

The conduct and approach of professionals in the care of women victims of violence

A conduta e abordagem dos profissionais no atendimento à mulher vítima de violência

La conducta y el enfoque de los profesionales en la atención a las mujeres víctimas de la violencia

RESUMO

Objetivo: Analisar a conduta e a abordagem dos profissionais no atendimento a mulheres em situação de violência. Métodos: Trata-se de uma pesquisa de caráter exploratório e de abordagem qualitativa, com 09 enfermeiras que atuam nas UBS do município de Araguatins, no Estado do Tocantins. Resultados: Os resultados obtidos foram satisfatórios em relação a conduta e abordagem dos profissionais de saúde frente ao atendimento à mulher em situação de violência, uma vez que mostraram ter conhecimento de como seria a sua assistência, pois é necessário prestar acolhimento, deixar a mulher confortável, conversar, ganhar a confiança, para que assim, sintam-se à vontade e discorram sobre o ocorrido. Conclusão: A conduta e abordagem dos profissionais em proporcionar assistência a mulher vítima de violência pode proporcionar uma assistência humanizada, mas para isso fazem-se necessárias melhorias, pois pode apresentar dificuldades, tais como a falta de treinamento, atenção a causa e apoio da instituição.

DESCRIPTORIOS: Violência contra Mulher; Atendimento Profissional; Enfermagem.

ABSTRACT

Objective: To analyze the conduct and approach of professionals in the care of women in situations of violence. Methods: Trata-se de uma pesquisa de caráter exploratório e de abordagem qualitativa, com 09 enfermeiras que atuam nas UBS do município de Araguatins, no Estado do Tocantins. Results: The results obtained were satisfactory in relation to the conduct and approach of health professionals facing the care of women in situations of violence, since they showed they were aware of how their assistance would be, because it is necessary to provide welcoming, make the woman comfortable, talk, gain confidence, so that thus, they feel at ease and discuss about what happened. Conclusion: The conduct and approach of professionals in providing assistance to women victims of violence can provide humanized care, but for this, improvements are necessary, as it may present difficulties, such as lack of training, attention to the cause and support from the institution.

DESCRIPTORS: Violence; Against Women; Professional Care; Nursing.

RESUMEN

Objetivo: Analizar la conducta y el abordaje de los profesionales en la atención a las mujeres en situación de violencia. Métodos: Se trata de una investigación de carácter exploratorio y de abordaje cualitativo, con 09 enfermeras que se encuentran en las UBS del municipio de Araguatins, en el Estado de Tocantins. Resultados: Los resultados obtenidos fueron satisfactorios en relación con la conducta y el abordaje de los profesionales de la salud frente a la atención a la mujer en situación de violencia, una vez que mostraron tener conocimiento de cómo sería su asistencia, ya que es necesario prestar atención, dejar a la mujer cómoda, conversar, ganar la confianza, para que así, se sientan a gusto y discutan sobre lo ocurrido. Conclusión: La conducción y el abordaje de los profesionales en la prestación de asistencia a la mujer víctima de la violencia puede proporcionar una asistencia humanizada, pero para ello se necesitan mejoras, ya que puede presentar dificultades, como la falta de tratamiento, la atención a la causa y el apoyo de la institución.

DESCRIPTORIOS: Violencia contra la mujer; cuidados profesionales; enfermería.

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INTRODUCTION

Violence is a very studied aspect nowadays, since it consists of a global public health problem, since violence has as a concept the intentional use of force or power, real or through threats, directed at oneself, against other persons, groups or communities, resulting in injury, death, psychological harm, developmental disability or deprivation.¹⁰

In this sense, according to the Convention of Belém do Pará in Chapter I, Article 1 defines violence against women as any act or conduct based on gender, which causes death, harm or physical, sexual or psychological suffering to women, law no. 13.104, of March 9th, 2015, amends the Penal Code to provide for femicide as a qualifying circumstance for the crime of homicide, and includes it in the list of heinous crimes, because then femicide becomes understood as qualified homicide against women.⁵

In the year 2020, the number of femicides in the country grew by 22.2% between March and April of the year 2020, in¹² states of the country, compared to the year 2019 and the records.¹⁹ The pandemic contributes to this growth, the woman stayed longer with the aggressor inside her home, making it difficult for the victim to ask for help.

Thus, according to data from the World Health Organization (WHO) (2018) it states that approximately 35% of women have suffered physical or sexual violence from an intimate partner or third parties during their lifetime, and in addition, 30% of women who have been in a relationship report having suffered some form of physical and/or sexual violence in their lives from their partner, and as a consequence of this violence it can negatively affect the physical, mental, sexual and reproductive health of women, as well as increasing vulnerability to HIV.

In this sense, in order to reduce the damage to women related to physical, psychological or sexual violence suffe-

red, it is essential to provide care by a trained and welcoming multidisciplinary team, since the form of care and reception provides quality care, since nursing is considered responsible for this care at different levels of health care, ensuring comprehensive and individualized care for the individual.¹⁹

Finally, it appears that it is necessary for victims of violence to receive assistance focused on the treatment of the impacts of aggression, mainly referring to physical injuries, psychological and sexual, because for this to occur, it is necessary to develop a social practice, which requires knowledge and technological skills that not all health professionals have mastery of, so that, in this way, can enable comprehensive and individualized care for victims, since the form of care and reception will enable humanized care.²¹ Therefore, the objective of this article is to analyze the behavior and approach of professionals in the care of women in situations of violence.

METHODS

Thus, the study is exploratory, with a qualitative approach. In that regard, exploratory research is developed in order to provide an overview of a given fact that consists of deepening preliminary concepts on a given topic not previously addressed satisfactorily, so that it can contribute to the clarification of superficially addressed issues on the topic.⁸ In this way, studies that employ a qualitative methodology can describe the complexity of a given problem, because it will

analyze the interaction of certain variables that can understand and classify the dynamic processes experienced by social groups, thus, it can contribute to the process of change in a given group and allow, in greater depth, the understanding of the particularities of the behavior of individuals.¹⁵

In this sense, the research was carried out from May to June 2020 at the Basic Health Units (UBS) in the municipality of Araguatins, in the state of Tocantins, Brazil and the population studied or the target audience of the research were nursing professionals from the Basic Family Health Units - UBS in the city of Araguatins - TO. The study was developed with 09 nurses who voluntarily agreed to participate in the study. Thus, the research selection criteria included, accepting to participate in the study, be working in the Family Health Strategy units of the municipality of Araguatins and be in the performance of professional activities during data collection, and as an exclusion criterion if the employee is away from their work activities at the time of the study and also those who refused to participate.

Therefore, it appears that the research complied with resolution 466/12, it is important to note that all personal information was kept secret, respecting the participants so that none of those involved in the research suffered any kind of damage. In this regard, the present study was carried out with the assent of the Research Ethics Committee of the State University of Tocantins, under opinion number CAAE: 29578319.1.0000.8023,

Table 1- Characterization regarding the care of victims of violence, Araguatins, 2020.

Have you ever treated victims of violence?	N	%
Yes	06	66.6
No	03	33,3
Total	09	100

N= absolute frequency;
%= relative frequency.
Source: The Author, 2020.

since, respecting resolution 466/12 that incorporates, from the perspective of the individual and collectivities, bioethical references, such as autonomy, non-maleficence, beneficence, justice and equity, among others, and aims to ensure the rights and duties that concern research participants.

RESULTS AND DISCUSSION

The data obtained in the study were subdivided according to the findings of the questionnaire.

Thus, table 1 describes the care provided to victims of violence, where 06 of the participants reported having provided assistance to women victims of violence and 03 reported not having attended to any of the facts reported above. Thus, in the speech of participant 09, when asked about the care of victims of violence, she reported never having attended, but in another answer she claims to have had contact with victims of violence:

"[...] I did not attend to victims of violence, but I receive notifications from the hospital [...] and I get in touch to close them [...]"

In this aspect, it was observed in the study that most respondents reported having already provided care to women victims of violence (61%), however the number of professionals who never attended is still an expressive figure (39%).¹³ Studies that analyzed the professional's contact with victims, around 100% of professionals have already had contact with victims of violence, either in direct care, or observing other colleagues in the work environment.^{23,24}

The process of identifying violence by the professional is very important, psychological and biological factors are important to reach the notification. The professional's knowledge about the forms of violence is very important to be able to welcome and refer this victim to the specialized service.²

Study participants were approached

on the following hypothesis: "if a woman seeks the primary care service and you are the professional who will attend to her; when she reports complaints that indicate they are related to violence, but does not tell you directly", and asked them what the course of action would be. Thus, the answers were similar: provide reception, make the woman comfortable, talk, gain confidence so that they feel comfortable and talk about what happened, and in some cases they offer referral to a psychologist. Thus, in the statements below, it is possible to highlight the following reports:

E3 – "First I ask if she's okay. Then I talk a little so she can feel comfortable enough to talk about it. If the resistance to talk continues, I ask if she wants follow-up with psychology, where I explain that she will talk and listen to advice and suggestions that will help her reach a decision"

E4 – "Perform the reception, pay attention to verbal and non-verbal communications, offer referral to the psychosocial area"

E8 – "First of all, listen to her, let her feel safe, try to encourage and support her, as she already has low self-esteem. Guide this patient about support networks in situations of violence. And finally, communicate and notify the competent bodies about the situation of violence that this woman is in. Filling in the notification form must be done even if there is only suspicion of domestic violence"

From this perspective, they bring to light the three crucial pillars of nursing that must be performed in all consultations, namely Anamnesis, Physical Examination and Active Listening. Thus, such confusion was addressed in the speech of E9, questions that can be asked during the service are pointed out, with

the aim of investigating violent relationships:

E9 – "I would look for ways to indirectly ask the woman. For example:

- Is everything okay at home or at work?

- Do you think that family relationship problems are affecting your health?

- Do you feel humiliated or attacked by a family member?"

Thus, regarding the speeches presented, the importance of professionals not giving up, even after the patient's refusal to talk about the subject, is verified, since the investigation of health problems is also a competence of nursing, as the report by E2 highlights the importance of this event and the participation of the multidisciplinary team in the process of identifying violence.

E2 – "I try to ask her so she can open up and talk to me about the subject. If, in fact, she does not speak, we start with inquiries with the neighbors to find out if the woman really suffers from domestic violence and then we can take action"

In this sense, nursing acts in an essential way in solving problems, since it provides trust, reception that results in a bond between the patient and the professional.²³ Thus, according to the concept presented by the Ministry of Health, it is stated that the primary care health team is a strong ally in the recognition of women in situations of violence, since, with the continuous care that the unit's professionals provide to the community, women, children and family members, as there is already an affection and trust from the users and the team and with that it can be easier to work on the promotion, prevention and recovery of damages for women in situations of violence.^{5,26} Therefore, in parallel with the study^{13,24} which highli-

ghts the importance of teams working at the UBS in identifying women who experience situations of violence, through direct contact between the unit and the health problems of the community.⁹

Therefore, within this perspective, studies affirm the need to identify the presence of symptoms or physical and psychological complaints that are suggestive of violence. 73.91% expressed that, in order to identify violence, a professional strategy is needed, so that cases can be traced, in view of this, it is necessary to pay extra attention to women with frequent and repeated diffuse complaints, which are linked to inconclusive exams, and should always be attentive to a probable situation of violence.^{5,25}

According to the various studies presented above, it was observed that for the reception it is essential for the assistance provided to women in violence to have a qualified listening, an adequate place, willingness and interest, pay attention to facial expressions and know how to ask relevant questions. Above all, the team must show support and empathy, promoting safety, respect and always seeking to meet all the patient's needs, trying to trigger self-care and autonomy in her.^{26,20, 5,17}

In this aspect, as mentioned in one of the professionals' speeches about the approach to women who have suffered violence, it is essential to activate other programs in the municipality to provide better assistance, such as CREAS and NASF.

E6 – “Having responsibility, professional ethics and somehow trying to identify the type of violence, whether physical, psychological or sexual. Forward to CREAS support service – (Reference Center Specialized in social assistance), NASF - (Family health support center, primary care services) and/or civil police”.

Therefore, it appears that, in summary, all assistance should be focused on systematized care, performing data collection,

nursing diagnosis, planning, implementation and evaluation, and referral of the patient to consultations with specialists, social workers and psychologists, where they should seek multiprofessional help at NASF, CRAS and CREAS.³

CONCLUSION

The result of the study made it possible to clarify two crucial points: the characterization of assistance to women in situations of violence and how the approach to assistance to women victims of violence is made, since, based on the results, it is observed that all the objectives outlined were considered. For example, when verifying when the behavior of professionals in the care of women victims of violence and the approach to reception and according to the study in some answers were similar, as they evidenced the humanized reception. The professional's approach contributes to the nurse's relationship, making the woman comfortable to talk, and in addition, gaining confidence so that they feel comfortable and talk about what happened.

Based on the results, it is observed that the study managed to cover what was initially proposed, with regard to verifying nurses' knowledge about current public policies in the health sector in relation to violence. It was evidenced in some answers that it was evidenced a low knowledge of the professionals about the approached theme. As well as legislation, Maria da Penha law, a smaller percentage mentioned the femicide law and in some cases talked about PAISM, failing to contemplate other important policies.

Therefore, it is inherent to nursing care that all professionals are trained to identify violence, as well as to manage these situations, developing a better relationship with victims and an effective multidisciplinary care protocol. It is also noteworthy that educational actions must be maintained, and carried out more frequently in order to establish a habit in the community.

[...] the professionals in the care of women victims of violence and the reception approach and, according to the study, some responses were similar, as they evidenced the humanized reception. The professional's approach contributes to the nurse's relationship, making the woman comfortable to talk and, in addition, gaining confidence so that she feels comfortable and talks about what happened.

REFERENCES

- 1.Santos LSE, Nunes LMM, Rossi BA, Taets G. Impactos da pandemia de COVID-19 na violência contra a mulher: reflexões a partir da teoria da motivação humana de Abraham Maslow. Scielo preprints, 2020 [acesso 23 fev 2022]Disponível em: DOI: <https://doi.org/10.1590/SciELOPreprints.915>
- 2.Grigolette Rodrigues, D., Borge Freitas, C. ., Roberto dos Santos, E. ., Grigolette Rodrigues, S., Júlio César André, & de Oliveira Santos Miyazaki, M. C. . (2021). Atendimento a crianças e adolescentes vítimas de violência em emergências: conhecimento dos profissionais de enfermagem. *Saúde Coletiva (Barueri)*, 11(70), 8847–8858. <https://doi.org/10.36489/saudecoletiva.2021v11i70p8847-8858>
- 3.Batista AC, et al. A Sistematização da Assistência de Enfermagem no atendimento a mulheres vítimas de violência. In: Congresso Internacional de Enfermagem. 2017.
- 4.Brasil. Lei nº 13.104, de 9 de março de 2015. Altera o art. 121 do Decreto-Lei nº 2.848, de 7 de dezembro de 1940 - Código Penal, para prever o feminicídio como circunstância qualificadora do crime de homicídio, e o art. 1º da Lei nº 8.072, de 25 de julho de 1990, para incluir o feminicídio no rol dos crimes hediondos. Brasília, 9 de março de 2015. Disponível em: < http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/lei/13104.htm >. Acessado em: 11 de novembro de 2021.
- 5.Brasil. Ministério da Saúde. Protocolos da Atenção Básica: Saúde das Mulheres / Ministério da Saúde, Instituto Sírio-Libanês de Ensino e Pesquisa. Brasília: Ministério da Saúde, 2016. Disponível em< https://bvsms.saude.gov.br/bvs/publicacoes/protocolos_atencao_basica_saude_mulheres.pdf >. Acessado em: 11 de Novembro de 2021.
- 6.Convenção De Belém Do Pará. Decreto Nº 1.973, de 1º de agosto de 1996. Promulga a Convenção Interamericana para Prevenir, Punir e Erradicar a Violência contra a Mulher, concluída em Belém do Pará, em 9 de junho de 1994. Brasília, 1º de agosto de 1996. Disponível em: <http://www.planalto.gov.br/ccivil_03/decreto/1996/D1973.htm>. Acessado em: 11 de novembro de 2019.
- 8.Gil AC. Métodos e técnicas de pesquisa social. 5.ed. São Paulo: Atlas, 1999.
- 9.Herreta, SDSC et al. Impacto da Residência de Medicina da Família e Comunidade no Atendimento a Mulheres Vítimas de Violência. *Revista Cereus*, v. 11, n. 1, p. 51-64, 2019.
- 10.Krug EG, et al. (eds.) World report on violence and health. Geneva: World Health Organization, 2002.
- 12.Oliveira CM. Atendimento as vítimas de violência doméstica no cotidiano da atenção básica: dificuldades para a enfermagem. [Trabalho de Conclusão de Curso]. Sorocaba: Universidade Paulista; 2014.
- 13.Oliveira PP, et al. Mulheres vítimas de violência doméstica: uma abordagem fenomenológica. *Texto Contexto Enferm*, Florianópolis, 24(1): 196-203, Jan-Mar; 2015.
- 14.Paes MSL. Cuidado à mulher em situação de violência: demandas e expectativas das usuárias da atenção primária à saúde. Juiz de Fora. Dissertação [Pós-Graduação em Tecnologia e Comunicação no Cuidado em Saúde e Enfermagem] - Universidade Federal; 2015. 97f.
- 15.Richardson RJ. Pesquisa social: métodos e técnicas. 3. ed. São Paulo: Atlas, 1999.
- 16.Ribeiro TAC, et al. Nursing diagnosis " Deficient Knowledge" in users of combined oral contraceptive. *Revista Eletronica de Enfermagem*, v. 17, n. 4, 2015.
- 17.Rodrigues vp, et al. assistência à saúde da mulher em situação de violência doméstica: revisão integrativa. *Rev. Saúde. Com* 2018; 14(1): 1121-1129. DOI 10.22481/rsc.v14i1.538.
- 18.Santos ACB, et al. Violência por parceiro íntimo: a versão da mídia impressa e as contribuições para a enfermagem. *Revista Baiana de Enfermagem*. v. 28, n. 1, p. 50-60, jan./abr. 2014.
- 19.Santos DG, et al. Assistência de enfermagem às mulheres em situação de violência sexual: revisão integrativa. *Rev enferm UERJ*, Rio de Janeiro, 2021; 29:e51107
- 20.Santos J, et al. Conhecimento de enfermeiras em unidades de saúde sobre a assistência à mulher vítima da violência. *Revista Baiana Enfermagem [Internet]*. 2014.
- 21.Silva EB, et al. Violência contra a mulher: limites e potencialidades da prática assistencial. *Acta Paul Enferm*. 2013; 26(6):608-13.
- 22.Silva VG, et al. Violência contra as mulheres na prática de enfermeiras da atenção primária à saúde. *Escola Anna Nery*, v. 24, n. 4, 2020.
- 23.Silva JG, et al. Direitos sexuais e reprodutivos de mulheres em situação de violência sexual: o que dizem gestores, profissionais e usuárias dos serviços de referência? 1. *Saúde e Sociedade*, v. 28, p. 187-200, 2019.
- 24.Silva LEL, et al. Epidemiological characteristics of violence against women in the Federal District, Brazil, 2009-2012. *Epidemiologia e serviços de saúde: revista do Sistema Único de Saúde do Brasil*, v. 25, n. 2, p. 331-342, 2016.
- 25.Signorelli MC, et al. Violência doméstica contra mulheres e a atuação profissional na atenção primária à saúde: um estudo etnográfico em Matinhos, Paraná, Brasil. *Cadernos de Saúde Pública*, v. 29, n. 6, p. 1230- 1240, 2013.
- 26.Visentin NF, et al. A enfermagem na atenção primária ao cuidar de mulheres em situação de violência de gênero. *Invest Educ Enferm*, v. 33, n. 3, p. 556-64, 2015.