

## FACTORS ASSOCIATED WITH VIOLENCE AGAINST WOMEN IN THE PREVIOUS LIFE OF IMPRISONED WOMEN

### FATORES ASSOCIADOS À VIOLÊNCIA CONTRA MULHER NA VIDA PREGRESSA DE MULHERES ENCARCERADAS

### FACTORES ASOCIADOS A LA VIOLENCIA CONTRA LA MUJER EN LA VIDA PASADA DE MUJERES DETENIDAS

 Vanessa Cristina Fanger <sup>1</sup>  
 Sílvia Maria Santiago <sup>2</sup>  
 Celene Aparecida Ferrari Audi <sup>2</sup>

<sup>1</sup> Pontifícia Universidade Católica de Campinas – Puc Campinas, Faculdade de Medicina, Campinas, SP – Brazil.

<sup>2</sup> Universidade Estadual de Campinas – UNICAMP, Departamento de Saúde Coletiva, Campinas, SP – Brazil.

Corresponding author: Vanessa Cristina Fanger  
E-mail: vanessafanger@yahoo.com.br

#### Author's Contributions:

**Conceptualization:** Vanessa C. Fanger, Celene A. F. Audi;  
**Data Collection:** Sílvia M. Santiago, Celene A. F. Audi;  
**Investigation:** Vanessa C. Fanger, Celene A. F. Audi;  
**Methodology:** Vanessa C. Fanger, Celene A. F. Audi; **Project Management:** Vanessa C. Fanger, Celene A. F. Audi;  
**Software:** Vanessa C. Fanger, Celene A. F. Audi; **Statistical Analysis:** Vanessa C. Fanger, Celene A. F. Audi; **Supervision:** Celene A. F. Audi; **Validation:** Vanessa C. Fanger, Sílvia M. Santiago, Celene A. F. Audi; **Visualization:** Vanessa C. Fanger, Sílvia M. Santiago, Celene A. F. Audi; **Writing - Original Draft Preparation:** Vanessa C. Fanger, Celene A. F. Audi; **Writing - Review and Editing:** Vanessa C. Fanger, Sílvia M. Santiago, Celene A. F. Audi.

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## ABSTRACT

From a public health perspective, the disproportionate burden of physical and psychiatric illness in the prison system presents a challenge and an opportunity for interdisciplinary action around the world. **Objective:** to verify the prevalence and factors associated with violence in the previous life of female prisoners of the *Campinas Penitentiary for Women* – SP. **Method:** this is a cross-sectional study conducted with 1,013 inmates. Multiple logistic regression analysis was performed. **Results:** 40.3% of the women suffered psychological violence and 31.2% suffered physical/sexual violence. Non-white skin color (OR=1.40; 95% CI: 1.09 – 1.81), tranquilizer use (OR=1.40; 95% CI: 1.04-1.93), physical violence reported before 15-year-olds (OR=1.40; 95% CI: 1.05-1.87) and common mental disorder (OR=1.95; 95% CI: 1.47-2.60) were positively associated to psychological violence. The prevalence of physical violence was higher in single/divorced/separated women, in those who witnessed physical aggression in childhood and with positive CMD screening. **Conclusion:** among the gender-specific demands, violence against women deserves special attention, since it is a recurring offense that causes irreparable damage to the physical and psychological health of the victims, thus constituting a public health problem. Actions to promote health and peace culture must be worked on from childhood.

**Keywords:** Women; Violence Against Women; Battered Women; Domestic Violence; Women's Health; Risk Factors; Prisons; Prisoners.

## RESUMO

Sob o olhar da saúde pública, a desproporcional carga de doença física e psiquiátrica no sistema carcerário apresenta um desafio e uma oportunidade para ações interdisciplinares em todo o mundo. **Objetivo:** verificar a prevalência e os fatores associados à violência na vida pregressa das reeducandas da Penitenciária Feminina de Campinas-SP. **Método:** trata-se de estudo transversal realizado com 1.013 reeducandas. Realizou-se análise de regressão logística múltipla. **Resultados:** sofreram violência psicológica 40,3% e violência física/sexual 31,2% das mulheres. Cor da pele não branca (OR=1,40; IC95%:1,09 - 1,81), uso de tranquilizante (OR=1,40; IC95%:1,04-1,93), violência física referida antes dos 15 anos de idade (OR=1,40; IC95%:1,05-1,87) e transtorno mental comum (OR=1,95; IC95%:1,47-2,60), associaram-se positivamente à violência psicológica. A prevalência de violência física foi maior nas mulheres solteiras/divorciadas/separadas, naquelas que presenciaram agressão física na infância e com rastreamento positivo para TMC. **Conclusão:** entre as demandas específicas do gênero, merece especial atenção a violência contra a mulher, já que é um agravo recorrente, que causa danos irreparáveis à saúde física e psicológica das vítimas, configurando-se em um problema de saúde pública. Ações de promoção da saúde e cultura de paz devem ser trabalhadas desde a infância.

**Palavras-chave:** Mulheres; Violência contra a Mulher; Mulheres Maltratadas; Violência Doméstica; Saúde da Mulher; Fatores de Risco; Prisões; Prisioneiros.

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## RESUMEN

*Desde una perspectiva de salud pública, la carga desproporcionada de enfermedades físicas y psiquiátricas en el sistema penitenciario presenta un reto y una oportunidad para la acción interdisciplinaria en todo el mundo. **Objetivo:** verificar la prevalencia y los factores asociados con la violencia en el pasado de las presas en Campinas-SP. **Método:** estudio transversal con 1.013 reeducandas. Se realizó un análisis de regresión logística múltiple. **Resultados:** el 40,3% de las mujeres sufrió violencia psicológica y el 31,2% violencia física / sexual. La tez no blanca (OR = 1,40; IC 95%: 1,09 – 1,81), el uso de tranquilizantes (OR = 1,40; IC 95%: 1,04-1,93), la violencia física reportada antes de los 15 años (OR = 1,40; IC 95%: 1,05-1,87) y el trastorno mental común (OR = 1,95; IC 95%: 1,47-2,60) está asociados a la violencia psicológica. La prevalencia de violencia física fue mayor en las mujeres solteras / divorciadas / separadas, en aquellas que presenciaron agresiones físicas en la infancia y con rastreo positivo de trastornos mentales comunes (TMC). **Conclusión:** entre las demandas específicas de género, se debe prestar especial atención a la violencia contra las mujeres, ya que es un delito recurrente que causa daños irreparables a la salud física y psicológica de las víctimas, lo que resulta en un problema de salud pública. Deben trabajarse desde la infancia acciones para promover la salud y la cultura de paz.*

**Palabras clave:** Mujeres; Violencia contra la Mujer; Mujeres Maltratadas; Violencia Doméstica; Salud de la Mujer; Factores de Riesgo; Prisiones; Prisioneros.

## INTRODUCTION

Violence against women is one of the main forms of violation of their dignity, affecting them in their right to life, health and physical integrity.<sup>1-3</sup> It has been with us since the dawn of humanity, and over the past few decades the combination of work by international women's organizations, scholars, and government committees has resulted in a profound transformation in understanding and fighting it.<sup>4</sup> It is a priority in the agendas of governmental and non-governmental organizations and the State has taken over the implementation of public actions and policies, considering this aggravation a public health problem.<sup>5</sup>

Data on the situation of domestic violence against women in prison in their lives before confinement is rare or nonexistent. In recent years, the rate of female incarceration in the world has grown. According to the World Female Imprisonment List, in 80% of the countries women represent between 2 and 9% of the total prison population.<sup>6</sup> In Brazil, it corresponds to 6,4% and the country in the seventh position worldwide.<sup>7</sup>

In view of this, the present study aimed at analyzing the prevalence and factors associated with violence in the previous life of women incarcerated in a Female Penitentiary (FP) in the inland of the state of São Paulo.

## METHOD

A cross-sectional study was conducted from August 2012 to July 2013, as part of a larger project entitled "Comprehensive health care for women in prison and female servants in a female penitentiary in the inland of the state of São Paulo". The study involved 1,013 students who were in the institution at the time of the research and agreed to participate in the study. Two nurses and a researcher from the university's collective health area were trained to conduct interviews and to collect data.<sup>8</sup>

The specific place used for the application of the questionnaire and data collection, which proved to be the most appropriate within the penitentiary, was the "beauty salon" of the inmates themselves. This location was suggested by them and this proximity to women's reality facilitated the research. While the site was being used for research, the salon's other activities were suspended, ensuring women's privacy during the procedures. The interviews lasted 30 to 40 minutes and the anthropometric data verification and capillary blood collection lasted approximately 10 minutes. Exclusion criteria: inmate not wanting to participate and if any had any mental impairment that made it impossible to answer the questions. There was no loss of participants.

## DATA COLLECTION INSTRUMENT

The participants' information was obtained through a questionnaire applied by trained interviewers. The questions were organized in blocks that addressed various topics related to socioeconomic conditions, health-related behaviors and previous violence, among others.<sup>8</sup> In the present study, two outcomes related to violence were considered: psychological violence and physical or sexual violence, both in the year prior to incarceration (yes or no). Violence was searched by asking: "In the last 12 months, before were convicted, has anyone insulted, "cursed" or humiliated you or made you feel bad?; In the last 12 months, before you were convicted, has anyone done things to intentionally scare or intimidate you (e.g., the way they looked or shouted or breaking things and personal objects or threatened in any way)?; In the last 12 months, before you were convicted, has anyone hit, slapped, kicked or hurt you physically or otherwise?; In the last 12 months, before you were convicted, were you physically forced to have sex when you did not want to? (yes or no); violence before the age of 15 (witnessed physical aggression in the family, suffered physical aggression in the family, were you sexually touched without your consent?) (yes or no)?

The following independent variables were used in the analyses:

- **sociodemographic conditions:** age, place of birth, marital status (married and stable consensual union) yes or no (single, widow, caring), referred skin color, elementary

school (yes or no), whether studying in FP (yes or no), monthly income (if they receive any financial resources even if they are in prison) and number of children.

- **morbidity related** to common mental disorder (CMD) with cutoff point  $\geq 8$ .<sup>9</sup>
- **lifestyle-related indicators and health-related behavior:** nicotine dependence assessed by the Fagerström test.<sup>10</sup> Use of tranquilizers (yes or no), physical activity with a frequency of 30 minutes or more daily (yes or no), body mass index (BMI) ( $\text{Kg/m}^2$ ) with cutoff points adopted by the World Health Organization<sup>11</sup> and engaging in risky sexual activity (yes or no).
- **drug use:** used drugs in the last year before being convicted (yes or no) and frequency of use (never used or  $\leq 1$  time/month or 1 time or more per week).

The project was approved by the Research Ethics Committee of the Penitentiary Administration Secretariat (CEP/SAP Opinion N° 045/2011). For all the inmates, the Free and Informed Consent Form was read, which explained the study objectives and procedures in detail, and they were given a copy of this document.

Initially, descriptive procedures were performed to calculate prevalences and bivariate tests for unadjusted estimates, considering the types of violence (psychological violence and physical/sexual violence) as dependent variables and the sociodemographic characteristics, lifestyle, common mental disorder and violence suffered before the age of 15 as independent variables. These analyses were followed by multiple modeling procedures using logistic regression, including in the model all the independent variables that were associated with the two dependent variables – psychological violence and with the physical and/or sexual variable – at a level of significance below 20% ( $p < 0.20$ ).

The *stepwise forward* procedure was used for the elaboration of the multiple model, the variable remaining the variable if

$p \leq 0.05$ . The strength of association between the independent and dependent variables was expressed as estimated values of *odds ratio* (OR) gross and adjusted, with a 95% confidence interval. To verify the adequacy of the model, the *Hosmer-Lemeshow* test was used. Data was entered into EpiInfo version 7.2. All the inserted questionnaires were checked, as well as the consistency of the information. For the analysis, the SPSS program was used, version 21.0.

## RESULTS

Among the 1,013 interviewed female respondents, 30 (3.0%) were pregnant. The mean age was 30.8 (sd=9.3) years old. Most women were under 39 years old (82%), single (65%), non-white (51.7%), Catholic (42.6%), and with  $\leq 3$  years of schooling (61.4%). It is noteworthy that 80.3% of these women were mothers.

Psychological violence was reported by 40.3% of the women interviewed and 31.2% reported having suffered physical/sexual violence. In the bivariate analysis, non-white skin color and non-Catholic religion were positively associated with psychological violence. Among unmarried women, a higher prevalence of psychological and physical/sexual violence was observed (Table 1).

Regarding lifestyle, behaviors related to health and mental health, there was a higher prevalence of common mental disorder (CMD) among women who reported psychological, physical and sexual violence. It is noteworthy that the use of tranquilizer was positively associated with previous psychological violence (Table 2). Table 3 presents the variables related to violence before the age of 15 suffered by the inmates and their relationship with psychological violence and physical and sexual violence in the year prior to the study. Suffering and witnessing violence was positively associated with psychological violence, and witnessing violence at this stage of life, with physical or sexual violence.

Table 1 - Sociodemographic characteristics and bivariate analyses of FP inmates from the inland of the state of São Paulo, Brazil, 2012-2013

Variables	Total		Psychological Violence		p-value	Physical/Sexual Violence		p-value
	N	%	N	%		N	%	
	1013	100	408	40.3		318	31.4	
<b>Age group</b>								
<39 years old	826	82.0	339	83.7		265	83.9	
40 years old or more	181	18.0	66	16.3	0.255	51	16.1	0.305
<b>Elementary school</b>								
Yes	622	61.4	243	59.6		194	61.0	
No	391	38.6	165	49.4	0.322	124	39.0	0.861
<b>Skin color</b>								
White	487	48.3	177	43.5		142	44.8	
Non-white	521	51.7	230	56.5	0.012	175	55.2	0.130

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Table 1 - Sociodemographic characteristics and bivariate analyses of FP inmates from the inland of the state of *São Paulo*, Brazil, 2012-2013

Variables	Total		Psychological Violence		p-value	Physical/Sexual Violence		p-value
	N	%	N	%		N	%	
Marital status								
Married	355	35.0	129	31.6		91	28.6	
Others	658	65.0	279	68.4	0.060	227	71.4	0.004
Religion*								
Catholic	400	42.6	141	37.6		112	39.3	
Others	540	57.4	234	62.4	0.012	173	60.7	0.183
Children								
Yes	813	80.3	332	81.4		263	82.7	
No	200	19.7	76	19.7	0.464	55	17.3	0.186

Religion Missing: 73.

Table 2 - Prevalence of bivariate indicators and analyses referring to lifestyle and behavior related to health and mental health in FP inmates, state of *São Paulo*, Brazil, 2012-2013

Variables	Total		Psychological Violence		p-value	Physical/Sexual Violence		p-value
	N	%	N	%		N	%	
	1013	100	408	40.3		318	31.4	
<b>Physical activity <math>\geq 30</math> min/day</b>								
Yes	357	35.2	135	33.1		107	33.6	
No	656	64.8	273	66.9	0.239	211	66.4	0.473
<b>Overweight, BMI<math>&gt;25</math>*</b>								
Yes	476	47.1	186	50		142	48.6	
No	464	45.8	186	50	0.751	150	51.4	0.408
<b>Smoker</b>								
Yes	704	69.5	295	72.3		233	73.3	
No	309	30.5	113	27.7	0.111	85	26.7	0.078
<b>Drug user*</b>								
Yes (One or more times)	607	59.9	256	64.2		91	28.6	
No	378	37.3	143	35.8	0.177	202	65.0	0.145
<b>User of Tranquilizers*</b>								
Yes	193	19.1	93	23.0		71	22.5	
No	816	80.6	312	77.0	0.011	245	77.5	0.068
<b>CMD</b>								
$\geq 8$	675	66.6	309	75.7		241	75.8	
$< 8$	338	33.4	99	24.3	$< 0.001$	77	24.2	0.001

Tranquilizer Missing: 4; drugs: 28; overweight: 73.

Table 4 describes the multiple logistic regression models for both outcomes considered in this study. There is a greater chance of psychological violence among non-white women (OR=1.40; 95% CI: 1.09-1.81), among those who use tranquilizers (OR=1.40; 95% CI: 1.04-1.93), or who suffered physical violence before the age of 15 (OR=1.40; 95% CI: 1.05-1.87). Those with common

mental disorder were almost twice as likely to suffer psychological violence (OR=1.95; 95% CI: 1.47-2.60). Regarding physical or sexual violence, the independently associated factors were not being married and having witnessed violence before the age of 15. The chance of suffering physical or sexual violence was also higher among those who exhibited CMD (OR=1.84; 95% CI: 1.36-2.48).

Table 3 - Prevalence and bivariate analyses of childhood violence, physical, psychological, sexual and family violence before the age of 15 by PF inmates from the inland of the state of *São Paulo*, Brazil, 2012-2013

Variables	Total		Psychological Violence		p-value	Physical/Sexual Violence		p-value
	N	%	N	%		N	%	
	1013	100	408	40.3		318	31.4	
Suffered physical violence before the age of 15								
Yes	273	26.9	127	31.1		95	29.9	0.156
No	740	73.1	281	68.9	0.014	223	70.1	
Witnessed physical aggression before the age of 15								
Yes	421	41.6	186	45.6		150	47.2	0.014
No	592	58.4	222	54.4	0.033	168	52.8	
Sexually touched without her consent before the age of 15								
Yes	184	18.2	85	20.8		62	19.5	0.457
No	829	81.8	323	79.2	0.070	256	80.5	

Table 4 - Logistic regression analysis of the factors associated with psychological violence and sexual physical violence among FP inmates from the inland of the state of *São Paulo*, Brazil, 2012-2013

	Violence	Variable	OR Gross	OR Adjusted	CI Adjusted	P
Inmates	Psychological Hosmer/Lemeshow (0.79)	Skin color, non-white	1.21	1.40	1.09-1.81	0.011
		Makes use of tranquilizer	1.50	1.40	1.04-1.93	0.047
		Suffered physical violence before the age of 15	1.42	1.40	1.05-1.87	0.022
	Physical and/or Sexual Hosmer/Lemeshow (0.72)	Common mental disorder	2.03	1.95	1.47-2.60	<0.001
		Single/Divorced/Separated women	1.35	1.55	1.15-2.06	0.003
		Witnessed physical aggression before the age of 15	1.39	1.37	1.04-1.79	0.025
		Common mental disorder	1.88	1.84	1.36-2.48	<0.001

## DISCUSSION

In recent decades there has been a 567.4% increase in the number of women in prison. It seems consensus among researchers that most of this incarcerated population is composed of people who come mainly from social segments marked by social exclusion, politics and with restricted access to health services, data that are repeated in this sample.<sup>12,13</sup>

Among the forms of violence against women, domestic violence is the most alarming. In Latin America domestic violence affects 25 to 50% of the women, while in Brazil 23% of the women are subjected to this grievance. It is estimated that every four minutes a woman suffers some aggression. And in 85.5% of the cases of physical violence against women, the aggressors are their partners<sup>1</sup>. Among the factors associated with domestic violence we find low socioeconomic status, low social support, black race/ethnicity, and being young. Since women have always been destined for the private space, violence against them is concentrated in this space, while men suffer from violence in the public sphere.<sup>14</sup>

A survey conducted in the state of *Rio de Janeiro* found that only 4.7% of the women arrive in prison without a previous

luggage of violence, 71.9% of the prisoners suffered violence in childhood or adolescence, while 74.6% were affected by violence committed by their partners in adulthood.<sup>15</sup> In a survey conducted at the *Santa Augusta* Prison in *Criciúma* - SC, 71.5% of the female prisoners suffered violence in childhood and 80% were victims of violence perpetrated by their partners in adulthood.<sup>16</sup> The fact that these numbers are more expressive than those found in our research may be related to the difficulty of women talking about this issue.

For Saffioti<sup>17</sup>, violence against children is part of maintaining the pattern of women's submission, in which the patriarch's power over children translates into abuse and is passed on to the mother, who perpetuates the same violence to which she is also a victim. At this juncture, parents exercise power before their children in a violent way, and children who are abused are more likely to reproduce those same offenses.<sup>17,18</sup> Among the inmates interviewed in this research, a positive association of childhood violence with violence in adulthood was found, which corroborates the literature on the cycle of violence in women's lives.<sup>19</sup>

Another condition that is strongly associated with domestic violence in incarcerated women was common mental disorder



(CMD). These are characterized by non-psychotic psychiatric symptoms such as insomnia, fatigue, irritability, forgetfulness, difficulty concentrating, anxiety and somatic complaints.<sup>20</sup> This problem is more prevalent among women and its incidence increases among incarcerated and victims of violence.<sup>20,21</sup>

This study does not allow attributing causality between these conditions, but the association is positive for the types of violence studied. It seems that the condition of social disintegration of these incarcerated women begins in their childhoods, that is, long before the unhealthy, overcrowded prisons that do not perform actions that may favor changes in their lives. It is therefore not surprising that their health status is fragile and that jail is a place with a high prevalence of common mental disorder, violence, communicable and non-communicable diseases.<sup>1</sup>

## CONCLUSION

Domestic violence in the previous life reported by the inmates was physical/sexual and psychological related to physical and mental consequences. The findings corroborate other studies found in the literature. Violence before the age of 15 reinforces the cycle of violence that begins early in people's lives.

The need to prevent violence against women from childhood is an action that should be part of the formation of people, until the culture of peace is created and settled in society. Health and safety professionals, in short, people who work and assist people deprived of their liberty, should be aware of domestic violence conditions and have space for the reception of the inmates victims of domestic violence, with the possibility of listening to them, trying not to trivialize, relativize or naturalize this situation, and seeking strategies to cope with the problem.

Brazil has a National Policy for Comprehensive Health Care for Persons Deprived of their Liberty in the Prison System but, while considering the principle of universal and equal access to actions and services for the promotion, protection and restoration of the health of persons deprived of their liberty, little is accomplished.

The findings of this study are expected to contribute to the awareness of managers, teachers, professionals and academics involved with the theme and to address the issue with public, political and educational commitment to promote the health of incarcerated women, providing more visibility to the problem, contributing to modify the reality presented.

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