REME • Rev Min Enferm. 2024;28:e-1532
DOI: : 10.35699/2316-9389.2023.41387

RESEARCH

EXPERIENCES THAT INFLUENCE THE SEXUALITY OF WOMEN WHO HAVE HAD MARITAL VIOLENCE: GROUNDED THEORY

EXPERIÊNCIAS QUE INFLUENCIAM NA SEXUALIDADE DE MULHERES QUE VIVENCIARAM VIOLÊNCIA CONJUGAL: GROUNDED THEORY

EXPERIENCIAS QUE INFLUYEN EN LA SEXUALIDAD DE MUJERES QUE HAN EXPERIMENTADO VIOLENCIA CONYUGAL: TEORÍA FUNDAMENTADA

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Funding: : Projeto financiado pela Fundação de Amparo à Pesquisa do Estado da Bahia.

Submitted on: 2022/10/01
Approved on: 2023/10/31

Editores Responsáveis:
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ABSTRACT

Objective: to understand how situations experienced throughout life influence the sexuality of women with a history of marital violence. **Method**: this is a qualitative research, based on Grounded Theory, in its Straussian aspect; and in the analytical theory of gender and patriarchy proposed by Kate Millett. Data collection took place through interviews between December 2020 and July 2021. For this study, a first sample group was structured, consisting of 17 women assisted by the Special Operation Ronda Maria da Penha da Bahia (Operação Especial Ronda Maria da Penha), which was directed to a second sample group, represented by 10 health professionals from the Family Health Strategy. Based on the organization of the data, categories related to the Conditions component proposed by the Paradigmatic Model were constructed. ***Results***: the following categories emerged from this study: (Not) learning about sexuality; Believing it is the woman's responsibility to satisfy the man sexually; and Remembering experienced sexual abuse. ***Conclusion***: the study highlights the need for psychological support for women with a history of marital violence, to enable new meanings of the traumas previously experienced. Furthermore, it is suggested to encourage dialogue between partnerships, to encourage positive experiences in the field of sexuality. There is also an urgent need to include the topic of sexuality in educational spaces and health services.
Keywords: Women's Health; Sex Education; Androcentrism; Intimate Partner Violence; Grounded Theory.

RESUMO

Objetivo*: compreender como as situações vivenciadas ao longo da vida influenciam na sexualidade de mulheres com história de violência conjugal.* ***Método****: trata-se de uma pesquisa qualitativa, baseada na Grounded Theory, em sua vertente straussiana; e na teoria analítica de gênero e patriarcado proposta por Kate Millett. A coleta de dados aconteceu por meio de entrevistas entre dezembro de 2020 e julho de 2021. Para efeito deste estudo, foi estruturado um primeiro grupo amostral, constituído por 17 mulheres assistidas pela Operação Especial Ronda Maria da Penha da Bahia, que direcionou para um segundo grupo amostral, representado por 10 profissionais de saúde da Estratégia de Saúde da Família. A partir da organização dos dados, foram construídas categorias atinentes ao componente Condições proposto pelo Modelo Paradigmático.* ***Resultados****: emergiram do presente estudo as seguintes categorias: (Não) aprendendo sobre a sexualidade; Acreditando ser responsabilidade da mulher satisfazer o homem sexualmente; e Rememorando abuso sexual experienciado.* ***Conclusão****: O estudo sinaliza para a necessidade de apoio psicológico às mulheres com história de violência conjugal, com o propósito de viabilizar ressignificações dos traumas outrora vividos. Além disso, sugere-se fomentar o diálogo entre as parcerias, a fim de favorecer experiências positivas no âmbito da sexualidade. Urge ainda a inclusão da temática sexualidade em espaços educativos e serviços de saúde.*
Palavras-chave: *Saúde da mulher; Educação sexual; Androcentrismo; Violência por parceiro íntimo; Teoria fundamentada.*

RESUMEN

Objetivo*: Comprender cómo las situaciones vividas a lo largo de la vida influyen en la sexualidad de mujeres con historial de violencia conyugal.* ***Método****: Se trata de una investigación cualitativa, basada en la Teoría Fundamentada en su vertiente straussiana; y en la teoría analítica de género y patriarcado propuesta por Kate Millett. La recolección de datos se realizó mediante entrevistas entre diciembre de 2020 y julio de 2021. Para este estudio, se estructuró un primer grupo muestral, compuesto por 17 mujeres asistidas por la Operación Especial Ronda Maria da Penha de Bahía, que derivó en un segundo grupo muestral, representado por 10 profesionales de la salud de la Estrategia de Salud de la Familia. A partir de la organización de los datos, se construyeron categorías pertinentes al componente Condiciones propuesto por el Modelo Paradigmático. Resultados: Del presente estudio emergieron las siguientes categorías: (No) aprendiendo sobre la sexualidad; Creyendo que es responsabilidad de la mujer satisfacer sexualmente al hombre; y Rememorando el abuso sexual experimentado.* ***Conclusión****: el estudio señala la necesidad de apoyo psicológico para mujeres con historial de violencia conyugal, con el propósito de facilitar la resignificación de los traumas vividos anteriormente. Además, se sugiere fomentar el diálogo entre las parejas, con el fin de favorecer experiencias positivas en el ámbito de la sexualidad. Es urgente también la inclusión del tema de la sexualidad en espacios educativos y servicios de salud.*

Palabras clave: *Salud de la Mujer; Educación Sexual; Androcentrismo; Violencia de Pareja; Teoría Fundamentada.*

How to cite this article:
Campos LM, Gomes NP, Almeida LCG, Webler N, Assunção ACR, Lírio JGS, Virgens IR, Costa DMSG. Experiences that influence the sexuality of women who have had conjugal violence: Grounded Theory. REME - Rev Min Enferm [Internet]. 2024[cited in _____ ___ __];28:e-1532. Availablr from: https://doi.org/10.35699/2316-9389.2023.41387

INTRODUCTION

Sexuality is a human dimension that permeates biological, psychological, social, and cultural aspects, which influence thoughts, desires, fantasies, behaviors, and relationships. Therefore, it is an element that belongs to the essence of individuals. Studies revealed that hegemonic social conceptions, especially imposed by machismo, impose barriers of prejudice and taboos that affect women's sexuality and harm their fuller experience[1].

From ancient times to the present, women experience sexuality in a limited way, especially for reproduction[2]. This is because the patriarchal organizational model, that guides our society, is guided by political assumptions directed by sex, in which men are socially placed at the center of decisions in any circumstances, including sexuality[3]. This configuration weakens women's autonomy over their bodies and reinforces their limited exercise of sexuality[4].

This limitation arises from gender inequality that determines expected social roles for women and men. For women, sensitivity, emotional dependence, and passivity are encouraged, while for men, behaviors of power, strength, and courage are reinforced[5]. These unequal behaviors guide people's way of being in any context of society and are not different in the field of sexuality, where men are always at an advantage over women, as they have the freedom to exercise it[3].

From this perspective, women based on cisheteronormative models are unable to explore the different possibilities surrounding sexuality. In this way, worried about judgment and feeling afraid of being frowned upon, women do not touch themselves, they do not seek self-pleasure through masturbation and sexual intercourse that satisfies their desire and personal enjoyment[6]. This demonstrates the possibility of women's dependence on men regarding sexual initiatives, making sexual practice without pleasure.

These actions are directly related to social doctrines employed by the church, the family, and conservative educational currents, which preach values based on Puritan and subservient practices[7]. In this context, women can be vulnerable to experiences of different types of aggression and its severe repercussions, with emphasis on physical and psycho-emotional damage, which, more specifically in the sexual sphere, takes the form of unwanted pregnancies, abortions, post-traumatic stress disorders, depression, increased risk of contracting sexually transmitted infections, among others[8-10].

Given this vulnerability, the experience of sexuality is a scenario that entails challenging experiences for women immersed in conjugal violence, which can be associated with factors that interfere with the way they experience it. Therefore, this study aimed to understand how situations experienced throughout life influence the sexuality of women with a history of marital violence.

METHODOLOGY

This is qualitative research that had the Grounded Theory based on the Straussian[11] aspect as its methodological reference and guided by the theoretical reference of gender and patriarchy proposed by Kate Millett[3] The Grounded Theory method enables explanations through experiences, actions, and interactions of individuals and/or groups that are inserted in a social context experienced or that share the same set of problems[11], and can be used based on the object studied.

As the study scenario, the Special *Operation Ronda Maria da Penha* (OERMP- *Operação Especial Ronda Maria da Penha*) in Salvador, Bahia, Brazil was chosen, which consists of a specialized service of the Military Police for the prevention and confrontation of violence against women. Its main activity is respect for daily follow-up visits to women who are under emergency protective measures. In this locus, a first sample group of 17 women with a history of conjugal violence was investigated, who were intentionally selected based on the following inclusion criteria: age over 18 years, history of conjugal violence, and monitoring by the OERMP. Those who appeared emotionally shaken during the interviews and/or were not present twice in a row and without justification at the scheduled meetings were excluded.

The theoretical sampling of the study was also formed by a second sample group, delimited after the following hypothesis emerged: women with a history of conjugal violence are influenced by sexual education rooted in structural machismo and experience their sexuality in a non-pleasurable and repressed way, based on the spouse's satisfaction, which compromises their physical and mental integrity and makes them look for professionals who work in the Family Health Strategy (ESF-*Estratégia de Saúde da Família*). This hypothesis was structured based on the process of immersion in the interviews, with the data guiding its creation. To this end, memos and diagrams were created throughout the data analysis.

In this sense, ten ESF professionals allocated to eight health units, located in the same Health District as the OERMP headquarters, also participated in the study, including five nurses, three doctors, and two psychologists. To this end, the inclusion criterion was to have

worked within the scope of the ESF for more than six months, in the region of the study scenario; and the exclusion was to be away from work activities due to vacation or leave.

Data collection took place from December 2020 to July 2021, based on interviews carried out individually, with the support of a semi-structured form, which contained objective questions to outline the sociodemographic profile, continuing with the guiding question: "How do women with a history of domestic violence experience sexuality?" For the collection with the second sample group, a new document was prepared, which contained questions of an objective and subjective nature, with the open section prompted by the following question: "Tell me about the experience of women about sexuality shared during their care". The interviews took place after signing the Informed Consent Form, which discussed the risks and benefits related to participating in the research.

The interviews were previously scheduled according to the participants' availability for the remote meeting and were conducted by doctoral students with expertise in qualitative research. The statements were recorded using a specific application on the Google Meet communication platform, and then they were fully transcribed. After that, the data were coded with the support of NVIVO 10 software. The coding process followed the simultaneous analysis of information, with coding carried out in three stages: open, axial, and integration[9].

In the axial coding process, the data guided by the Paradigmatic Model was regrouped into conditions, Actions-interactions, and Consequences, with the Conditions component being chosen to be deepened in this study. The result of the integration of these elements gave rise to the phenomenon validated by Grounded Theory experts and study participants, entitled: "Constructing female sexuality through assumptions of sexist culture with repercussions for life and health".

This research was linked to the project entitled "Confronting Conjugal Violence within the Scope of the Unified Health System: Social Technology Involving Women, men, and Primary Care Professionals", financed by the Fundação de Amparo à Pesquisa of the State of Bahia, through the notice "Research Program for the SUS: Shared Management in Health" (PPSUS/BA). This study was approved by the Ethics and Research Committee of the School of Nursing of the Federal University of Bahia, under opinion no. 2,639,224.

To ensure the anonymity of the participants, the group of women was indicated by the letter "M" and by an Arabic numeral corresponding to the ordering of the interviews, for example: M1, M2, and so on. The professionals were identified by the initial letter referring to the category of activity, and then the interview order number, as well as the letters F or M to indicate the gender with which they identify (female or male), as an example: E1F, which represents "nurse", interview order[1] and gender (female), respecting the criteria recommended by Resolution 510/2016 of the National Health Council[12]. The use of the elements identified by the Consolidated Criteria for Reporting Qualitative Research (COREQ) as support for preparing the report in the following domains: 1) research team and reflexivity, 2) study concept, and 3) analysis and results[13].

RESULTS

The study included the participation of 17 women, with an average age of 46 years. Regarding race/color, 16 declared to be black, and one declared to be white. As for religion, nine were revealed to be evangelical; four were Catholic; two were spiritualists; and one was from African origin religion. In education, three had higher education, 10 completed secondary education, one did not complete secondary education, two stated that they had incomplete primary education, and one completed primary education. Regarding income, nine reported one minimum wage; seven declared two to four minimum wages; and one had no income.

Regarding the length of the relationship, eight of the interviewees were in an abusive relationship for more than 15 years, five lived in the relationship for 11 to 15 years, three remained in the relationship for between six and 10 years, and only one lived between one and five years. Regarding the number of children, 12 reported having between zero and two children, two reported having two children, while three reported being mothers of six, seven, and 10 children respectively.

Of the 10 health professionals interviewed, three declared to be male, and seven were female. Six had been working at the ESF for more than six years, and eight reported having a postgraduate degree in the areas of Family Health, Public Health, and related areas.

(Not) learning about sexuality

This study revealed that the way women in situations of marital violence experience their sexuality is influenced by what they have learned or not about it, especially in spaces of greater social interaction such as the home and school environment. The lack of knowledge about

sexual education and/or learning it informally, such as in conversations with friends, contributes to little (or no) self-knowledge of one's body and female pleasure, something essential for the exercise of sexuality in its fullness. This reality makes women vulnerable to sexual objectification in marital relations, marital rape, and unplanned pregnancy.

> *I had no idea about masturbation, sex, orgasms, contraceptives, or even where babies came from. My parents didn't talk about it and always said I couldn't have sex.* [...] *There was no sexual education at school.* [...] *I didn't prepare myself to exercise my sexuality before getting married* (M3).

> *I didn't have much idea what sex was. I learned by listening to conversations between friends at school and when my sisters shared their intimacy* (M11).

> *My father was very strict, he didn't accept talking about sex at home, and my mother never brought up the subject* (M6).

> *They do not have access to quality information about sexuality at home or school and end up looking for sources such as the internet or dialogue with friends* (E2F).

Believing that it is the woman's responsibility to satisfy the man sexually.

The data revealed the influence of sexist culture on women's beliefs about responsibility for men's sexual satisfaction. This view supports the idea that men's desire is imperative in determining the couple's sexual circumstances and practices, and it is up to them to respond to their advances.

> *I thought I was in a relationship to satisfy his wishes, so I accepted whatever happened whenever he wanted. He always told me that I had to satisfy him, and I believed him* (M5).

> *I submitted to his wishes. I didn't talk so as not to disturb his pleasure, even if it was bad for me. I thought that, as a woman, I had to keep quiet* (M2).

> *He kept repeating that he had the right to sex because he was my husband and that this was one of my obligations as a woman. I understood that I should have sex even if I didn't want to* (M8).

> [...] *She believed that it was a woman's role to meet her husband's sexual needs. She was worried about serving her partner and maintaining the marriage, so she gave in* (M2M).

Remembering experienced sexual abuse

The data indicated that trauma resulting from sexual abuse experienced in childhood and/or adolescence negatively interferes with women's exercise of sexuality. This traumatic event makes women remember the rape and therefore feel uncomfortable with touching or sexual intercourse.

> *At the beginning of my marriage, during sex, the sexual assault I experienced when I was still a virgin, by a stranger, came to my mind. This did a lot of harm to my marriage because when my husband wanted to have sex with me, I felt like I was being raped again* (M15).

> *As a child, my brother waited for me to sleep so he could rub his hand under my clothes. Nowadays I resist being touched* (M3).

> *The rape attempts I experienced by my stepfather left me with limitations when it came to sex. I don't feel relaxed, situations always come to mind* (M9).

> *Women who have suffered abuse can recover these memories, and this impacts their sexuality significantly* (P1F).

DISCUSSIONS

The data showed that a series of experiences throughout life influence the sexuality of women with a history of domestic violence. The submissive way in which they behave in the face of desires, satisfactions, fantasies, and sex may be a reflection of an upbringing based on a sexist culture that hinders women sexually and exalts men to pleasure[14]. In the context of patriarchal society, there is visualized a binary between genders, so that from the moment of birth, according to the genitalia presented, attributes of femininity and masculinity are imposed, which are anchored in assumptions, especially psychological or cultural, to the detriment of biological ones. At the same time, the formation of men and women about sexuality generally occurs unequally, from childhood, through the way they learn to deal with their bodies and their expressions[3]. Therefore, as the findings show, the woman assumes the role of sexually satisfying her partner and strives to ensure that men's sexual demands are met since this posture is inherent to conjugality.

In this sense, some women interviewed believe that the objective and success of the sexual act are related to the attribution of pleasure to the other, leading them to take a stance of remaining silent so as not to interfere with their pleasure, even when they feel uncomfortable during sex. A study with 4,563 South Asian women showed that this is a frequent attitude among women who experience violence in their relationship, especially due to the control-subordination relationship in the couple [15]. In these relationships, women also believe that their satisfaction is directly related to whether or not to provide sexual pleasure to their partner, even leading them to perform during the sexual act[16].

This behavior adopted by the women in the study may be related to the understanding that there is, in the marital relationship, the obligation to always be available for sex, even in the absence of desire. This belief may be associated with the idea of maintaining marriage and preventing men from establishing extramarital relationships, which is reinforced in the social environment by patriarchal culture. The effort to remain in the relationship is permeated by the fear of social exposure in the face of divorce/separation, given society's discriminatory view of women who are in this condition and the blaming of them for the "failure" of the relationship[7,17].

This social perspective that shapes women's behaviors in the experiences of their sexuality has been constructed since a young age. From this perspective, the research data point to the absence of an instructive family dialogue that prepares girls to explore experiences in this field in a free and safe way. A similar situation was found in a study carried out with women with a high level of education, on whom, despite having constructed their perception of sexuality at different times, the negative influence of beliefs, taboos, and myths arising from the cultural, social, social, and family context prevails[18].

The fragility of the sexual education received is so significant, to the point that they do not have access to information considered elementary, such as the physiology of their body, menstruation, pregnancy, and childbirth. This reality reveals to us how significant the taboos regarding sexuality are. Regarding this aspect, Millett[3], in his theory, points out the need to end sexual inhibitions by propagating this information during adolescence. However, this possibility of female empowerment violates the constructs of traditional marriage and patriarchy, being a possibility for a sexual revolution of a political and cultural nature thought by the theorist.

Contrary to this possibility of revolution, the data indicate that there is no approach to this issue in opportunities to disseminate information in an institutionalized manner such as in schools. This can be seen through the resistance of educational and health institutions in assuming pedagogical practices to provide opportunities for sexual education, which is combined with the influence of political and religious segments that make it difficult to deconstruct the sexist and heteronormative standard of sexuality[19]. For example, biological disciplines, when approaching the anatomy and physiology of the female body, use books with pictures of incomplete female genitalia, without showing the clitoris, or even illustrations of asexual bodies, limiting the possibility of discussing aspects other than reproduction[20].

This entire situation originates from the taboos established by conservative ideologies in the social sphere, which preach silence about sexuality as a practice for maintaining virginity. Even today, for some families, virginity is valued and idealized as an object of desire for marriage. This is because, throughout history, a value was added to this behavior, including financial value, through dowries, which were greater for girls who had not yet been "deflowered". The consolidation of this contract is one of the symbols of patriarchy, as it corroborates a condition of sexual subservience in the face of women's inexperience[3].

This position has even been encouraged by ultra-right party groups and governments that encourage practices of sexual abstinence as a strategy to prevent unwanted pregnancies and sexually transmitted infections. Laws have recently been proposed, such as the one entitled "I chose to wait" (Law nº 813/2019), in São Paulo, and also Law nº 101/2021, in the city of Vitória, Espírito Santo to preach sexual abstinence among young people[21,22]. However, such measures prove to be ineffective, given that it is part of the subject's growth and development during adolescence, a time when hormones and sexual relations are in effervescence and interest in exploring aspects of sexuality begins[23].

Given the awakening of adolescence to the experience of sexuality, safe information would be essential. However, it is informally that knowledge about sexuality is often constructed, as pointed out by the women in this research, who, in the face of imposed social sanctions, during their adolescence resorted to exchanging information/experiences among their friends and with their partnerships. In these exchanges, there is no way to assure the quality of the information/experiences shared, which makes them susceptible to situations of romanticization of jealousy, control, objectification, and hypersexualization expressed by men[24].

The fact is compounded by the search for this type of knowledge on social networks and pornographic media, which reproduce stereotypical relationships, marked by fetishes and supported by sexist assumptions[25,26]. These attribute representations to men and women in the sexual act, plagiarizing violent relationships and exploring sexuality in a limited way, which reinforces the image of women as subservient to men and responsible for their sexual satisfaction[27,28].

Despite this situation, the School Health Program (*Programa de Saúde da Escola*), which is incorporated into the ESF, appears as a possible space to propagate educational actions in the field of sexuality. In this scenario, attention is drawn to the work of nursing professionals, who have the knowledge and ability to conduct dialogues with adolescents about sexuality in the health education process[29].

The findings also showed that adolescence is the time in life when girls may be more susceptible to experiences of sexual abuse. This situation is permeated by the lack of understanding about consent, which highlights a weakness in the discernment of girls and boys regarding access to the other's body[30]. This solidifies the proposition that female bodies can be accessed without authorization and be violated.

Many women who suffer violence are only able to recognize the abuse over the years, which is often combined with a feeling of guilt for what happened[31]. The study data show that the trauma resulting from this experience can trigger memories with physical, psychological, and social repercussions. In this sense, it is common for women, throughout their lives, when faced with impactful situations that cause them discomfort, to recall the experiences of sexual abuse. This circumstance can even compromise the experience of sexuality and quality of life if it inhibits or constrains intimate relationships.

Due to the facts mentioned, the people involved, and health professionals must understand how experiences throughout life interfere with women's exercise of sexuality. We observed that, when there is no family dialogue and sexual education in schools, these women exercise their sexuality in a weakened way, becoming vulnerable to the experience of sexual abuse, and begin to cultivate mistaken beliefs about their real role in the relationship. Faced with this scenario, there is an urgent need for guidance actions, in different spaces, on the experience of sexuality and awakening to deconstruct limiting beliefs[32].

Considering the broad nature of sexuality, which encompasses different experiences, the study is limited by not having explored issues in the field of reproduction, which includes women's autonomy in this process and the factors that influence it. Therefore, it is essential to investigate elements that are related to decision-making regarding the use of methods to prevent pregnancy, abortion, and sexual relations during pregnancy and the postpartum period.

FINAL CONSIDERATIONS

The sexuality of women who have experienced conjugal violence is influenced by sexist culture, which makes it difficult to acquire knowledge on this topic, as they are not allowed to talk about this subject within the family or in educational institutions. Women in general experience this problem, as the result of a sexist and repressive culture, and as a result, conceptions based on beliefs and taboos rooted in the duty to sexually satisfy their partners are added to them. This context leads them to establish sexual relationships, even if uncomfortable, such as in situations where they remember abuse experienced in the past.

Faced with this reality, it is urgent to offer psychological support to women who have experienced conjugal violence, to enable new meanings of the traumas previously experienced. Added to this is the importance of dialogue in the emotional relationship to share situations that create discomfort for women in sexuality, sometimes causing them to associate them with abuse. Therefore, encouraging dialogue within the relationship is a resource to encourage positive female experiences in sexuality, as it can contribute to the alignment of the couple's preferences and desires so that both achieve pleasure. In this sense, the study highlights the relevance of including these and other sexuality topics, such as reproductive planning and prevention of sexually transmitted infections, in the agendas of educational activities in far-reaching spaces, such as schools and health services.

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