Perceptions of Brazilian women at a public obstetric outpatient clinic regarding domestic violence: a qualitative study

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ABSTRACT

Objective The aim was to explore women’s perceptions of violence, its causes, manifestations, consequences and responses to prevent and confront domestic violence against women in Brazilian society.

Design We conducted a qualitative study with individual, semistructured interviews. We used thematic analysis and discussed the data considering the ecological framework.

Setting The study was conducted in an antenatal and postnatal care service in the Brazilian National Health System. Data collection was conducted in October 2022.

Participants The sample selection was intentional and sampling was conducted according to the data saturation criterion. Twelve women who attended an antenatal and postnatal care service were interviewed. The participants reported different experiences of domestic and family violence throughout their lives.

Results Based on the analysis, four themes were identified: (1) between the public and the private spheres: violence against women and its manifestations, causes and particularities; (2) factors that increase vulnerability; (3) protection system and support network: strengths and weaknesses; and (4) alternatives for the prevention and elimination of violence.

Conclusions The perceptions of Brazilian women during pregnancy and the postpartum period regarding domestic violence included a multifaceted view of violence. The women’s discourse demonstrated the difficulties that they faced in interrupting the cycle of violence and accessing support networks.

INTRODUCTION

Domestic violence is recognised as a complex problem that women may face throughout their lives. Globally, one in three women has experienced sexual and/or physical violence from an intimate partner.1 This phenomenon is a problem that affects women in all countries and regions.2

Data from a multicountry study revealed that the prevalence of physical violence during pregnancy ranges from 1% in Japan to 28% in Peru.1 The variation in domestic and partner violence rates between countries might be due to differences in theoretical and methodological approaches.3 Pregnant and postpartum women are considered vulnerable to domestic violence. Some studies have shown that women with a history of violence are more likely to suffer violence during pregnancy and in the postpartum period.4 Moreover, in some contexts, it was observed that domestic violence experiences were initiated or increased during pregnancy and the postpartum period.3,5

Observational studies carried out in Brazil have addressed domestic or intimate partner violence during the pregnancy-puerperal cycle, showing variability in violence trends.6–13 Changes in the pattern of violence may occur during pregnancy and the postpartum period, indicating that women who were in a situation of violence could be experiencing less explicit forms during this period.6

This result does not mean that violent events disappear. This outcome highlights the need for healthcare professionals to be alert, because this is a phenomenon that can be present throughout a woman’s life in different manifestations and environments.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ This qualitative study collected perceptions about domestic violence against Brazilian women who received specialised care during pregnancy and the postpartum period, contributing to a deeper understanding of this phenomenon.

⇒ This study advances the literature in understanding the barriers and facilitators women face in reporting and seeking help for domestic violence.

⇒ Limitations of this study include the generalisability of the findings due to the interviews being conducted in a public health service, which may limit representation to women with a specific socioeconomic profile.


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including those subtle and less visible types of violence. Thus, it is necessary to obtain an in-depth understanding of the nature and characteristics of violence from the women’s perception and conduct studies that allow comprehension of what is understandable to be a violent behaviour, and consequently implement actions to confront it. A comprehension of social imaginaries and norms that could support violence is an important source of information to contribute to educational campaigns and public policy effectiveness.

During these periods, psychosocial issues must be addressed as part of routine care in antenatal and postnatal care services. In addition, several adverse maternal and perinatal outcomes are associated with domestic violence during pregnancy, such as low birth weight, premature birth, unwanted pregnancy and miscarriage. Considering the importance of ensuring that pregnant and postpartum women have a positive experience during this period, several recommendations reinforce the importance of routine screening for violence. These recommendations recognise the urgency of implementing strategies that guarantee an effective response to confront this issue. However, these strategies need to consider women’s perceptions of the frequency, causes and forms of violence and their awareness of support services for victims of violence in its various forms.

The wide-ranging harm to women’s sexual and reproductive health caused by violence and systematic monitoring by health services during pregnancy and the postpartum period suggest that this is an appropriate period for interventions in this scope. Therefore, understanding women’s attitudes regarding exposure to violence is a key factor to identifying more effective strategies to prevent and respond appropriately to domestic violence. In this sense, we considered the following research question: What are women’s perceptions of violence against women, its causes, manifestations, consequences and responses to prevent and confront domestic violence against women in Brazilian society?

**Aim**

The aim of this study is to explore women’s perceptions of violence, its causes, manifestations, consequences and responses to prevent and confront domestic violence against women in Brazilian society.

**Methods**

**Study setting**

This study was conducted in a public service of the Brazilian National Health System. The Women’s Hospital of the University of Campinas is a reference institution specialising in women’s health located in the metropolitan region of Campinas city in São Paulo state. The study was conducted at an obstetric outpatient clinic. The institution articulates with the social assistance network in the region, providing a system of referrals to specialised services for women in whom exposure to domestic violence has been identified.

**Design and sampling**

This qualitative study is part of research with a mixed perspective following a sequential explanatory design. The research integrated quantitative and qualitative methods, techniques and data to obtain a holistic understanding of a complex reality of domestic violence. The prevalence of domestic violence and domestic violence-associated factors were previously identified in a sample of women who received specialised care during pregnancy and after childbirth. Women with high-risk and habitual-risk pregnancies access the services offered in this public tertiary teaching hospital through a referral to the primary level.

The study protocol and the quantitative research were published, and additional details about the research design, methods and results of the quantitative phase can be found in both publications.

In the qualitative phase of the research, the selection of participants was intentional; women who routinely attended an obstetric outpatient clinic were invited to participate. The participants comprised women with different experiences regarding domestic and family violence. In this sense, participants could be exposed to direct and/or indirect domestic violence. It means that they would have been exposed to past and/or current domestic violence, as well as had been witnesses to domestic violence or had never been exposed.

The criterion for inclusion in the sample was: pregnant and postpartum adolescent or adult regular users of the prenatal and postpartum outpatient clinic who have visited the hospital at least twice. During the recruitment stage, if a woman was near relatives, partners or children, the invitation to participate in the interviews was postponed.

**Data collection**

Empirical data were collected through individual, face-to-face interviews conducted using a semistructured script with open questions. The interview guide was prepared and reviewed by a team of researchers based on the identification of issues that needed to be discussed according to the results obtained in the quantitative phase of the study (online supplemental file 1: interview guide). The invitation to participate in the research and the data collection were performed by one of the female researchers with a degree in psychology and experience in conducting individual interviews.

In general, the questions explored the participants’ knowledge about the frequency of violence in Brazilian women, the types of violence and environments that increase vulnerability to violence, the causes, consequences, and frequency of domestic violence during pregnancy and the postpartum period, and the changes that were observed during the COVID-19 pandemic. In addition, we explored the support networks and the strategies they recommended to prevent and eliminate violence against women.
The women were invited to participate in the research in the hospital’s outpatient clinic when they were alone to guarantee their privacy and safety. Data collection was conducted in October 2022 in the obstetric outpatient rooms of the hospital. In total, 12 interviews were conducted. The theoretical saturation criterion was used to define the number of necessary interviews. All interviews were performed in a private room; they were audio recorded and transcribed verbatim, and the participants were interviewed only once.

Data analysis
Data were analysed using the thematic analysis technique proposed by Braun and Clarke, which included six phases: (1) familiarisation with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing the themes, (5) defining and naming the themes, and (6) producing the report. The transcribed material was carefully read for initial familiarisation with the data and the context in which it was produced. Subsequently, the initial codes were identified and elaborated, which were revised via systematic rereading of the material. The codes were grouped into preliminary themes and subthemes. During the construction and refinement of the themes, we evaluated whether they appropriately reflected the perceptions and main ideals of the interviewees regarding the objective of study, faithfully covering the perspectives of the participants regarding the explored topics. The results were interpreted and compared with existing evidence in the literature on the subject of study. Data were discussed using the ecological framework. Reporting was conducted in accordance with the Standards for Reporting Qualitative Research.

Patient and public involvement
None.

RESULTS
Twelve women participated in the study. The sociodemographic characteristics of the interviewees are presented in Table 1.

The majority of participants had an intimate partner (n=10) and they mostly cohabited with them at the time of the interview (n=6). Regarding their education level, one participant finished higher education, six high school and five elementary school. More than half live with two or more relatives (n=9).

Four themes were identified through thematic analysis: (1) between the public and the private spheres—violence against women and its manifestations, causes and particularities; (2) factors that increase vulnerabilities; (3) protection system and support network—strengths and weaknesses; and (4) alternatives for the prevention and elimination of violence (Figure 1).

Between the public and the private spheres: violence against women and its manifestations, causes and particularities

Forms of violence

The type of violence most recognised by the interviewed women was physical violence. This was observed through the description of behaviours, from those that denoted physical aggression (pushing, arm squeezing, hair pulling) to acts that could culminate in femicide. This was generally the first form of violence mentioned by the interviewees. Despite recognising the severity and impacts of different forms of violence, the interviewees perceived how physical aggression directly affected and threatened the integrity of women.

Both forms are serious, but I think that from the moment it starts with aggression that hurts not only the soul, but also the person, it is more serious. (E4: not exposed to domestic violence)

Psychological violence became apparent in the discussions through behaviours such as belittling, offending,
humiliating, manipulating, harassing, controlling or invalidating the woman’s feelings. This was described as one of the most frequent forms of violence, even being observed in the affective bond through behaviours that apparently symbolised care and protection.

I believed that was the kind of care that the person had for me, right? That it was a kind of protection—not really, right? I was very manipulated; I was very shy regarding small things, from clothing to opinions. I was watched; I had my cell phone and computer hacked. It was something that the abuser involved my parents a lot in, as if I was always wrong (…) (E6: direct violence)

Sexual violence was mentioned, specifically violence that was perpetrated by strangers. In contrast, patrimonial violence was scarcely mentioned. Only one of the interviewees described this latter form of violence based on familial experiences.

There is a type of violence that is called patrimonial violence, which is, in short, that the husband or partner owns everything, owns the house and the car, and the woman ends up being—in short—a hostage of the situation. (E1: indirect violence)

The roots of violence against women
Some of the participants recognised the causes of violence in historical, cultural and structural elements. Social inequalities defined the relationships and existed not only in the domestic environment, but also in the labour sphere. Some participants mentioned the exclusion of the women who become mothers from the labour market.

I think maybe it’s all a historical, cultural, structural issue, and it comes from that because we don’t see the alternative. Not as much as men; it must exist, but still, it’s a minority. (E1: indirect violence)

The woman must be the person who takes care of the children and doesn’t have the kind of support network that allows her to return to the job market, right? It’s always the woman who ends up giving up. I think this is a lot of the violence; I know many women who go through this, but they don’t see it as violence. I see it as inequality, right? With immense structural machismo. (E6: direct violence)

The power relationship described as an oppression–submission relationship was identified in different scenarios; therefore, the women perceived the possibility of immediate transformations that contributed to the establishment of an equitable society as unlikely. Inequalities in the relationships between men and women are at the root of violence, and their consequences are observed in the most diverse areas of women’s lives.

Yes, it is already rooted…in the culture that we come from. From the housewife woman, from the woman taking care of the children, from the submissive woman to her husband, from the woman and the submission to other men at work, and finally, in society. All this violence is the result of a social historical reason
that goes back many years, and it is very difficult to break it from day to night. (E1: indirect violence)

Ah, because today’s world is very, very sexist, right? So men think they are more than women, right? That they should earn more, that men are better than women are. Yeah, I think that’s totally wrong. (E9: not exposed to domestic violence)

Specifically, institutions, such as the church and the family, were mentioned as environments that reinforced a stereotyped view of women’s roles in society.

I even went to religious cults and stopped being part of the church because of pastors encouraging this type of thinking, and many times I have seen women seek this type of support, not being happy, and hearing—sometimes from her own family—that she has to fulfill her role as a woman before the bible, before society (…) So, I think this is something that is very much there, that is everywhere: at work, in the family, at church. [It is] very difficult to change this reality. (E6: direct violence)

**Cycle of violence: its peculiarities, consequences and the barriers to interruption**

Different stages of the cycle of violence were identified in the interviewees’ discourse. Even without naming the stages or referring to the cyclical nature of domestic violence, the phases of reconciliation and forgiveness until the repetition of the cycle with moments of materialisation of aggression were recognised as part of the behaviours that characterised violence in the bond with their partner.

You end up loving and forgiving, thinking it won’t happen again—but it happens. (E1: indirect violence)

Confronting a violent relationship is a complex and time-consuming process; this was described by one of the interviewees from their personal experiences and those with close family members.

Within my relationship, I realized that it took almost a year of dialogue to validate what was really happening, within my home, within my relationship, and within myself. Therefore, until I managed to have this dialogue, there were many discussions, many fights, many questions, and a lot of invalidation of what was happening. (E6: direct violence)

Furthermore, from the perception of the interviewees, it is a moment of vulnerability for women when they decide to break the bond. In relationships with a partner, episodes of violence become visible through behaviours such as jealousy.

Specifically, episodes of violence from the partner were observed when they did not accept the end of the relationship.

Sometimes because of jealousy, sometimes because of an end of the relationship, which [the partner] does not accept. (E2: not exposed to domestic violence)

In this context, situations that make it difficult to break the bond with the aggressor are described in **table 2**.

From the interviewees’ discourse, it was possible to observe some ideas that implicitly made women responsible both for the violence and for not being able to interrupt the cycle of violence, including arguments for

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**Table 2**  Women’s perceptions regarding barriers to breaking the cycle of violence

<table>
<thead>
<tr>
<th>Reasons for difficulty breaking the cycle of violence</th>
<th>Participants’ quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional and financial dependence</td>
<td>(...) there are many women who don’t have choices; sometimes they are hostage to the situation because it’s the husband who supports them. She has the children, has nowhere to go, has no support. (E1: indirect violence)</td>
</tr>
<tr>
<td>Shame</td>
<td>Unfortunately, women accept their situation due to fear and shame—the shame of exposing themselves and talking about what they are confronting. (E4: not exposed to domestic violence)</td>
</tr>
<tr>
<td>Difficulty identifying the signs</td>
<td>It is not easy to recognize violence unless the woman exposes it. The violence that is most seen is physical when there are symptoms and bruises that are visible, but they are not easy to identify. (E1: indirect violence)</td>
</tr>
<tr>
<td>Naturalisation of violence and expectations of changes from the aggressor</td>
<td>(...) for me, it was normal; I thought that it would get better one day. People from the outside saw that it wouldn’t, and it wasn’t going to get better; it was getting worse, but I didn’t see it myself. It was because of my stupidity that I did not seek help or treatment because I thought everything was fine. (E7: direct violence)</td>
</tr>
<tr>
<td>Low perception of safety</td>
<td>The woman is not protected all the time, the police will not be there (...) he will not guarantee it, he will not hold it. (E1: indirect violence)</td>
</tr>
<tr>
<td>Fear</td>
<td>I think it leaves us with the feeling that we can’t do anything. Come on, I didn’t want to work. Leaving the house, I was also afraid of something happening—being beaten—even after I separated from taking a protective measure (…) (E7: direct violence)</td>
</tr>
<tr>
<td>Not having access to the necessary support</td>
<td>Violence is occurring, but the person ends up not looking for help, or when they seek it, they don’t have the help they need. (E4: not exposed to domestic violence)</td>
</tr>
<tr>
<td>Perception of decreased severity of other forms of violence</td>
<td>A woman thinks that because she didn’t experience physical aggression that she is not suffering violence. Many women are unaware and don’t know how serious it is and how much it is harming them. (E1: indirect violence)</td>
</tr>
</tbody>
</table>
having low self-esteem, not seeking help for ‘nonsense’ or exhibiting behaviours that provoked the aggressor.

A person who loves himself first will not allow that to happen. (E1: indirect violence)

Sometimes the woman also looks for it because sometimes the men act crazy...and already she looks for a fight (...). Sometimes there are crazy women who like to start fights for no reason. (E3: not exposed to domestic violence)

Some of the statements placed the responsibility of interrupting the cycle of violence on the woman’s own attitudes, in which she should avoid the situation to avoid negative consequences, both for herself and for the family.

When the woman, unfortunately, does not act right away, the only one affected will be her. [She] will end up being killed, unfortunately through feminicide, or she will end up with nothing, the family destroyed until the abuser decides that he doesn’t want it anymore. (E1: indirect violence)

The consequences of domestic violence are diverse; however, the interviewees focused mainly on the impacts on women’s mental health, quality of life, self-image and interpersonal relationships. In this context, they described anxiety and depression as disorders associated with experiencing violence and reported the negative impacts of violence on their interpersonal relationships.

Trauma—we get a lot of trauma. Our quality of life is no longer good, so we leave home with fear. We start to be afraid of people, so it harms [us] a lot. (E11: not exposed to domestic violence)

Specifically, some of the interviewees described adverse consequences on maternal and perinatal health resulting from experiencing violence during pregnancy.

Even the hospital psychologist says that the high blood pressure crisis that I had may have developed due to the anger that I experienced during childbirth. I don’t know if it makes sense, but she said it. (E7: direct violence)

[The mother] lost a child when she was pregnant, right? He assaulted her. Then she lost [the fetus]. (E8: direct violence)

Factors that increase vulnerability
The female condition
From the perception of the interviewees, being a woman is a source of vulnerability, silencing and a lack of protection in the most diverse areas.

The woman ends up being a victim; it will always be her, and she will never have a voice. (E1: indirect violence)

At work, at friends’ houses, anywhere, we are unprotected. On public transportation, in our own home, anywhere, anywhere. [It is] hard to be a woman! (E6: direct violence)

The interviewees also recognised how the stereotyped image of women and the representation of femininity as weakness and fragility resulted in violence being directed largely at them.

So, it doesn’t always happen, but unfortunately, it’s more [common] with women because the world holds a stereotype that women are more fragile, so people see women as a more fragile target. It’s not quite like that, so much so that men too are abused, and children who are really fragile; unfortunately, it happens more to women. (E5: direct violence)

Pregnancy and the postpartum period
From the perception of the interviewees, pregnancy and the psychosocial changes that this period causes in a woman make her more vulnerable to suffering violence from her partner. Some ideas reinforced the perception that violence is caused by increased ‘sensitivity’ and the diverse transformations that take place during this period.

I believe it can happen because the woman ends up becoming more sensitive, ends up getting more annoying, and there are men who end up not accepting this (...). The woman becomes more sensitive, she becomes a little more delicate about anything. (E4: not exposed to domestic violence)

Some recognised that, despite being pregnant, women were the object of violence; however, generally, pregnancy was not a protective factor, representing an additional vulnerability for those who had already experienced episodes of violence. In addition to the impacts on women, acts of violence were seen as attacks directed on the baby.

Both before and after; after, you pay more attention to the child than to the partner who is close to you. I think that there would be no reason for aggression, but if the person is violent, it ends up being [a reason for aggression]. (E4: not exposed to domestic violence)

I can’t understand! It’s bad enough for a person to abuse someone for the sake of really abusing someone who has a baby. I cannot imagine any form of violence against a baby. (E5: direct violence)

One of the interviewees mentioned that there were changes during pregnancy and in the postpartum period regarding her domestic violence experiences. During pregnancy, episodes of violence decreased; however, they increased again in the postpartum period.

In my case, on the contrary, it improved. When my daughter was born, she had to be hospitalized—everything changed. It changed a lot later; she got upset again (...). She went home, and he came back worse than before, the fights and everything. That is when
I decided to [leave the husband]. Because I said, in that period after childbirth, I don’t want my daughter to live with that. (E7: direct violence)

In this period, the women experienced other forms of violence, such as partners’ abandonment, at a time when the support and participation of the partner were necessary.

I think violence is even greater because there are studies that report that women tend to be more betrayed and more abused, and it is a time when women are more vulnerable. Apart from the violence of abandonment (…) In the postpartum period, it is worse because it is a time when the woman needs more help, and at that moment, she is alone. Those who suffer don’t have a partner to be by their side. (E1: indirect violence)

The COVID-19 pandemic
Violence was perceived as a reality that already existed in the women’s lives. Difficulties with coexistence and communication, stress, anger and job loss were some of the reasons the women mentioned for increased violence during this period.

I think that because of spending more time together, living together because there was this quarantine thing, not being able to go out and everything, I think it increased because of that. If the person, as I mentioned, is already aggressive, in an environment where he does not accept some things, it will end up getting worse. (E4: not exposed to domestic violence)

Many women lost their jobs, and many people started to stay at home more. All this affected everyone, but nothing justifies [domestic violence] because it’s family; if we’re together we don’t have to have these things, we have to respect being equals. (E11: not exposed to domestic violence)

In addition to the difficulties the survivors experienced speaking out and seeking help, the pandemic added vulnerabilities in terms of under-reporting and poor visibility of cases of violence.

During the pandemic, [domestic violence] increased, and the cases became more excluded, not so visible, because it happened at home, and many women didn’t want to have the headache of having to expose themselves, of accepting reality. They ended up running away from it and ended up accepting it, even for personal reasons. (E1: indirect violence)

History of family violence and socioeconomic inequities
From the women’s perspectives, community contexts where there were greater economic vulnerabilities generated situations in which violence tended to increase. Therefore, areas where the low-income population was concentrated, for some, became an environment of greater vulnerability. However, one of the participants recognised that violence is present in all areas.

Nowadays, it happens in general; before, it was more on the outskirts, in places with fewer resources… nowadays it is very general both at home and on the street. (E4: not exposed to domestic violence)

Previous experiences of family violence were underst- stood as elements that influenced aggressive behaviour in adult life. Intergenerational violence transmission was perceived as an issue that influenced the violent behaviour of perpetrators.

My father was also very traumatized because of his father, because my grandfather was very violent with his mother, and his parents were not very welcoming to him, so this could have caused a lot of trauma in his life and he ended up becoming violent too. So the way you were treated does that too. (E5: direct violence)

Mental health and substance abuse
Some of the interviewees’ perceptions linked violence to issues associated with the aggressor’s mental health, such as ‘psychopathy’ (E12) or the ‘sick’ behaviour of the aggressors (E1).

Previous experiences of violence in the family context reinforced the idea that the consumption of alcoholic beverages and drugs favoured the emergence of aggressive behaviour, especially by parental figures and partners.

My mother, she is a drug user, and we lived, just she and me, because she and my father had separated. Then, due to her drug use, the abandonment began; leaving me alone at home when I was about 3 years old. In addition, other violent behaviour, like leaving me locked alone in the room, hitting me for no reason (…) (E12: direct violence)

So, my father was never a bad person. He is very good, but he is an alcoholic, and he takes everything he is going through out on alcohol and ends up losing control because he is very emotional. He has panic syndrome too and ends up taking it out on my mother, and I think that is a very bad attitude and irresponsible (…) (E5: direct violence)

Every weekend he was drinking, and the fight happened. The drugs… I’m not sure about, but I suspected them, too. (E7: direct violence)

Protection system and support network: strengths and weaknesses
Despite the existence of public policies to address violence, the interviewees reported flaws in the protection network and existing laws. They mentioned that protective measures and penalties become insufficient and reported a lack of urgency on the part of the police to act and have greater vigilance, which increased their perceptions of insecurity.
I think the law should be stricter in this regard. I think the law fails a lot in these cases. (E4: not exposed to domestic violence)

Institutions and services, such as primary healthcare services, police stations and specialised telephone lines, are resources that focus on violence prevention and assistance. Among the personnel qualified to address this topic, those in the field of health and social work were mentioned, including psychologists, doctors and social workers.

From the perspectives and experiences of the interviewees, physical violence was more likely to be disclosed, addressed and confronted. Negative experiences in institutions, a lack of urgency and a lack of opportunities to disclose other forms of violence influenced the perceptions that the women had regarding access to justice and protection resources.

This help is very important because when I went to report the verbal aggression, the police did not treat me very well. It was really bad, so much so that the first time, I couldn’t even file a police report. (E7: direct violence)

I should look for the police, right? But also, the police should be improved even more because even the police sometimes attack people, right? (E9: not exposed to domestic violence)

The expectation of women when disclosing their domestic violence experiences was to receive support and advice from their families. These primary networks were the closest contacts to women; however, sometimes, family members preferred to remain silent, avoiding intervening in issues they considered intimate.

No one should poke their nose into a husband-and-wife fight. People don’t like to intervene. (E1: indirect violence)

Families need to be informed, but not every family gives the person the support they deserve. (E2: not exposed to domestic violence)

**Alternatives for the prevention and elimination of violence**

The prevention and elimination of violence, according to the women, must be addressed by several sectors. One of the aspects mentioned by the interviewees was the development of initiatives aimed at educating the younger generations in both formal and informal environments.

I think it starts with education. In addition, educating boys and girls to recognize the types of violence, knowing how to seek help, and not allowing it to happen the first time (…) It starts with education, because sexism is at home. (E1: indirect violence)

Health services, especially the primary healthcare services, and the creation of support groups were seen as appropriate and accessible spaces for women. Therefore, the existence of alternatives that transcended the environments of the police stations was desirable.

The main thing is for women to be aware; maybe there should be support groups in the health services in each neighborhood or they should have more access to services (…) If there was a support network that wasn’t just the police station, that wasn’t just the Maria da Penha Law, but some other institution that could help, I don’t think it would solve the problem, but it would improve [the situation]. (E1: indirect violence)

The generation of sources of income for women and the recognition and guarantee of their rights were referred to as important aspects to combat violence against women.

Jobs for women (…) so that she can depend financially on herself, right? Not needing the men that nowadays have machismo; they think that the woman doesn’t have to work, that it’s the man who must support them. (E8: indirect violence)

I don’t know…we try so hard, we fight for our rights, we talk, but it seems to be in vain, but we must keep doing it—fighting for our rights. (E11: not exposed to domestic violence)

**DISCUSSION**

Our study revealed that violence against women was part of the life experiences of the interviewees, whether due to their own experiences of domestic and intimate partner violence in adult life or due to history of intrafamily violence witnessed or suffered in childhood. Those who did not report a history of violence stated that being exposed to cases in the media, in their neighbourhood or meeting people who dealt with these episodes made them aware of the different types and dynamics of domestic violence and the difficulties that survivors face.

According to the interviewees, violence against women was present in several spheres of life. Women experienced various forms of violence in the private and public spheres. Nevertheless, we observed overlaps in the types of violence that the women experience in different scenarios. The main causes of domestic violence perpetrated by the intimate male partner among the Brazilian population are rooted in cultural values and economic and structural factors.

The diversity of forms of violence that women experience in different spheres of life needs to be understood from a gender perspective. This provokes reflections on the dynamics of violence from a critical approach to unequal relationships and domination that have historically been built, and that set the intimate female partner condition from the representation of submission and supposed fragility. These representations still support attitudes that condone or excuse men’s violence and are reproduced and validated creating situations of revictimisation among domestic violence survivors.
Studies have confirmed that domestic violence is linked to unequal relationships based on patriarchal norms and male domination. The women described situations that demonstrated unequal power relationships based on the distribution of domestic activities, childcare, participation in the labour market and stereotypical representations of women.

Understanding the nature of violence allows us to discuss how gender relations have been constructed based on mechanisms of oppression that are still present and naturalised in our daily lives. Attitudinal changes regarding gender relationships are still a challenge that needs a multidisciplinary approach.

These findings reveal the importance of understanding how sociocultural characteristics affect the prevalence, patterns and dynamics of domestic violence in different contexts. Societal factors such as some cultural norms will be a factor that explains the large variability of domestic violence prevalence and dynamics, and reinforces the importance to include qualitative studies that explore in-depth social perceptions regarding domestic violence. Multicountry studies might be an ideal design to explore how sociocultural norms might influence the prevalence of violence against women according to different contexts through a cross-cultural design and based on a larger population sample.

In some cultures, pregnancy can be a protective factor, because it is not socially acceptable to assault a pregnant woman. However, in other societies, being pregnant could be a risk of domestic violence exposure. Similar to the interviewees’ perceptions, studies indicate that in those who had already experienced violence during pregnancy, patterns and frequency can change, affecting the newborn’s well-being too.

The evidence from quantitative studies showing pregnancy as a risk factor for violence is not yet conclusive. Our study reveals some discourse that implicitly tends to blame women for the changes that take place in this period and their ‘increase in sensitivity’, which makes them more susceptible. This evidence reinforces the importance of comprehending the social representation of violence against women as a useful approach to understanding the relationship between pregnancy, motherhood and violence.

Likewise, the perceptions of the interviewees reinforced the cycle of violence, where the aggression became repetitive with periods of forgiveness and reconciliation. The participants mentioned the need for women to ‘take action’ in the face of violence; however, expressions of this nature suggest that remaining in a violent relationship was the woman’s free choice. However, this contrasted the women’s knowledge of the difficulties they faced disclosing the violence they experienced. Studies describe the pathway of women in situations of domestic violence, where seeking help is a ‘critical path’, demonstrating the various obstacles that women face to interrupt the cycle of violence.

It was observed that women who disclosed having suffered experiences of direct violence had difficulty recognising the signs of violence and some expressions of self-blame (eg, ‘It was because of my stupidity’). These women emphasise the difficulties that they experienced to recognise and validate some manifestations as forms of violence. Moreover, they revealed barriers to receiving appropriate assistance from formal and informal support networks. Psychological violence complaints tend to be less legitimated by police officers than physical aggression from the interviewees’ perception.

The interviewees’ discourse indicates that public policies need to be accompanied by welcoming services and qualified personnel to avoid situations of victimisation and blame. The need for services to aid in identifying and coping with other forms of violence, not only physical violence, was recurrent in the discourse of the women interviewed.

Similarly, other studies have shown that the difficulties and obstacles that women face in reporting and seeking help are due to the insufficient reception of institutions, the shame of disclosing the situation of violence, fear of the aggressor, economic and emotional dependence and the naturalisation of violence, among others. Sexual violence was mentioned; however, it seems that episodes were mostly perpetrated by strangers in public spaces. There was little recognition that these episodes could occur in the context of marital relationships. Moreover, reproductive coercion, patrimonial violence and marital rape were barely mentioned by the interviewees. The lack of awareness about the severity of non-physical and sexual forms of violence represented a barrier to first recognising oneself as a victim of violence and consequently seeking help and support.

The dynamics of domestic and family violence against women have been approached from different perspectives; however, the ecological model is a valuable resource for understanding the complexity of this phenomenon. This perspective allows studying the phenomenon of violence from a multidimensional analysis including individual, relational, community and social factors.

Based on this framework, it is fundamental to reflect critically on the idealised representations of family and intimate partner relationships, to offer survivors the possibility of openly talking about it, and to create actions that contribute to deconstructing abuse and control within the family as legitimate ways of relating. A better understanding of the meanings that women and men attribute to violence, as well as their attitudes about their direct or indirect violence experiences, is a relevant topic to address through qualitative analysis.

Violence has several psychosocial, economic and health consequences on women’s lives. The participants described the adverse consequences of violence on health, especially on women’s mental health and interpersonal relationships. This recognition, in principle, makes health services suitable environments to implement strategies aimed at preventing and helping victims cope with violence.
Therefore, healthcare professionals, namely those in prenatal and postnatal care services, can be appropriate facilitators for the implementation of strategies focused on the detection, reception, orientation and support of women in situations of domestic violence.\textsuperscript{29}

Alternatives described by the participants involved the dynamics of violence and encompassed the need to create public policies focused on generating sources of income and employment for women and recognition and guarantee of women’s rights.

Our findings reveal that being an adolescent is not an exception for suffering violence. However, we observed that from the adolescents’ discourse emerged some experiences of violence suffered by their mothers when compared with adults. It means that, in our study, adults tend to reveal direct violence experiences, while adolescents disclose indirect experiences.

A recent literature review recognises that dating violence in adolescence is an issue less explored in Brazil when compared with international evidence production.\textsuperscript{30} Disclosed violence experiences and recognising violent signs tend to be a long process. Adult women recognise that subtle types of violence are less visible and this fact could even be more difficult for adolescents to identify in their relationships.

Dating violence prevalence and how it affects adolescents in the short, medium and long term are relevant themes to explore. We also need to understand how public policies comprehend the characteristics and needs of adolescents. On the other hand, it is important to promote friendly services for adolescents. Including their voices in this study will be an important source for healthcare professionals to know adolescents’ representation of violence and be prepared for assertive approaches.

Violence against women is a complex and multidimensional phenomenon.\textsuperscript{1} The violence that occurs in private environments must be regarded as a target of intervention in the public and political spheres.\textsuperscript{31} Therefore, strategies for its prevention and eradication require the integration of policies that consider and address the different economic, healthcare and security needs of women.

As a social problem, it is important to reinforce the importance of developing multifaceted interventions that also integrate community campaigns to sensitize the population regarding subtle forms of violence: financial programmes to promote women’s economic independence and offer professionals training programmes to address domestic violence into educational, healthcare and police station services. Considering that violence against women is an intergenerational issue, educational programmes must be addressed to prevent different forms of violence and promote social skills based on respectful relations.

The identification of violent situations and the resolution of cases may be influenced by the social perception of what it means to be a victim of violence, the relationship with the aggressor(s), the naturalisation of some forms of violence and how society has been organised to cope with this phenomenon in terms of public policies and specialised services.

Some resistance to talk about domestic violence is a possible issue to confront when sensitive themes are introduced through face-to-face interviews. However, strategies such as using rapport-building techniques, and offering quality information and support were implemented during the interviews to avoid this.

On the other hand, this study provides qualitative insights from a small and intentional sample. Despite this, based on the theoretical saturation criterion, we could establish that no new substantive codes emerged. Through thematic qualitative analysis, it was possible to provide exploratory and novel insights into perceptions of domestic violence, causes, consequences and responses to prevent and to guide future research and policy to prevent domestic violence.

Other limitations of this study also include the generalisability of the findings due to the interviews being conducted in only one public health service, which may influence the representation of women with a specific socioeconomic profile. Considering the Brazilian socioeconomic inequities and based on how this could influence domestic violence experiences, further studies that consider the inclusion of private clinics health users would contribute to the inclusion of perceptions of women with a different socioeconomic status.

This study contributes to discussing the roots of violence against women by exploring attitudes and gender norms that support violence from women’s perspectives. Implicit attitudes of accepting violence are still present in some discourse hence the importance of producing research to comprehend people’s perceptions about social problems. Moreover, these results offer opportunities to comprehend women’s experiences and perceptions regarding the effectiveness of public policies and services to confront violence based on the women’s and relatives’ experiences. This reinforces the population’s acceptability and trust in specialised services and policies, and identifies the challenges that these mechanisms still face to confront this issue.

Nevertheless, considering that the voices of women regarding strategies to confront domestic violence are still incipient in the literature, this paper proposes an approach that contributes to exploring the women’s point of view regarding the problem itself and how to confront it in different spheres, being it at individual, institutional or societal level.

\textbf{CONCLUSION}

This study revealed the perceptions of Brazilian women during pregnancy or after childbirth regarding domestic violence against women. The women revealed the main difficulties that they faced in dealing with the impacts of violence on different areas of life and the barriers to accessing support networks. The meaning attributed to domestic violence might contribute to the identification
of possible vulnerabilities of women who suffer violence and the obstacles they face when accessing specialised services and seeking aid from support networks.

Future research in this area requires critical analysis of the barriers and facilitators for the implementation of strategies against domestic violence, considering the perspectives of women in their role as recipients of specialised services and those of professionals who work in the protection and care network.

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Patient consent for publication Not required.

Ethics approval The project was approved by the Research Ethics Committee of the Universidade Católica de Brasília number: process CAAE: 342263.1.0000.0040. All stages of the research were conducted following the ethical principles established in the Resolution of the National Health Council no 466 of 2012 and the Declaration of Helsinki. All participants signed the informed consent form and were informed of the purpose of this study and their rights. It is common practice for adolescents’ participation that there should be authorisation of parents or legal guardians. To avoid endangering any of the adolescent participants, the local Research Ethics Committee approved that the adolescents’ signed consent form will be enough to show the agreement to participate. This decision was based on the assumption that in those cases where possible perpetrators of domestic violence are those relatives who must give their consent and this could provoke some retaliations. Considering that this research addresses a sensitive topic, the requirements recommended by the WHO to respond to intimate partner violence in a clinical setting were addressed including a standard operating procedure. Professional training, a private setting and confidentiality were ensured, as well as time to allow for appropriate disclosure. Women were fully informed about the nature of the questions and were allowed to decide to stop the interview at any time or even not to answer some questions. The hospital where the research was conducted has a referral system installed for domestic violence survivors. It was established that those women who disclosed current domestic violence experiences must be offered social and psychological support from the regular hospital staff, as well as information about specialised services in their communities. The participants’ statements were identified with consecutive numerals to maintain anonymity. We will disseminate our findings to researchers and healthcare providers through conference presentations and publications in peer-reviewed journals.

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Data on which the analyses are based are available from the corresponding author on reasonable request.

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REFERENCES


Interview guide

- What is the first thing that comes to your mind when you hear the word violence?
- What do you know about violence and forms of violence against women?
- What types of violence do Brazilian women most often experience?
- In your opinion, is the risk of experiencing domestic violence higher or lower during pregnancy and after childbirth? Why?
- Why do you think violence against women occurs?
- How can experiences of violence change women’s lives?
- Which people, professionals or institutions can help women in such situations?
- In your opinion, did violence against women increase or decrease during the COVID-19 pandemic in Brazil? Why do you think this was the case?
- What do you think could be done to reduce or prevent violence against women?
- Is there anything else you would like to comment on or explain that you think is important?