

Health of men experiencing intrafamily and conjugal violence criminally prosecuted

Saúde de homens em vivência de violência intrafamiliar e conjugal processados criminalmente

Salud de los hombres que sufren violencia intrafamiliar y conyugal procesados penalmente

Anderson Reis de Sousa¹, Andrey Ferreira da Silva², Fernanda Matheus Estrela³, Helder Pereira Bonfim⁴, Tamires Jesus Sousa⁵,
Leilane Nascimento da Conceição⁶, Alvaro Pereira⁷

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REVISA

1. Universidade Federal da Bahia, Nursing School. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0001-8534-1960>

2. Universidade Federal de Alagoas. Maceió, Alagoas, Brazil.
<https://orcid.org/0000-0002-1038-7443>

3. Universidade Estadual de Feira de Santana. Feira de Santana, Bahia, Brazil.
<https://orcid.org/0000-0001-7501-6187>

4. Universidade Federal da Bahia, Nursing School. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0002-0413-0721>

5. Universidade Federal da Bahia, Nursing School. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0003-4141-9097>

6. General Hospital Roberto Santos e Obras Sociais Irmã Dulce. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0003-2161-7563>

7. Universidade Federal da Bahia, Nursing School. Salvador, Bahia, Brazil.
<https://orcid.org/0000-0003-1615-5528>

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RESUMO

Objetivo: descrever o comprometimento da saúde de homens em vivência de violência intrafamiliar e conjugal. **Método:** Estudo descritivo, qualitativo, com participação de 44 homens que respondiam a processo criminal por violência conjugal nas 1ª e 2ª Vara de Justiça Pela Paz em Casa do município de Salvador, Bahia, Brasil, por meio da criação de Grupos Reflexivos em 5 edições entre os anos de 2014 e 2018. **Resultados:** A vivência de violência intrafamiliar e conjugal comprometeu a saúde dos homens com sintomatologia física e psíquica, manifestada por dores no peito, falta de ar e perda de peso; irritabilidade, vigília, alteração no padrão de sono, tristeza, sentimento de impotência e comportamento suicida; impactos em perda da função laboral ou dificuldade de empregabilidade; rompimento de vínculos afetivos familiares e da rede de apoio; constrangimento e isolamento social. **Conclusão:** Vivenciar a violência intrafamiliar e perpetrar a violência conjugal provoca nos homens processados criminalmente a autodestruição com repercussões de expressividade danosa à sua identidade, sua saúde e a vida.

Descritores: Masculinidade; Saúde do Homem; Conflito Familiar; Violência Baseada em Gênero.

ABSTRACT

Objective: to describe the health compromise of men experiencing intrafamily and conjugal violence. **Method:** Descriptive, qualitative study, with the participation of 44 men who respond to criminal proceedings for conjugal violence in the 1st and 2nd Court of Justice for Peace at Home in the municipality of Salvador, Bahia, Brazil, through the creation of Reflective Groups in 5 editions between 2014 and 2018. **Results:** The experience of intrafamily violence and marital commitment to the health of men with physical and psychological symptoms, manifested by chest pains, shortness of breath and weight loss; irritability, vigilance, changes in sleep patterns, sadness, feelings of helplessness and suicidal behavior; impacts on loss of work function or difficulty in employability; disruption of family affective bonds and the support network; constraint and social isolation. **Conclusion:** Experiencing intrafamily violence and perpetrating conjugal violence causes self-destruction in men who are criminally prosecuted, with repercussions of harmful expression to their identity, health and life.

Descriptors: Masculinity; Men's Health; Family conflict; Gender Based Violence.

RESUMEN

Objetivo: describir el compromiso de salud de los hombres que sufren violencia intrafamiliar y conyugal. **Método:** Estudio descriptivo, cualitativo, con la participación de 44 hombres que responden a procesos penales por violencia conyugal en el 1er y 2do Juzgado de Justicia para la Paz en el Hogar del municipio de Salvador, Bahía, Brasil, mediante la creación de Grupos Reflexivos en 5 ediciones entre 2014 y 2018. **Resultados:** La experiencia de violencia intrafamiliar y compromiso conyugal con la salud de hombres con síntomas físicos y psicológicos, manifestados por dolores de pecho, disnea y pérdida de peso; irritabilidad, vigilia, cambios en los patrones de sueño, tristeza, sentimientos de impotencia y comportamiento suicida; impactos en la pérdida de la función laboral o dificultad en la empleabilidad; ruptura de los lazos afectivos familiares y la red de apoyo; restricción y aislamiento social. **Conclusión:** Experimentar violencia intrafamiliar y perpetrar violencia conyugal provoca la autodestrucción en los hombres procesados penalmente, con repercusiones de expresión nociva para su identidad, salud y vida.

Descritores: Masculinidad; Salud de los hombres; Conflicto familiar; La violencia de género.

ORIGINAL

Introduction

Marital and intrafamily violence are configured as a complex and multi-causal phenomenon, based on the existing asymmetry between genders, marked by intersectional, trans and intergenerational characteristics. From the experience of violence, significant repercussions are generated for women, families, communities, and also for men, affecting them in different dimensions such as health.

Intra-family violence is understood as any form of abuse directed at children or adolescents by people who are considered to be members of the family, even if these people do not have inbreeding relationships. It has been considered a serious social problem, reaching the entire population, requiring studies in different areas. The recurrence of this type of violence makes it part of the daily lives of families, passing from generation to generation without suffering even any modification of such practices. This occurrence makes intrafamily violence important for the health sector, considering the impacts generated to the condition of human life.¹

This phenomenon has been perpetuated, with repercussions on the generation of violence in adulthood and is assimilated and naturalized by those who experience it.¹ This process occurs given the generational transmission of violence committed against women who also affects their children, whether as spectators of violence motherhood, or as an actual victim of such an act. These experiences have influenced marital choices, causing the situations witnessed in their families of origin to be revived, even if there is a desire to build relationships based on premises that differ from those already experienced.²

In Brazil, the perpetuation of violence and its occurrence in the conjugal sphere is a public health problem. It is estimated that five women are beaten every 2 minutes; the partner (husband, boyfriend or ex) is responsible for more than 80% of the reported cases, according to the survey Brazilian Women in the Public and Private Spaces.³ In 2017, 452,988 new case records entered state courts domestic violence against women, an increase of 12% compared to 2016, with 402,695 new cases. In the same year, 236,641 emergency protective measures were granted, an increase of 21% in relation to 2016, when 194,812 measures were issued.⁴ In this context, the promulgation of the Femicide Law (Law No. 13,104 of 2015) clarified the understanding of violence fatal against women for gender reasons.⁵

In this scenario, it draws attention to the place occupied by the masculine, given that the identities of men reinforce the rejection of the feminine and the condition of fragility of the woman. Thus, the male identity construction is shaped by patterns of violence, in which power and domination are intertwined with the traditional way in which masculinities are structured.⁶

Hegemonic masculinity has put men at risk, given that it reinforces the self-affirmation of power in relationships, making it vulnerable to situations such as suicide.⁷ The abusive use of alcohol and illicit drugs and access to firearms have been identified as elements of male socialization, with high potential for involving men in episodes of violence, such as the aggression of their consorts.⁸

As a consequence of conjugal violence, men have been subjected to police and legal provisions, from the experience of prison or from the legal-criminal process for this cause. In this sense, the actions established with the enactment of

Law 11,340 of 2006, known as the Maria da Penha Law, stand out. Stricter legal measures are created from this Law for the perpetrators of violence, including the need to create assistance programs aimed at this public.⁵

With the creation of this legal provision, an important response to the impunity committed and perpetrated by men who commit aggressions was carried out. However, the measures accentuated the punishment for men, but it did not advance in thinking what recovery and re-education programs are, nor how they should be implemented and what is their relationship with health services. In this sense, the question arises, what is the place of care provided to this public in HUS? How do these men access the health system? How are they welcomed and what are the consonances with the integrality of care?⁹

Usually the man who finds himself in this context is seen from the condition of aggressor, which strengthens the stigma and obfuscates the need to pay attention to them. A review study that analyzed national publications on the subject revealed that the problem involving men and conjugal violence has a financial impact on the country, due to the increase in costs generated by spending on the legal-penitentiary sector, however the costs have not been measured. generated in the health sector, contrary to what happens with women, making it possible to observe how undersized and invisible this problem is.¹⁰

Contrary to what has been evidenced, the experience of intrafamily violence and conjugal violence perpetrated by men, has generated significant repercussions in the condition of male health, in such a way that physical and mental illnesses are generated, as a result of the somatizations from the beginning. experienced stress. These commitments expand, affecting public life, the family, current and future affective and marital relationships, financial and labor, which are enhanced by the emergence of prison and the process.¹¹ Such a scenario should imply the expansion of interventions that include men authors of violence against women, causing new meanings and expressions of being a man to emerge, which modify violence in affective relationships, such as the creation of reflective groups and prevention social technologies.^{9,12-13}

In view of this context, in order to promote actions aimed at preventing vulnerability factors and elements that precipitate and intensify intrafamily and conjugal violence and minimizing the occurrence of damage to health from the experience of the phenomenon, we sought to investigate: What commitments are they generated for the health of men who experienced intrafamily violence and were prosecuted for conjugal violence?

In order to answer the question, this article aims to: In order to answer the question, this article aims to: describe the health compromise of men who experienced intrafamily violence and were prosecuted for conjugal violence?

Method

This is a descriptive, qualitative study, linked to a matrix research project, entitled: *Re-education of men and women involved in criminal proceedings: a strategy to face conjugal violence*. The project is part of the Study Group on Violence and Quality of Life (VID @), from the Nursing School of the Federal University of Bahia (NSUFBA), funded by the Research Support Foundation of the State of Bahia (FAPESB).

It was approved by the NSUFBA Research Ethics Committee, under opinion n. 877,905 / 2014, in line with the ethical and legal recommendations highlighted through Resolution No. 466/12, of the National Health Council, which provides for research involving human beings. The ethical aspects of the research were respected, guaranteeing anonymity, confidentiality, free decision to participate in the study, and the men were invited to participate in the research, by presenting the Informed Consent Term, which allowed after the consent, the beginning of the study.

The research was carried out in partnership with the 1st and 2nd Courts of Justice for Peace at Home against Women in the municipality of Salvador, Bahia, Brazil. The Courts were created by an initiative advocated by Law No. 11,340, enacted in 2006, called the Maria da Penha Law, which in its Art. 35 provides for the need to develop actions directed at men who commit violence.

As an initiative to implement these actions, and for the purpose of scientific investigation, Reflective Groups (GRs) of gender education were carried out, in the operating group mode, of the task-centered type, proposed by Pichon-Rivière and anchored driving based on the framework theoretical proposal proposed by Paulo Freire. The GRs were operationalized in 5 editions of 8 meetings each, with an average duration of two hours, which took place between 2014 and 2018, in partnership with a state public school linked to the project.

The following themes were contemplated in the meetings: Presentation of the GR; influence of the family in the formation of the Self; social construction and gender inequalities; masculinities and the formation of the new man; men's health and encouraging self-care; perception of violent conduct; peaceful conflict resolution and GR assessment.

The study included 44 men involved in the legal-criminal process for conjugal violence in the aforementioned Courts, who met the inclusion criteria: having a history of experiencing intrafamily violence, responding to the legal-criminal process for conjugal violence and preventive detention for this cause, presenting satisfactory psychological and emotional condition. The psychological assessment was carried out with the support of a psychologist linked to the study group.

Participants were aged 27 to 65 years old, self-reported race / color black, incomplete high school education, marital status in a stable relationship, average time of marital relationship ranging from 03 to 30 years, 2 to 3 children on average and all lived alone in the current period of the research, having experienced preventive detention for a period of up to 30 days on average. These worked with precarious labor ties, and occupations such as: watchman, waiter, driver, cashier, production assistant, assistant general services, mechanic, charger and electrician, reaching an income of 1 to 2 minimum wages, and 3 were police officers with a higher income than the others. During the process of operationalization of the research 3 men repeatedly committed the practice of violence, being again charged with legal and police provisions.

For data collection, individual in-depth interviews and group interviews were conducted. Individual interviews took place under the scheduling and convenience of the participants, in a reserved environment at the facilities of the supporting public school. Collective interviews took place through the GRs. Both were guided by a previously elaborated instrument, submitted to evaluation in the research group and with the participants through a pilot test.

The interviews lasted an average of one hour (individual interview) and two hours (group interviews), recorded, later transcribed in full and submitted to treatment. These were carried out by trained researchers, under the supervision of professors in the research area, in *Consolidated Criteria for Reporting Qualitative Research (COREQ)*.

The organization of the data was carried out under the support of the NVIVO®¹¹ Software, which allowed categorizing and coding major and minor themes. For analysis, we used the Collective Subject Discourse, anchored in the theoretical frameworks provided by Bandura's Theory of Social Learning,¹⁴ as a way to understand the phenomenon of transgenerational violence, the Ecological Model proposed by Heise to explain conjugal violence and the Psychosomatics for understanding the health repercussions.

Results

Synthesis 01: health compromise in the face of intrafamily violence suffered.

The experience of intrafamily violence suffered in childhood brought compromises to the health of men, with psychological impacts, expressed by the negative self-perception of identity, demarcated by physical and emotional abuse and visualization of maternal violence, which generated suffering that reflected in its self-realization:

[...] I really was a very mistreated guy, so much so that I have marks on my body due to the physical aggressions I suffered. My father drank a lot [...] he attacked my mother and me. I threw myself into the wardrobe, hit me with pieces of wood and even with iron [...] that made me very nervous. I cried for my mother to be beaten. Today I cry a lot, for the dreams that I could not achieve. (CSD of men experiencing domestic and domestic violence).

Synthesis 02: health compromise after the violence committed against the spouse.

In adulthood, in the context of conjugality, during and after having experienced the marital conflict, men revealed the presence of health compromises. Physical symptoms emerged, manifested by chest pain, shortness of breath, elevated blood pressure and psycho-emotional changes expressed through anger, guilt, crying and changes in sleep quality:

[...] at the moment of disagreement with my partner I felt chest pain and shortness of breath [...] My blood pressure went up. I was nervous, upset. After the fight I cried a lot, I felt angry because I made a mistake. I had a tightness in my heart, a pain in my conscience, I felt dejected because it really was a situation that was never supposed to happen. I couldn't sleep well thinking about the situation. (CSD of men experiencing domestic and domestic violence).

Synthesis 03: health compromise resulting from preventive detention

As a consequence of the conjugal violence committed, prison emerged as a factor that generates health compromises, with significant repercussions in the family sphere, through the separation of children and family. They also had a

social impact (generated by isolation and stigma), psychological, manifested by hypervigilance, suicidal thinking and the need to use drugs to treat mental illness and work, identified through the alternations generated in the quality of the performance of functions in the work environment, job:

[...] when I was arrested they took me to the police station. There is suffering, there is no place for anyone to go. When giving testimony, when I had the opportunity to be heard, the delegate was very aggressive, not giving me much opportunity to speak and explain myself. It was a great humiliation, because they only treated me like an aggressor. Being stuck, away from home, family, people you care about is very bad. Because of the prison, I had problems with my family members and the removal of some of them, I was scared, anxious, scared, I thought about suicide and that all caused me problems, so much so that today I use controlled medications. Sometimes when I'm working, I remember everything I went through at the police station and I start to cry, I get really upset and I can't keep working and this has interfered with my service. (CSD of men experiencing domestic and domestic violence).

Synthesis 04: health compromise resulting from the legal-criminal process

As a result of the crime to which they were accused, the men revealed that their health was compromised as a result of the legal-criminal process. Such commitment, impaired you in maintaining physical well-being, manifested by weight loss, difficulty in practicing physical activity, in mental health, resulting from fear, sadness, feeling of helplessness and depression, and social, marked by stigma and embarrassment :

[...] going through all these embarrassing issues in the process, involving my friends and family is very difficult. I am afraid of being able to generate problems with the protective measure, due to the fact that I still have a certain proximity to it (it refers to the proximity to the spouse, with whom she responds to the process). People started to look at me differently, and because of that, I'm afraid someone will call the police and say that I'm looking for them or that I'm making some kind of threat, because anyone can call and make a report, putting me at having problems with justice and it affects my mind, brings discomfort, makes me depressed. Because of the process I lost weight, I was never able to practice physical activity anymore, I can't concentrate on training. I don't feel like the guy I used to be, in that mood. I feel sad, humiliated, a defendant, useless. (CSD of men experiencing intrafamily and conjugal violence).

Discussion

From the male discourse, it was evidenced that men, when they experience childhood with a family imbalance, especially with the presence of severe physical and psychological violence in this period, and / or that the father raped the mother, presented future delinquent behavior, in this case, against their wives , through the practice of conjugal violence.

The disturbance caused by violence against women in family relationships, results from a generational transition process about violent behavior, with significant social dimensions and for public health. For a better understanding of the phenomenon, it is necessary to understand the family dynamics and the social relationships established in order to know the meanings attributed to the

social roles to be played by men and women and how these are being transmitted in the shaping of family models across generations.¹⁵

This question can be better understood based on the social learning theory, or sociocognitive theory, developed by Albert Bandura, who proposes the support and understanding of aggressiveness as a response pattern that is learned through reinforcement and modeling, which it consists in the elaboration of a mental representation of the learning object. Learning in this sense focuses on observing the behavior of others, the rewards received and addictive experiences.¹⁴ This model of learning based on observation, was unveiled in male discourse.

Children who have experienced experiences of violence in childhood may have similar experiences in adulthood. Maternal abandonment, abusive use of alcohol and other drugs by parents, practice and / or repetition of violent behaviors are found to be risk factors that generate / influence the perpetration of violence. In contrast, the establishment of loving and healthy models, a strengthened and structured support network, psychotherapeutic treatment, has contributed to interrupting the transgenerationality of violence.¹

In the perspective of social learning, this reproduction can occur from the development of cognitive processes that mediate the modeling, causing a complex process to emerge, and not a simple imitation or exact reproduction of what was observed. In this context, attention processes are present, which act in the selection of models and behaviors towards the recipient individual, highlighting the models of the usual contexts of life, such as family, school, work, or others considered as attractive.¹⁴

Such learning is followed by the process of representation and memory, which presents itself as essential to enable the transition from what was observed to the construction of a behavioral response of action, coding and integrating the information collected, as well as the process of reproduction or behavioral response, which comprises the apprehended behavior put into practice, already apprehended, associated, self-observed and self-evaluated and finally the motivation process, which consists of the facilitating or embarrassing process of the action, causing it to reproduce or question the model apprehended.¹⁴

With regard to the practice of violence, the theory of social learning, makes it possible to clarify that violent acts are not congenital, and cannot be spontaneous, but rather need to be apprehended and trained to enable their execution. In this way, this learning starts to be built slowly and they need models that exercise them, such as families, peers, such as consorts, that demonstrate types of actions that offer rewards.¹⁴ In the scope studied, rewards could be associated with the fact of the guarantee of privileges attributed to men in the beginning of the domination over women.

The construction of the male identity of the men studied was marked by a feeling of disapproval, hostility and lack of affection that culminated in sentimental repercussions that lasted until adulthood. The suffering resulted from the mutual experience of being raped and, at the same time, living in an environment in which their mother witnessed violence. Such a lived experience may have been internalized by men as a situation understood as a normal behavioral model to be followed and replicated.

The lack of affectivity and the presence of the violation of rights, demarcated by experiences of physical and psychological violence in the

intrafamily scope of the boys' identity formation, make it possible to manage psychological suffering. Such behaviors witnessed as a child can be reproduced in adulthood, as pointed out in a study carried out with men who committed conjugal violence in the city of Salvador, Bahia, Brazil.¹⁶ The absence of a father figure in the family context, associated with situations of separations, divorces of the parents, has unveiled contours of the perpetration of conjugal violence, and if better understood it could become an important tool for the development of interventions with the purpose of protecting new family relationships.¹

Other childhood adversities that permeate the transgenerational character of violence, such as child abuse, neglect, and bullying, have been identified as enhancing the phenomenon. The repercussions resulting from violence are permeated by emotional, physical and financial factors, present in childhood. Such generational repercussion has been studied with greater amplitude in the female population and in Western contexts, as highlighted by studies carried out in Sri Lanka and in South Africa,¹ lacking investigations directed to the male condition.

In this context, the family appears as a prone field for the transmission of violence, while in it the first models or systems of beliefs and values that an individual can acquire are configured, being able to modify or not change throughout his life. In this way, psychic transitions, or transgenerationality, can be considered a form of alienation, in which an individual unexpectedly reproduces such action or content, without being aware of such an act, even constituting a way of automating attitudes and behaviors, reproducing without being able to disconnect from the cycle already immersed.¹⁷

The relationship models are also permeated by the transgenerational construction, both for similarity, as for complementarity, to be followed by the children or to be rejected by them, but in any case, these motivations will exert a great influence on the marital choice.¹⁸ Thus, accompanying the acts and behavior of boys during childhood, in the school environment, for example, presents itself as a crucial element for the identification of the reproduction of violence. In this regard, it has been identified that women victims of neglect, physical and sexual abuse, and who have witnessed intrafamily violence between their parents, were more vulnerable to victimization in their marital relationships as adults. In turn, men when victims of physical or sexual violence in the family context, were more likely to perpetrate violence in their romantic relationships.¹⁹

By viewing the father beating the mother, the men demonstrated to have suffered a negative influence on their biopsychosocial health condition, through the manifestation of the psychological impact, which caused them emotional stress as a child, with reflexes in adult life, revealed by the feeling of decline in self-perception and self-realization. Intrafamily violence impacts on child psychic development. As a consequence of the present psychological violence, significant losses emerge, affecting intrapersonal thoughts, causing fear, low self-esteem, symptoms of anxiety, depression and suicidal thoughts. They also degrade emotional health, with the emergence of emotional instabilities, uncontrolled impulses, disorders such as eating and influence on substance abuse.²⁰

In addition, social skills are affected, resulting in antisocial behavior, detachment, low social competence, sympathy and empathy for other people and

for criminality, in affective relationships, in the way love relationships are constituted. They also affect learning, generating low achievement, moral damage and damage to physical health, with the appearance of somatic complaints, developmental failure and high mortality, and putting an end to the transgenerational nature of violence, which causes the problem to perpetuate itself.²⁰

Men who experience this context, lack social support, making it possible to broaden the understanding of psychological functioning, and, therefore, the planning of interventions to be promoted for the purpose of solving problems and raising self-esteem.²⁰ As a reflection of a transgenerational process, the practice of violence was presented as a daily action in the relationships established by men, experiencing in this context experiences of marital conflicts and violent conduct against their partners.

Violence in the interaction reproduced between different levels, involving the individual, family, community and socio-cultural spheres of violence against women is understood from the ecological model, which signals the existence of levels of causality, found not only in a single determinant, but in the interaction of different operating factors, favoring or protecting the individual from the phenomenon, which allows the ways to be followed for prevention and coping to be observed.²¹

Due to the multi-faceted and multifaceted characteristic of violence, the ecological model allows the analysis of the interaction of the different elements that influence behavior and precipitate and / or intensify the likelihood of people becoming victims and / or perpetrators of violent acts. In this sense, biological factors, personal history, such as sociodemographic characteristics, such as the history of aggressive behaviors, psychological disorders, personality, connection with the abuse of alcohol and other drugs and self-depreciation are highlighted.²¹

Relationships of intimate forum are also incorporated, such as those maintained by couples and other family members, and friends, in community contexts, permeated by the influence of everyday social relations, present in schools, workplaces and in the surrounding community. The problem can also arise from the propensity to risk violent acts in these places, due to exposure to vulnerability (unemployment, drug trafficking) .²¹

Last but not least, the relationship that exists at the structural level of society, in which the social construction of creating a climate that stimulates or prevents the practice of violence, rooted in socio-cultural norms, can confer a high degree of determination. At this level, the possession of a weapon, police conflicts, parenting conditions, suicide, male domination over women and children, racism, deficit in public policies and maintenance of economic and social inequalities stand out.²¹ When knowing these dimensions, it is highlighted the need for the phenomenon of violence, especially that which affects women, to be analyzed and addressed in an intersectoral and interdisciplinary manner.

In this regard, it should be noted that the men investigated compose a portrait of the disadvantaged social strata of the citizen devices, with an expressive profile of vulnerability, being marked by low education, deficits in access to employability, income, weaknesses in the establishment of affective, family and conjugal, and crossed by the race / color item.

This problem cannot be seen only by a single Eurocentric identity, intersectionality, it presents itself as a concept that situates and subsidizes the

recognition of discriminatory practices and the maintenance of inequalities, thus constituting a theoretical and critical framework.²² that opens the agenda for a expanded debate and has contributed significantly to the reframing of health actions and conduct. The intersectional perspective has allowed experiences to be observed from the different perceptions through the intertwining of markers of gender, class and racialization processes, as conditioning factors in the social and political context, causing an expansion of gender oppressions , such as conjugal violence.²³

From the speech, the men revealed to have suffered repercussions to their health during and after the occurrence of the violence committed against their consorts. The appearance of sensations such as chest pain, shortness of breath and elevated blood pressure marked the physical repercussions. Manifestations such as changes in mood, albeit brief, changes in the sleep-wake cycle, feelings of guilt and remorse characterizing somatic symptomatology, configured the psycho-emotional impairment.

Somatization emerges while any type of transition to the act, such as substance use, increased vulnerability to bodily accidents, failures in immunological mechanisms.²⁴ When subjected to a situation of severe stress, men may have developed mental disorders , such as adjustment disorders. These disorders are considered as a direct consequence of severe acute stressor or continued trauma.

Manifestations of aggravation to mental health, including changes in depressed, anxious and / or irritable moods, as well as persistent concerns related to stressor, behavioral changes such as social isolation and somatization, which are physical symptoms with no evident organic basis, are found .

The men analyzed in this study, explicitly and spontaneously verbalized their psycho-emotional and psychosomatic complaints, in the revealed speeches. These unpleasant manifestations are temporarily associated with psychological symptoms secondary to stressful situations experienced, in theory, approximately six months after the resolution of the related problems. However, some individuals may evolve into a true depressive condition, as evidenced by the discourse on the need for drug intervention and psychiatric treatment.

As a result of conjugal violence, men experienced prison, and it was possible to evidence the presentation of situations that generated compromises to their health. The male health condition in this context was affected by issues influenced by the experienced family breakdown, caused by the deprivation of freedom, which caused the distance from the home environment, separation from children and the development of conflicts between family members.

The prison has been causing men to become ill, with repercussions on the appearance of various physical and mental symptoms. This fact was evidenced in a study carried out in the United States that identified that more than half of all inmates in an American prison group had some mental health problem in a situation of physical somatization.²⁵

This same situation converges with the evidence presented in that study. Prison has also contributed to generate personal changes of a subjective character in men, from the unveiling of feelings of worthlessness, low self-esteem and self-realization, interfering in the ability to perform daily activities such as physical activity and concentration. This fact may even be closely linked to the

construction of masculinities, in which the feeling of being losing strength causes manifestations of declining well-being.¹¹

In addition to family problems, social issues also influenced the quality of men's health, especially due to the isolation caused by the prison situation. This isolation led to the removal of the space for daily social interaction, friends and other structures present in the support network. In addition, his condition and social status were affected by the stigma of being considered an aggressor, a situation experienced within the prison system, expressed by the way they were treated at the police station.

In addition to these health compromises of men experiencing prison for conjugal violence, problems such as gastric changes, loss of appetite, reduced muscle strength, headache and tachycardia were found in a study with a similar public, triggering psychic illness, the result of somatization, with impacts on the family, on the male financial and employment condition.¹¹ Such a phenomenon, should trigger the development of actions beyond the penalty, as a way to reduce the rich potential of male illness due to the deprivation of freedom.

In the context of mental health as a result of imprisonment, it was possible to identify in the speech, the presence of records of depressive symptoms, suicidal thoughts and the beginning of a psychiatric treatment, resulting from a probable true anxious depression. Such a situation makes it known that men experience situations of transient stress, eventually developing a mental disorder itself. Such aggravation caused the men to have their work activities impaired, making them vulnerable to their permanence in the job due to this commitment.

A study that investigated the experience of pre-trial detention for men, found that in the first instance, the arrest caused the male public to feel that they were being wronged, especially with the reinforcement of the naturalization of violence present in conjugal relations. After making violent conduct recognized, men reveal the desire to have violence-free relationships, which means that social support is given to them, in different instances, in order to provide support in the development of self-responsibility that is capable of allow the re-signification of acts and the reconstruction of conjugal relationships through a harmonic maintenance.⁸ Anchored in this evidence, it is reinforced the importance of expanding the implementation of actions aimed at this audience.

When they had to respond to a criminal case for conjugal violence, added to the experience of the prison, the men revealed in the speech that they started to have an unsatisfactory weight reduction, difficulty in the practice of physical activity and problems with concentration. In addition to the impairment of physical health, men also referred again to the permanence of depressive, anxious symptoms, ideas of worthlessness, feelings of incapacity, hopelessness and thoughts of death, which constitute a real illness of the psychic condition.

Among the main dilemmas experienced by men is the protective measure issued by the courts, causing him to distance himself from his spouse, his children and the domestic environment. The men said they were afraid of being fined by the police due to some non-compliance, attributing this possibility to the occurrence of denunciations made by third parties. The fear of being reported has been causing damage to well-being, configuring itself as an agent that disturbs the mental state, identified by the presence of discomfort, hypervigilance and low self-esteem.

The need to carry out programs to address the problem involving men who are the perpetrators of conjugal violence has been observed, most of these initiatives are linked to the judicial system and the challenges have included the perpetration of violence during the execution of actions and the criminal recurrence, which generates an absence of evidence to identify the effectiveness of the measures, such as psychotherapeutic treatment.²⁶ As a factor to be overcome, there is the need to understand violence as a criminal act on the part of men, which naturalizes, minimizes and is not responsible, transferring the cause to women, a situation that is permeated by the construction of hegemonic masculinities that reinforce the practice of violence against women, as a masculine attribute.

Conclusion

The speeches revealed that men's health is compromised in the face of the experience of intrafamily violence suffered and the conjugal violence performed. These commitments affected well-being in the dimensions of physical, psycho-emotional, social, family and work health.

When experiencing intrafamily violence, men suffer health compromises that affect their physical dimensions, when they suffer the bodily aggressions used by their parents, and the psycho-emotional and mental dimensions expressed by traumatic memories that manifested feelings of helplessness, frustration, and loss of sense of self-realization.

In addition, regarding the health compromise generated after the conflict occurred and the practice of violence committed by men against their spouses, changes in physical status were highlighted, through cardiovascular and respiratory problems and the psychological state manifested by emotional destabilization and changes sleep pattern intensified by the feeling of guilt.

As a consequence of the violence committed, when they are subjected to prison, health compromises imply withdrawal from work, family and friends, as well as exposing them to hostility and subsequent impact on the performance of work functions and psychological and mental changes with the suicidal surveillance and thinking. In addition to the prison, the men unveiled in their speeches the commitments arising from the legal-criminal process that includes the issuance of the protective measure, due to the crime in which they were accused by the spouses, demarcated by fear, embarrassment, humiliation, depersonalization, physical symptoms such as loss of weight, decline in the practice of physical and psychological activity such as difficulty concentrating, sadness and discomfort.

It was evidenced that the experiences of intrafamily and conjugal violence are intersected by the relations of gender, race / ethnicity, class and by the intergenerational construction that demarcate the masculinity constructs of the studied public. Male subjectivities are also formed based on the social markers of difference. Despite the intersectional relationship providing support for analysis of the phenomenon, the study is limited to the fact that masculinities are Latin American and can be expressed in different ways in other contexts and territories, as well as the relationships of conjugal relations and forms and meanings of violence presented.

In view of the health commitments presented, there is an urgent need to develop intersectoral and interdisciplinary actions with a focus on building new models of masculinity that value self-care and non-violence. Furthermore, it is important that actions aimed at preventing and addressing intrafamily and conjugal violence and gender-based education are implemented and strengthened in focal areas such as schools, but which go beyond other spaces such as health services, such as health care. to the health of children and adolescents, and in the context of adulthood, but also in work environments, professional and academic training processes, religious institutions, in traffic, in transportation and public environments of great circulation such as subway stations, in movements and entities and in spaces for leisure and coexistence, such as soccer fields, barber shops, bars where there is ample male socialization.

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Correspondent Author

Anderson Reis de Sousa
School of Nursing of Universidade Federal da Bahia.
241 Basílio da Gama St. ZIP: 40110-907. Canela.
Salvador, Bahia, Brazil.
son.reis@hotmail.com