



# Violence against women in the practice of nurses of primary health care<sup>a</sup>

*Violência contra as mulheres na prática de enfermeiras da atenção primária à saúde*

*Violencia contra las mujeres en la práctica de enfermeras de atención primaria de salud*

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## ABSTRACT

**Objective:** Understand how nurses who work in Primary Health Care identify violence against women and describe the nursing care provided to these women. **Method:** Descriptive study with a qualitative approach, conducted from August 2018 to February 2019 with ten nurses who work in Primary Health Care. Data were collected through semi-structured interview and analyzed by thematic content analysis. **Results:** The narratives revealed how collaborators perceive violence against women and the meanings attributed by them. Three categories emerged: Perception of nurses about violence against women; Nursing care for women who suffer violence and; Training for the recognition of violence by the woman herself and by the nurse. **Conclusions and implications for practice:** Nursing care for women in situations of violence is still difficult to approach in the context of Primary Health Care, which is aggravated by the difficulty of women to reveal their own violence and also to the professionals who perceive their inability to recognize situations involving violence.

**Keywords:** Primary Health Care; Nursing Care; Violence against women; Delivery of Health Care.

## RESUMO

**Objetivo:** Compreender como os enfermeiros que atuam na Atenção Primária à Saúde identificam a violência contra as mulheres e descrever a assistência de enfermagem prestada a essas mulheres. **Método:** Estudo descritivo e de abordagem qualitativa, realizado entre agosto de 2018 a fevereiro de 2019 com dez enfermeiras que trabalham na Atenção Primária à Saúde. A coleta de dados foi realizada por meio de entrevista semiestruturada, sendo analisados pela análise temática de conteúdo. **Resultados:** As narrativas revelaram como os colaboradores percebem a violência contra as mulheres e os significados atribuídos pelos mesmos. Emergiram três categorias: Percepção do enfermeiro sobre a violência contra as mulheres; Assistência de enfermagem às mulheres que sofrem violência e; Capacitação para o reconhecimento da violência pela própria mulher e pelo enfermeiro. **Conclusões e implicações para a prática:** A assistência de enfermagem às mulheres em situação de violência ainda é de difícil abordagem no contexto da Atenção Primária à Saúde, o que é agravado pela dificuldade da mulher em revelar a sua própria violência e também do profissional que percebe sua incapacidade para reconhecer as situações que envolvem violência.

**Palavras-chave:** Atenção Primária à Saúde; Cuidados de Enfermagem; Violência contra a Mulher. Assistência à Saúde.

## RESUMEN

**Objetivo:** Comprender cómo las enfermeras que actúan en la Atención Primaria de Salud identifican la violencia contra las mujeres y describir la atención de enfermería que se proporcionan a estas mujeres. **Método:** Estudio descriptivo con aproximación cualitativa, realizado entre agosto de 2018 y febrero de 2019 con diez enfermeras que trabajan en Atención Primaria de Salud. La recopilación de datos se realizó mediante una entrevista semiestructurada, siendo analizados mediante un análisis de contenido temático. **Resultados:** Las narraciones revelaron cómo los colaboradores perciben la violencia contra las mujeres y los significados que le atribuyen. Surgieron tres categorías: percepción de la enfermera sobre la violencia contra la mujer; Atención de enfermería a las mujeres que sufren violencia; y Capacitación para el reconocimiento de la violencia por parte de la propia mujer y la enfermera. **Conclusiones e implicaciones para la práctica:** La atención de enfermería a mujeres en situaciones de violencia es aún de difícil enfoque en el contexto de la Atención Primaria de Salud, que se ve agravada por la dificultad de la mujer para revelar su propia violencia y también del profesional que percibe su incapacidad para reconocer situaciones de violencia.

**Palabras clave:** Atención Primaria de Salud; Atención de Enfermería; Violencia contra la Mujer; Prestación de Atención de Salud.

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## INTRODUCTION

Violence against women (VCM) is one of the main forms of violation of their human rights. This phenomenon can affect women of different social classes, origins, ages, regions, marital status, education, races and, even, sexual orientation. It can be perpetrated in different forms (domestic, psychological, physical, moral, patrimonial, sexual, trafficking in women, sexual harassment, among others).<sup>1</sup>

According to data from the World Health Organization (OMS),<sup>2</sup> about 35% of women worldwide are victims of domestic violence, mostly by their partners. And, according to a study conducted in Brazil, based on data from the Notification Aggravation Information System (SINAN), in the period from 2011 to 2015, notifications of violence against women increased from 75,033 to 162,575.<sup>3</sup>

Still at the world level, Brazil is in the seventh position in violence against women.<sup>4</sup> According to the atlas of violence, Brazil has a rate of 4.8 murders per 100,000 women, representing an average of 13 homicides per day.<sup>5</sup> From this perspective, violence against women can be considered a serious public health problem, not only because of its epidemiological data, but also because it is considered the main reason for female morbidities and mortalities.<sup>6</sup>

Primary Health Care (APS) is considered the main entry point for welcoming of women in situations of violence, aiming to provide care through the identification of suspected and confirmed cases.<sup>7</sup> It is also important to note that APS is a privileged space to identify women in situations of violence, mainly due to the proximity of the service to the user.<sup>8</sup> This proximity favors both the construction of affection and the establishment of trust between the professional and the victim, thus facilitating the approach, with a view to the promotion, prevention and recovery of aggravation to women victim of violence.<sup>6</sup>

In this context, nurses play an important role in caring for the VCM, as they are one of the first professionals to come into contact with women in the health services.<sup>9</sup> From this perspective, a link has already been created with the users of the service, so the training of these professionals seems to be crucial in caring for the violence.<sup>8,10</sup>

However, the reduction of VCM is considered a challenge for health services. Despite its high prevalence, it is still poorly identified and underreported, by masking the seriousness of the situation. This characterizes an extremely difficult problem to address. Moreover, some professionals tend to understand VCM as an issue that only concerns the scope of public security and justice.<sup>11</sup>

In this scenario of professional performance, some worries call attention, because how does the nurse recognize women in situations of violence? What mechanisms does the nurse use in this assistance? Are there protocols for the proper intervention? In order to answer these questions, this study was conducted with nurses who work in the APS teams in a city of Minas Gerais.

The identification of the nurses' perception of violence will make it possible to suggest measures capable of collaborating in the assistance in order to guarantee a better quality of life to

women in situations of violence and to provide subsidies for the implementation of interventions directed to the prevention needs of this population group, avoiding and enabling the prevention of femicide cases. In this context, the research had as objectives: to understand how nurses who work in Primary Health Care (APS) identify violence against women and to describe the nursing care provided to these women through their speeches.

## METHOD

This study is descriptive, exploratory and of qualitative nature. For data collection, a semi-structured interview was used, which was conducted by the researcher from August 2018 to February 2019.

Ten nurses working at APS in the municipality participated in the interview. The composition of the participants was made according to the inclusion criteria, i.e., nurses who had been working in the APS for at least one year. Thus, only two nurses were excluded from the study, one for being outside the inclusion criteria and the other for having participated in a pilot test through the application of the questionnaire to verify the need for possible adjustments, especially regarding the guiding questions.

For the interviews, each nurse was asked to indicate the date and place of her preference. The interviews were recorded, with the authorization of the participants, by means of a voice recording application for mobile phones and, later transcribed with the help of the Word 2016 text editor in a detailed manner. After the first interview, it was analyzed. It was only after this process that the next interview was scheduled with another collaborator, and so on. Each interview was analyzed and interpreted to apprehend the meanings.

To ensure the anonymity of the participants, each collaborator received a pseudonym. All participants were named "Maria" in homage to Maria da Penha, a woman who marked Brazilian history for her fight against domestic violence, followed by the name of another woman also prominence in the fight for women's rights.

The data saturation occurred when the testimonies began to repeat themselves, and then the collection was closed. Theoretical saturation is a term initially used in qualitative research, understood as the phase in which the researcher resulting from the data analysis finds that the increase in data and information does not alter the understanding of the phenomenon studied and that all concepts of theory are well developed.<sup>12</sup>

The data were analyzed through Content Analysis, which can be defined by a set of communication analysis techniques, for this purpose systematic procedures are used to describe the content of the messages. In total, there are four phases, where the first phase corresponds to the analysis organization, which in turn can be subdivided into: pre-analysis, exploration of the material, treatment of results and interpretation of results. The next phase is the codification, which aims to categorize the cuttings. The next and last stage is the interpretation of the results, which occurs through inference.<sup>13</sup>

To ensure greater validity and reliability of the data, strategies of returning the data to the collaborators themselves at the end of the study were carried out, in addition to analysis with pairs, in the construction of the reference tables and categories, which were given by two researchers of the study, ensuring greater transparency of the entire research process.

The study attended the Ethical Aspects Involving Human Beings, being approved by the Research Ethics Committee in Human Beings of the Federal University of Alfenas-MG, Opinion No. 2.963.364/2018 and authorized by the health manager of the municipality scenario of research. It is reiterated that the information was collected only after the presentation of the study and the signing of the Free and Informed Consent Term by the nurses participating in the study in two copies, thus remaining one with the participant and the other with the researcher.

Taking into consideration that the female collaborators in the study were predominantly female and that violence is anchored in gender issues, we decided to refer to female participants.

## RESULTS

The network of collaborators was formed by ten nurses, nine of whom were female and one male, all of whom were nurses working in the APS of the municipality. They were all between 29 and 43 years of age. The average time of training was eight years and five years of working in the unit. Regarding update courses, eight reported specialization and two, the Master in Nursing.

Through the professional trajectory, all nurses have had some contact with the issue of violence in the Primary Health Care scenario and indirect involvement with assisted women prevails, i.e., cases have reached them through the woman's own report or comments from co-workers.

For a better organization and discussion of the results, these were divided into three categories, in which the first is "Nurse's perception of violence against women" and a subcategory called Victim recognition, family situation and substance use as related factors; the second category is "Nursing actions against women victims of violence, which encompasses three subcategories: The Silence of the Victim as an awkward aspect; and the actions that go from the welcoming to the referral; Community Health Agent and his role with women victims of violence; and the third category is "Training", composed by two subcategories Professional Training for the recognition of violence; and Training for women.

The following, are presented the three categories and their subcategories that have emerged from these nurses' narratives.

**Category 1:** Nurse's perception of violence against women  
Victim recognition, family status and use of substances as related factors

Most of the participating professionals are able to understand that there are several types of violence and have reported verbal, physical, moral, sexual, psychological, domestic violence,

harassment, deprivation of women's rights, disrespect and gender pay inequality:

*"(...) Violence against women for me is any form of aggression, being physical, moral, psychological, that makes the woman feel inferior to what she is."* Maria Firmina

*"(...) Violence against women is any kind of violence that women suffer, physically, psychologically, emotionally, sometimes even through discrimination."* Maria Quitéria

Through the speeches we can observe that the main tools used for the identification of cases are anamnesis, physical examination and active listening:

*"(...) Usually when a woman looked for the service, I made a first appointment, the nursing appointment and physical examination (...) And in that anamnesis, according to her answers, I already noticed the violence".* Maria Alzira

*"(...) We must offer her the space to bring this problem, if she feels welcome, so that we can help her decide what to do".* Maria Nélide

Some participants in this study reported observing the relationship between the use of licit or illicit substances and the occurrence of violence.

*"(...) According to information I have, her partner is a user of drugs, crack and other drugs! (...)".* Maria Carlota

*"(...) Women have suffered a lot of violence yet! Due to the issue of alcoholism, both their own and their partner's".* Maria Leolinda

Some professionals reported observing the submission of these women in relation to their partners:

*"In accordance with my experience I've seen that these women are totally dependent on their partner (...) I don't know if it was a psychological addiction or if it was a financial addiction, because they said they wouldn't let go of their companions!"* Maria Alzira

*"I think it's all connected to the social issue and the economic issue. There is the social issue of illiteracy, of the conditions in which a man has this patriarchy within his family, this patriarchal condition! He thinks that the woman is very submissive to him".* Maria Dionísia

**Category 2:** Nursing actions towards women victims of violence

This category comprises two subcategories: Silence of the victim as an awkward aspect; and actions ranging from welcoming to referral.

Silence of the victim as an awkward aspect

Health professionals report women's fear and insecurity in reporting the violence they have suffered culminating in the silence of these victims:

*"Some of them, not most. It is difficult for us to talk about the majority, but some of them still have this resistance to denounce and to accept and understand that what they are going through is violence against women".* Maria Leolinda  
*"What we realize is that most of the time, we really want her to report it, why she has to report it from her. And many times, she feels like she's in charge. She feels afraid, of reporting to us that it was really violence".* Maria Rosmary

For the nursing professional to offer adequate care, it is important that he understands the various feelings involved in the case of violence against women, only then he can offer care that will meet the real needs of the person.

Actions ranging from welcoming to referral

The conduct adopted by employees in situations of violence against women consists of referring the case to psychologists and social assistance, also including reference to legal aspects:

*"I would guide them to seek the police and women's rights." Maria Carlota*

*"And what we used to help her was really the psychologist and the social worker (...) We talked a lot with her, offered an emotional contribution, referred her to the psychologist and the doctor and the team".* Maria Firmina

In this study it was found that professionals do not carry out reporting from the moment that there is a suspicion of violence:

*"Even though they know that epidemiological reporting will not bring any harm to the person or anything, they do not accept it. I think most domestic violence against women is underreported."* Maria Carlota

*"I've suspected violence against women, yes, but I've done nothing with them, I haven't notified them or anything! Because that's as soon as I joined the PSF here. So, I asked them, but I didn't notify them of violence!"* Maria Dionisia

Community Health Agent and his role with women victims of violence

All employees stated that Community Health Agents (ACS) are essential to nursing care for women victims of violence:

*"Andy you can only visualize that (the violence) when the community agent plays his role and when he recognizes it within the family".* Maria Dionisia

*"The family health helps because the community agent knows and often lives with his wife. The information they bring is very important!"* Maria Nélide

In this way, the nurse has a considerable responsibility in attending to cases of violence against women, and also, as a health educator, preparing the professionals who are under his responsibility to identify cases of violence, and helping to solve the problem.

### **Category 3: Training**

This category comprises two subcategories: Professional training for the recognition of violence: Training for women.

Professional training for the recognition of violence

In this subcategory, employees pointed out the need for training health professionals:

*"The understanding, I think that the path we have is the training, the encouragement, the community agent, the family health team, of the primary care, to recognize it".* Maria Dionisia

*"I think we have little support, we feel a bit incapable, because we can't properly assist this woman (...) We don't have a training, we don't have a more proper training for this subject".* Maria Firmina

Training for women

In addition to revealing the importance of building training for themselves, the nurses also revealed the need to enable women to recognize or identify the types of violence they suffer:

*"(...) first, educate women to know what violence against them is. Because they have a life, still with great difficulty to recognize what violence is".* Maria Dionisia

*"To tell you the truth, there would have a job focused on women, within the PSF! I don't know, something in a group. That would stimulate.... Testimonial... I don't know! Something like that".* Maria Quitéria

Nurses do not feel trained to take care of women who suffer violence, even though they have been working in APS for some time. They also recognize that women themselves have difficulty in understanding the violence they suffer. There is a vicious cycle in which women and nurses feel unprepared.

The movements of the narratives have made it possible to understand the complex and continuous cycle of the nurses' experience of violence against women.

It can be seen that the identification by the nurse of cases of violence against women considers the victim's family situation, as well as the use of substances by the aggressor, such as alcohol and/or other drugs.

It is emphasized that violence against women can still be considered as an invisible scenario, being, in this way, hidden from society and also from health care. Even with so many advances there is a long way to go to offer quality care to women who seek the APS, that is, to provide them with integral, effective and efficient care.

## DISCUSSION

We know that the visibility of violence against women requires knowledge and preparation from health professionals, in the search for resolute assistance, which is in contrast to the study that showed a lack of knowledge by professionals about violence against women.<sup>14</sup>

In this context, APS shows a significant potential to develop the listening and the bond of trust with these women.<sup>15</sup> Among the actions that can be carried out, the welcoming, guidance, referrals and notification are highlighted.<sup>16</sup>

It is important to emphasize the need to strengthen the welcoming and the listening, and that they are carried out from the moment of the arrival of the woman victim of violence in the health unit until her referrals and her possible return to the unit, continuously seeking to meet all her needs.

It can also be said that health professionals need to know the feelings and emotions faced by these women, such as, fear and submission, often, reported, to help them in their search for overcoming. This requires them to reflect on their lives and their family and friendship relationships, encouraging them to empower themselves and restart their self-esteem.

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We also saw that the consumption of alcohol by the aggressor was identified by professionals as a risk behavior associated with violence against women, being pointed out, many times, by the victims as a triggering factor of violence. Alcohol, because it is socially accepted, is widely consumed, especially by men, which contributes to the drug being more harmful to family dynamics.<sup>17</sup>

However, alcohol and other drugs are modifiable risk factors that require an approach in the community by APS, seeking to perform preventive actions such as lectures or support groups.<sup>17</sup>

Our results corroborate a study conducted in Angola, which aimed to identify the perceptions and practices of health professionals regarding violence against women. The results showed that professionals associated women's submission to socioeconomic dependence and unemployment with the occurrence of violence. In addition, the participants attributed to women the responsibility for the violence they suffered.<sup>18</sup>

The many factors involved with emotional issues, such as the shame of revealing the situation of violence or fear, make tracking, reporting and caring for these women an even more delicate task.<sup>19</sup>

Regarding the measures that were adopted, it can be observed that in most of the cases there were actions beyond the service, such as prescription of medication, referrals to other professionals in the network, however, in only one case was made the complaint and referral to the specialized service. It is emphasized that none of the actions taken are part of some type of protocol for the attendance to women victims of violence.

It should be noted that this study only analyzed if there was some effectiveness of the conducts adopted, and what was it.<sup>20</sup>

Since 2003 in Brazil the notification of cases of violence against women has become compulsory, since then, there has been a gradual increase in the number of notifications, although in most cases undernotification still occurs.<sup>20</sup> Such notification

is obligatory and compulsory both in suspected cases and in relation to those already confirmed, and for its fulfillment, the women's consent is unnecessary.<sup>21</sup>

Unfortunately, however, not all health professionals give due importance to notification, others claim to be unaware of its compulsiveness, and its obligation is questioned by some people, as many see it as a form of complaint. There are also those who have doubts about its unfolding in the context of health actions.<sup>20</sup>

The nurses cited the role of the ACS, who are among the professionals involved in the process of confronting violence against women, because they live in the same area in which they work, and by conducting home visits they have the privilege of being more present in families and in the community and thus know better the family dynamics, being able, in many cases, to witness or identify situations of violence against women.<sup>16</sup>

The nurse then has a great responsibility in attending cases of violence against women, as well as in health education, preparing professionals who are under her responsibility to identify cases of violence and assist in solving the problem.

Nursing care for women who suffer violence begins with the Welcoming, but ends when the victim is referred, going contrary to the conception of health services acting in a network. The nurses, in their practice, emphasize that the Silence of the Victim is an awkward aspect to the identification of cases. In this perspective, the importance of Community Agents in monitoring and even in the assumption of violence is affirmed.

Corroborating another study carried out on the APS scenario, it was shown that none of the professionals interviewed had the topic of violence against women addressed in class during their undergraduate or graduate studies, which compromises decision-making in these situations.<sup>22</sup>

The gaps in knowledge transcend the threshold of the training institutions, extending to the daily life of the health units, because of the subject often remains hidden during the performance of permanent education performed in the services.<sup>23</sup> And, when addressed, it does not have a satisfactory impact on strengthening care actions with these people, nor does it provide security for professionals during the implementation of care practices.

In this perspective, in order to offer a service based on the principle of completeness to these women, it is essential that they continue to have qualifications, and that they are based on health policies and practices, only when the professional will have subsidies to be able to identify and intervene in cases of violence.

The presented results show a need for training for women victims and professionals to recognize this violence. Violence against women needs to be incorporated into the curriculum for health professional training courses, providing scientific knowledge, offering subsidies for actions to prevent and combat cases of violence against women.

It should also be noted that the participation of women in discussion groups shows the possibility of social support, since these spaces can contribute to the resignification of lived experiences, thus creating new perspectives for the future.<sup>22</sup>

In the field of education, the need to work with children and adolescents is also highlighted, so that they can learn new models of relationships, which aim at promoting equality between the gender, getting rid of the stereotypes that have been historically built, thus breaking with the current paradigms.<sup>20,24</sup>

Recently, in 2019, Law 11340/2006 (Maria da Penha Law) was changed to Law 13.827/2019,<sup>25</sup> being considered an imported legal landmark in the confrontation of the violence against women, which already has, at least, four changes, being them: permission to the delegates of the power to determine the application of protective measure of urgency to the victims when the municipalities are not the seat of judicial district; permission, also, to the police to apply the protective measure, if there is no delegate available at the time of denunciation. In both cases, the judge must be informed within 24 hours; provision must be made for the seizure of the firearm held by the aggressor in cases of domestic violence; it has also established that the aggressors must be reimbursed for hospital and protective expenses paid to assist women victims of violence.

Violence against women is an old phenomenon and the fight against these abuses has been going on for decades. Due to its historical construction, only education in a critical and reflective way for all can contribute to the cultural changes, which are necessary. And the nurse, as a health educator, is one of the professionals responsible for bringing these actions regarding the entire population.

## CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The assistance to women victims of domestic violence is still a challenge for health units. Among them, APS stands out for having a closer contact with the population, which contributes to the identification of cases, as well as the implementation of measures to promote, prevent and recover health.

However, in order to develop an effective and efficient service with these women, it is necessary that health professionals broaden their view on this serious public health problem, which comprises several dimensions of human life (social, spiritual, physical, mental and biological). It is also necessary that this view has an interdisciplinary and intersectoral character so that the real needs of this woman are met.

Yet, the results of this study showed that the nurses have some difficulties in assisting women victims of violence, among them is the lack of approach to this issue during their training both at the graduate level and in relation to continuing education, leading to a lack of knowledge since the issues of notifications under its responsibility in monitoring the case, even after referring it to the other services allied to the difficulty in approaching these women in their daily work process.

By performing an assistance, making use of qualified listening and considering the social context of these women, it will be possible to offer an assistance to these victims, where they will feel valued, safe and, with this, they may feel more comfortable

to talk about what they have suffered, thus taking an important step in the fight against this violence.

This study, therefore, brings as a contribution the reflection about the nursing care for these women, also providing opportunities for a moment of resignification of the attention offered. And, although the results do not allow generalizations, this work brings important subsidies by allowing a wider perception on how this care develops in the routine of the work of the APS nurse, considering the socio-cultural circumstances in which they occur and the limitations and potentialities of nursing care.

It is also worth mentioning that the findings of this study do not exhaust the need for investigation of the phenomenon, however, new gaps have emerged that need to be investigated, as an example, the organization of health services and the accountability of managers to encourage the training of professionals.

In this sense, it is suggested the elaboration of studies that develop actions of continuing education, addressing violence against women with these professionals and also education actions along with the ones still being in a process of graduate training. Furthermore, since the most participants in this study were women, studies should be carried out with a greater number of male participants, thus allowing a comparison of the representation of the violence between genders.

## AUTHOR'S CONTRIBUTIONS

Review study design. Acquisition, data analysis and interpretation of results. Writing and critical review of the manuscript. Approval of the final version of the article. Responsibility for all aspects of the content and integrity of the published article. Viviane Graciele da Silva.

Review study design. Acquisition, data analysis and interpretation of results. Writing and critical review of the manuscript. Approval of the final version of the article. Responsibility for all aspects of the content and integrity of the published article. Patrícia Mônica Ribeiro.

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