women can occur at different life stages, including during pregnancy, and, whether psychological, physical, or sexual, can cause harm both to the mother and the fetus¹⁰.

In this scenario, exposure to intimate partner violence during pregnancy increases

the chances of developing depressive symptoms and post-traumatic stress disorders, prematurely interrupting exclusive breastfeeding, and miscarriage¹⁰⁻¹¹. A relationship exists between a higher risk of fetal and neonatal death among women who experienced violence during pregnancy¹². Additionally, violence is linked to intrauterine growth restrictions, being born small for gestational age (SGA), and elevated plasma levels of Glutamate, GABA, and cortisol¹².

Given the above, it is evident that violence against women is often silenced and grows epidemiologically, making it crucial for health professionals to listen attentively, enabling the construction of a trusting relationship aimed at comprehensive care and a broader look at screening for violence¹³.

Furthermore, during the COVID-19 pandemic, few studies on violence estimates and perpetrator profiles were developed, various elective health services were suspended, and a decrease in people’s movement to health services was observed, making it difficult to screen, identify, notify, care for, and refer women in situations of violence¹⁴.

Finally, given the relevance of the topic, it is essential to know the intimate partner profile and the factors associated with violence, for planning and developing strategies to address this issue. Thus, from these findings, it is possible for managers, professionals, especially in health and society in general, to develop intervention measures, prevention, combat violence, and promote health and the culture of peace.

Therefore, this study aimed to verify the relationship of intimate partner characteristics with the prevalence of psychological, physical, and sexual violence against women.

METHODOLOGY

This is a descriptive study conducted at a regular-risk maternity hospital in Vitória, Espírito

Santo (ES), Brazil. The methodology was based on the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)¹⁵. Data were collected from August to December 2021, through interviews conducted in the wards of the said maternity. The interviews were conducted by a properly trained team, all female, in a private space for the comfort of the interviewees. The sample selection adopted the following inclusion criteria: postpartum women at least 24 hours postdelivery, regardless of the delivery method and age group.

The sample size was calculated using the OpenEpi[®] program, considering an annual average of 4,800 admissions to the maternity, and a prevalence of 41% of violence perpetrated by an intimate partner, as presented in a previous study¹⁶. A margin of error of 5 percentage points, a confidence level of 95%, an addition of 10% for possible losses, and 30% for adjusted analyses were adopted, with the final sample being 512 women.

The questionnaire was constructed with questions about the intimate partner profile where the following variables were collected: whether the current partner is the father of the newborn (yes or no); age group (12 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 years and older), race/skin color (white, non-white); education (up to elementary school, middle school, high school, or higher education); has a paid job (yes or no); alcoholic habits (yes or no); smoking habits (yes or no); partner uses illicit drugs (yes or no); partner is jealous (yes or no); controlling partner (yes or no); and if you have ever been afraid of your partner (yes or no). For screening the occurrence of violence at any time in life, the World Health Organization - Violence Against Woman Study (WHO VAW Study) questionnaire was applied. This scale was translated into Portuguese and validated for use in Brazil and screens the occurrence of violence (physical, psychological, and/or sexual) against women perpetrated by an intimate partner (IPV)¹⁷.

All analyses were performed in Stata[®] version 15.1, where the tabulated and qualified data were imported into Microsoft Excel Software. Descriptive analysis was reported through frequency tables (absolute and relative). Bivariate analysis to verify the association between the intimate partner profile and the occurrence of violence was performed using the chi-square test of heterogeneity or Fisher's Exact Test, as appropriate. All analysis results are expressed along with their 95% Confidence Intervals (CI95%).

The Ethics and Research Committee approved this study under opinion number 4.73.4133. All interviewees signed the Informed Consent Form (ICF) and/or the Informed Assent Form (IAF) in the case of minors under 18 years of age.

RESULTS

The sample of this study consisted of 512 postpartum women. Table 1 displays the demographic, socioeconomic, and behavioral characteristics of the interviewees' intimate partners. According to Table 1, it is noted that about 96% of the partners were the father of the newborn, nearly 24% were aged between 25 to 29 years, 74.4% were non-white, and the majority (61.1%) had completed high school. Of the total, 80.3% were employed, 55.5% had alcoholic habits, 23.4% had smoking habits, and approximately 12% used illicit drugs. Behaviorally, 28.1% of the partners were jealous, 16.4% were controlling, and almost 5% of the partners admitted to feeling afraid of their companion (Table 1).

Table 1. Partner Characteristics of Postpartum Participants - Vitória, ES, 2021 (N=512)

Partner Characteristics	N (%)	Sample Profile
		CI95%
Is he the father of the newborn?		
No	21 (4.1)	2.7-6.2
Yes	491 (95.9)	93.7-97.3
Age Range		
12 to 19 years	29 (5.7)	4.0-8.0
20 to 24 years	121 (23.6)	20.1-27.5
25 to 29 years	122 (23.8)	20.3-27.7
30 to 34 years	116 (22.7)	19.2-26.5
35 to 39 years	64 (12.5)	9.9-15.7
40 years or more	60 (11.7)	9.2-14.8
Race/Skin Color		
White	131 (25.6)	22.0-29.6
Non-white	381 (74.4)	70.4-78.0
Education (n=473)		
Up to Elementary School	31 (6.6)	4.6-9.2
Middle School	94 (19.9)	16.5-23.7
High School	289 (61.1)	56.6-65.4
Higher Education	59 (12.4)	9.8-15.8
Does he have paid employment?		
No	101 (19.7)	16.5-23.4
Yes	411 (80.3)	76.6-83.5
Alcoholic Habits		
No	228 (44.5)	40.3-48.9
Yes	284 (55.5)	51.1-59.7
Smoking Habits		
No	392 (76.6)	72.7-80.0
Yes	120 (23.4)	20.0-27.3
Use of Illicit Drugs		
No	451 (88.1)	85.0-90.6
Yes	61 (11.9)	9.4-15.0
Jealous Partner		
No	368 (71.9)	67.8-75.6
Yes	144 (28.1)	24.4-32.2
Controlling Partner		
No	428 (83.6)	80.1-86.6
Yes	84 (16.4)	13.4-19.9
Fear of Partner		
No	487 (95.1)	92.9-96.7
Yes	25 (4.9)	3.3-7.1

Source: Own elaboration.

N: raw frequency.

%: relative frequency.

95% CI: 95% confidence interval.

Table 2 presents the distribution of types of violence against women perpetrated by an intimate partner according to the partner's characteristics. The highest prevalences of physical, sexual, and psychological violence occur when the partner is not the father of the newborn ($p < 0.05$). Age, race/skin color, education, and employment status were not associated with violence in this study ($p > 0.05$). The highest prevalence of psychological violence was among women whose partners were aged between 20

and 24 years ($p < 0.05$).

The prevalence of physical and psychological violence was higher in the group of women whose partners had alcoholic habits, used drugs, and were jealous ($p < 0.05$). Moreover, victimization by all three types of violence was higher among those whose partners had smoking habits, were controlling, and those whom the participants reported feeling afraid of ($p < 0.05$) (Table 2).

Table 2. Lifetime prevalence of physical, psychological, and sexual violence according to the characteristics of postpartum participants' partners - Vitória, ES, 2021 (N=512)

(Continued)

Partner Characteristics	Physical Violence		Psychological Violence		Sexual Violence	
	%	p-value CI95%	%	p-value CI95%	%	p-value CI95%
Is he the father of the newborn?		0.004^a		0.001^b		0.001^a
No	61.9	40.2-79.7	81.0	58.8-92.7	42.9	24.0-64.1
Yes	30.1	26.2-34.4	44.6	40.2-49.0	12.4	9.8-15.7
Age Range		0.935^a		0.010^b		0.238^a
12 to 19 years	31.0	16.8-49.8	44.8	28.1-62.9	20.7	9.6-39.1
20 to 24 years	32.2	24.5-41.1	57.9	48.9-66.3	14.9	9.6-22.4
25 to 29 years	32.8	25.0-41.6	49.2	40.4-58.0	12.3	7.5-19.4
30 to 34 years	33.6	25.6-42.6	44.0	35.2-53.1	16.4	10.7-24.3
35 to 39 years	28.1	18.5-40.3	35.9	25.2-48.3	14.1	7.5-24.9
40 years or more	26.7	17.0-39.2	31.7	21.2-44.4	5.0	1.6-14.4
Race/Skin Color		0.486^a		0.122^a		0.573^a
White	29.0	21.9-37.4	51.9	43.4-60.3	12.2	7.6-19.0
Non-white	32.3	27.8-37.2	44.1	39.2-49.1	14.2	11.0-18.1
Education (n=473)		0.596^a		1.000^b		0.481^a
Up to Elementary School	35.5	20.8-53.5	45.2	28.8-62.6	22.6	11.1-40.4
Middle School	33.0	24.2-43.1	45.7	36.0-55.9	14.9	9.0-23.6
High School	28.7	23.8-34.2	45.3	39.7-51.1	12.8	9.4-17.2
Higher Education	35.6	24.5-48.5	45.8	33.6-58.5	13.6	6.9-24.9
Does he have paid employment?		0.721^a		0.902^b		0.746^a
No	29.7	21.6-39.3	45.5	36.1-55.3	14.9	9.1-23.3
Yes	31.9	27.5-36.5	46.2	41.4-51.1	13.4	10.4-17.0
Alcoholic Habits		0.005^a		0.002^b		0.121^a

(Conclusion)

Partner Characteristics	Physical Violence		Psychological Violence		Sexual Violence	
	%	p-value CI95%	%	p-value CI95%	%	p-value CI95%
No	25.0	19.8-31.1	38.6	32.5-45.1	11.0	7.5-15.7
Yes	36.6	31.2-42.4	52.1	46.3-57.9	15.9	12.0-20.6
Smoking Habits		0.001^a		<0.001^a		0.014^a
No	27.6	23.3-32.2	40.6	35.8-45.5	11.5	8.7-15.0
Yes	44.2	35.5-53.2	64.2	55.2-72.2	20.8	14.5-29.0
Use of Illicit Drugs		0.005^a		<0.001		0.074^a
No	29.3	25.2-33.6	42.8	38.3-47.4	12.6	9.9-16.0
Yes	47.5	35.3-60.0	70.5	57.9-80.6	21.3	12.8-33.4
Jealous Partner		0.013^b		0.001^b		0.090^a
No	28.3	23.9-33.1	41.3	36.4-46.4	12.0	9.0-15.7
Yes	39.6	31.9-47.8	58.3	50.1-66.1	18.1	12.6-25.2
Controlling Partner		<0.001^a		<0.001^b		0.005^a
No	27.8	23.8-32.3	42.5	37.9-47.3	11.7	9.0-15.1
Yes	50.0	39.4-60.6	64.3	53.5-73.8	23.8	15.9-34.1
Fear of Partner		<0.001^b		0.001^a		0.003^a
No	29.6	25.7-33.8	44.4	40.0-48.8	12.5	9.9-15.8
Yes	68.0	47.8-83.1	80.0	60.0-91.4	36.0	19.6-56.1

Source: Own creation.

% = Relative frequency.

IC 95% = 95% confidence interval.

a = Fisher's exact test / b = chi-square test.

DISCUSSION

This study demonstrates that certain characteristics of the partner are associated with higher prevalences of violence against women, mainly behavioral aspects. Higher frequencies of violence against women, whether physical, sexual, and/or psychological, are noted when the partner is not the biological father of the newborn, which may occur due to disagreements between the couple, whether because of jealousy or fear of the woman's involvement with the ex-partner¹⁸. This result is similar to the study that points out psychological violence as more frequent among postpartum women whose partner was not the biological father of the newborn¹⁹.

It is known that the arrival of children changes the couple's routine, which can cause stress and disputes; moreover, when the partner is not the biological father of the child, these issues intensify, possibly leading to conflicts in the current relationship, as it can generate insecurities and fears of interference from the ex-partner¹⁸. A study aimed at identifying the precipitating elements of marital violence indicated that the presence of children is a strong precipitator, especially if they are the result of previous relationships, given the partner's difficulty in accepting such a situation¹⁸.

The results show a higher prevalence of psychological violence perpetrated by aggressors in the age group of 20 to 24 years. Research

on the profile of aggressors highlights the age group of 25 years or older²⁰ and 19 to 30 years²¹, that is, young adults have higher probabilities of perpetrating violence, whether because of immaturity, cultural gender condition, or even immaturity and insecurity in conflict resolution.

This study shows an association between violence and the use of licit and illicit substances, highlighting a possible aggravation of aggression when such substances are used, potentially putting the woman's life at risk. The use of illicit substances can be considered a predictive factor of violence against women; moreover, as they are substances that reduce the ability to control impulses, often in conflict situations the woman becomes vulnerable to the partner and consequently to the violence²².

A recent study on the association between violence against women and the intimate partner profile highlighted that psychological, sexual, and physical violence was more prevalent among women whose partners used drugs, smoked, drank alcohol, and were considered by the woman to be jealous or controlling, in the same way as found in the present research⁴. Although the use of these drugs acts as a potentiator of such aggression and it is not possible to affirm the causal relationship with violence, as the intimate partner reduces the use of drugs, the violence cases also decreases⁵. Another study highlights the use of illicit drugs with an increase in cases of violence in the home context²³.

Regarding tobacco use, smoking habits have been linked to a higher prevalence of all three types of violence, echoing findings from another study that observed an increased risk of partner violence for women with smoking partners compared to those with non-smoking partners²⁴. This may be due to behavioral changes caused by nicotine consumption, leading to more impulsive, irritable, and conflict-prone individuals, thereby raising the likelihood of violent acts²⁵.

Controlling behavior was associated with the perpetration of physical violence in this research. Partners with controlling attitudes were also found in another study to have a higher likelihood of committing violence against women²⁶. Such controlling behaviors significantly differentiate the instances of physical, sexual, and psychological violence ($p < 0.05$), underscoring the power imbalance and negotiation disparities in relationships and highlighting women's subjugation under patriarchy and machismo²⁷.

Over time, women's designated roles as caregivers for the home or husband and children have evolved. The changing social position of women, often perceived as challenging male authority and masculinity, reflects an ongoing pattern of inequality between men and women²⁸. In this context, jealousy is seen as a threat tied to fear or loss (real or imagined) of a partner, driven by feelings of possession, love, and competitiveness²⁹.

A survey aimed at understanding the sociodemographic and health characteristics of women victims of violence under the protective custody of the State of Ceará found jealousy to be the primary trigger for aggression³⁰. These findings serve as a critical resource for professionals, including doctors, nurses, social workers, and psychologists, alerting them to how jealousy can lead to assaults with severe consequences for victims, necessitating attention to initial signs of jealousy³⁰.

Another noteworthy result is the participants' fear of their partners, which was linked to a higher prevalence of violence. This finding is significant because fear is considered one of the factors preventing women from leaving violent situations. Additionally, impunity also silences women. This overwhelming fear undermines the victim, leading to a contentious dynamic in the relationship with their intimate partner. The presence of fear is tied to an increased occurrence of violence³¹.

Some limitations of this study can be mentioned, including potential information bias related to the data collection process, as the partner data were provided by the interviewed women. If such an error exists, it could be non-differential, possibly leading to an underestimation of the association. Similar considerations apply to the data collection environment and the situation regarding violence, which might also be underestimated. However, precautions regarding a private data collection environment and other situations were anticipated by the team during the planning phase to prevent such occurrences.

Despite these limitations, the findings of this research align with those of other studies on the same topic. There is a noticeable lack of scientific literature on male perpetrators of violence against women, both internationally and nationally, highlighting the need and importance of further research, including longitudinal studies that could establish temporal and causal relationships.

PRACTICAL IMPLICATIONS OF THE STUDY

The study highlights the need for health professionals to include in their data collection information on intimate partner characteristics and behaviors, such as drug use and abuse, jealousy, and controlling relationships. These insights are crucial for identifying women at higher risk of violence exposure.

It is emphasized that addressing violence requires not only the support of healthcare services but also a multidisciplinary team. Beyond reporting, victims have the right to receive care, support, and information about their rights, as well as access to other services that meet their care needs. Thus, it is necessary for healthcare services to establish protocols and screening tools for violence, and to encourage dialogue between different sectors to ensure comprehensive care and promote overall health and well-being.

CONCLUSION

The study found that certain intimate partner characteristics, such as not being the biological father of the newborn, being a young adult, having alcoholic and smoking habits, using illicit drugs, and being jealous and controlling, are linked to higher frequencies of violence against women.

Identifying the intimate partner profile during gynecological and prenatal consultations is a vital tool for screening potential risk factors for violence against women. Health professionals must stay informed on handling suspected and confirmed cases of violence, promoting prevention, addressing the issue, enabling the breaking of this cycle, and providing care for victims.

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