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Domestic abuse: reflecting on concepts and giving new meanings to practices on primary health care

Violencia doméstica: reflexionando conceptos y replanteando prácticas en la atención primaria de salud

Violência doméstica: refletindo conceitos e ressignificando práticas na atenção primária à saúde

ABSTRACT

Objectives: Understand the domestic abuse against woman in the face of its concepts and the new meanings given to the practices of caring performed on the Primary Health Care (PHC). **Method:** This is a literature narrative review fulfilled from the search in the database Scielo through the health sciences descriptors, resulting in the findings of studies in portuguese, english and spanish. The searches were carried out between august and september from 2020. **Results:** 10 articles were selected to compose the research. As soon, it is observed that the domestic abuse against the woman context is filled with important milestones for guaranteeing rights and assistance to this population, generating the reframing of this practices. **Conclusion:** Believed in the need for the continued and permanent education of the professionals involved in healthcare assistance and the association of these professionals to social movements as well encouraging the reorientation to training and qualification on Health care.

DESCRIPTORS: Domestic Violence; Women; Primary Health Care.

RESUMEN

Objetivos: Entender el violencia doméstica contra la mujer delante de sus conceptos y del replanteamiento de las prácticas de cuidado realizadas en la Atención Primaria de Salud (APS). **Método:** Se trata de una revisión narrativa de la literatura realizada mediante la búsqueda en la base de datos Scielo a través de los descriptores en ciencias de la salud, dando como resultado los hallazgos de estudios en portugués, inglés y español. Las búsquedas se realizaron entre agosto y septiembre de 2020. **Resultados:** Se seleccionaron 10 artículos para componer la búsqueda. Así, se observa que el contexto de la violencia doméstica contra la mujer es repleto de marcos importantes para garantizar derechos y asistencia a esta población, generando el replanteamiento de estas prácticas. **Conclusión:** Creí en la necesidad de la educación continuada y permanente de los profesionales envueltos en la asistencia de salud, como también la asociación de estos a movimientos sociales, favoreciendo la reorientación en las capacitaciones y en la calidad del cuidado de la salud.

DESCRITORES: Violencia Doméstica; Mujeres; Atención Primaria de Salud.

RESUMO

Objetivos: Compreender a violência doméstica contra a mulher diante de seus conceitos e da ressignificação das práticas de cuidar utilizadas no âmbito da Atenção Primária à Saúde (APS). **Método:** Trata-se de uma revisão narrativa da literatura realizada a partir da busca na base de dados Scielo por meio dos descritores em ciências da saúde, resultando nos achados de estudos nos idiomas português, inglês e espanhol. As buscas foram realizadas entre agosto e setembro de 2020. **Resultados:** Foram selecionados 10 artigos para compor a pesquisa. Assim, observa-se que o contexto da violência doméstica contra a mulher é repleto de marcos importantes para a garantia de direitos e assistência a essa população, gerando a ressignificação dessas práticas. **Conclusão:** Acredita-se na necessidade da educação continuada e permanente dos profissionais envolvidos na assistência a saúde, como também associação destes a movimentos sociais, favorecendo a reorientação nas capacitações e na qualidade do cuidado em saúde.

DESCRITORES: Violência doméstica; Mulheres; Atenção Primária à Saúde.

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INTRODUCTION

Violence is a contemporary issue, with an emphasis on its occurrence in the female population. This prevalence reveals violence as a gender-specific consequence, as a way of showing the subordination of women in relationships, in which it is characterized as a cruel violation of the human, sexual and reproductive rights of this group.⁽¹⁾

Even with the changes and evolutions in the conception of the rights and values of the female population, the process of transforming aggressiveness into violence against this population is frequently observed, taking place from the social and psychological environment of being, in which subjectivity, cultural processes and experiences in the community function as essential for the constitution of these relationships.⁽⁸⁾

However, when we speak of violence, one must also take into account the subjectivity of the current model of society in force, emphasizing the role in focus that it presents itself. It is known, mainly, that in contemporary times violence has a marked presence, presenting itself in new ways, as well as in ways already na-

turalized previously, either explicitly or implicitly.⁽²⁾

Among the types of violence, domestic violence is the most frequent act of aggression practiced against women and understood as any and all aggressive behavior practiced, indirectly or directly, by anyone living in the same family environment, involving behaviors such as physical assaults, psychological or emotional abuse, threats and sexual abuse against them.⁽⁷⁾

This phenomenon is reflected in society as a public health problem, both due to the high occurrence and expenses in the health system, as well as the considerable effects on the physical and emotional sphere of women, making them more vulnerable and causing health problems.⁽¹²⁾

It is notorious, however, that much progress has been made to guarantee the right to protection of these women, giving greater visibility and emphasizing the importance of creating spaces for this debate, through the approval of laws such as the Maria da Penha Law and, later, the creation of specialized police stations to assist women, reception channels and other services aimed at the health of women victims of violence. From these actions, the condition that every woman has, regard-

less of sexual orientation, educational level, social class, age, race, ethnicity, culture or religion, was reaffirmed and ensured to enjoy fundamental rights to live without violence.⁽¹⁴⁾

In the context of assistance provided by the health system, Primary Health Care (PHC) corresponds to the level of care with a more evident role in facing and monitoring cases of domestic violence against women. The health care professionals and services working in this scenario have a fundamental role in the interaction with the victim, highlighting the nurse's professional practice, whether through the assistance to physical problems caused by violence, notification of cases, referral or provision of guidance on the procedures to be adopted.⁽⁴⁾

In view of the eagerness to fully exercise holistic and humanized assistance, there was a need to reflect on the aspects carried out and experienced by health professionals during assistance to women victims of domestic violence. It is from this understanding, therefore, that we consider the reflection proposed here inserted in a current theoretical context. Thus, the objective is to understand domestic violence against women in face of their concepts

and the reframing of care practices used in the PHC context.

METHOD

This is a study of narrative literature review. According to Rother¹⁶, this type of review is used to describe and also discuss the development of a given subject, from the perspective of a theoretical / contextual point of view, then carrying out a critical reflexive analysis, based on reading, analyzing and interpreting the available bibliographic references. Narrative reviews, in general, are essential for the scientific field, since they allow the reader to expand their knowledge about the theme put on the agenda.

In this case, the aim is to increase knowledge about the assistance provided in PHC in cases of domestic violence against women, based on the reframing of these practices, based on the following guiding questions: What are the concepts that involve domestic violence? How is domestic

violence perceived in PHC? What are the care practices carried out in caring for women victims of domestic violence in the context of PHC?

As a way to systematize the selection of articles that addressed the theme, searches were carried out in the Scielo electronic database. The terms used for searching the bases were: Domestic violence; Women; Primary Health Care, both associated with the Boolean operator AND. The searches were carried out between August and September 2020, applying the following inclusion criteria: studies in Portuguese, English and Spanish, as well as those published in the last 10 years. Repeated studies and / or those that did not address the subject matter were excluded.

The assessment for the choice of articles was carried out by two readers independently, where they subsequently met and verified the existence of some divergence of opinions, which were resolved through a consensus. Initially, the selection was made through the verification of the titles,

followed by the abstracts, and when chosen, through the complete reading of the articles for analysis and treatment of the data obtained.

RESULTS

The electronic search in the database resulted in the initial identification of 42 papers. When screening these studies, using the inclusion and exclusion criteria, a total of 10 articles selected to compose the study were obtained, with a greater concentration of research related to the theme in the years 2015 and 2017 being noticeable with four articles published in every year.

DISCUSSION

Violence, power and vulnerability: reflecting concepts

The term violence is derived from the Latin, *violentia*, which is composed of the word *vis*, which has the meaning: force. Thus, its etymology refers to the use of force over some fact, object or being, being associated with the use of this action in a marked way, as well as a sense of right of domination.⁽³⁾

Thus, the notion of violence is the result of the joining of innumerable social, cultural, economic and political differences that have been implemented since the origin of society. Therefore, the concept of violence can change historically in line with the perception of values, laws and rules that govern socialization norms.⁽¹¹⁾

It is proposed, from this perspective, a critical analysis on the dissemination of this knowledge and how the perception of the world has helped in the constitution of different contrasts in the field of violence. These expressions are originated by the hegemonic patriarchal power, being strongly established in the culture, characterized by feminist studies as a model of male domination. Patriarchy is based on gender differences, functioning as a social structure rich in inequalities.⁽⁹⁾

Thus, we understand the cycle characterized by a set of actions that culminate in

Table 1. Studies found using the descriptors "Domestic violence; Women; Primary Health Care

Ano	Título	Publicação
2019	Violência contra a mulher e sua associação com o perfil do parceiro íntimo: estudo com usuárias da atenção primária	Revista Brasileira de Epidemiologia
2019	A atenção às mulheres vítimas de violência doméstica e familiar: a construção de tecnologias de cuidado da terapia ocupacional na atenção básica em saúde	Cadernos Brasileiros de Terapia Ocupacional
2017	Violência física grave entre parceiros íntimos como fator de risco para inadequação no rastreamento do câncer de colo de útero	Cadernos de Saúde Pública
2017	Violence against women, Espírito Santo, Brazil	Revista de Saúde Pública
2015	Women's primary care nursing in situations of gender violence	Investigación y Educación en Enfermería
2015	Apoio social à mulher em situação de violência conjugal	Revista de Salud Pública
2015	Violência contra mulheres rurais: gênero e ações de saúde	Escola Anna Nery
2014	Violence against women and its consequences	Acta Paulista de Enfermagem
2014	How do primary health care professionals deal with pregnant women who are victims of domestic violence?	Revista Latino-Americana de Enfermagem
2014	Cuidado às mulheres em situação de violência conjugal: importância do psicólogo na Estratégia de Saúde da Família	Psicologia USP

domestic violence itself. Firstly, a climate of tension is seen, represented by insults and intimidation, until aggressions occur, being represented as an acute episode in cases of violence. Subsequently, the process of denying the experience of violence occurs, with the hope of ending this cycle, however, what is observed is the accumulation of small conflicts, again generating the initiation of the entire process.⁽⁵⁾

To break this cycle, it is essential to identify the current network for confronting violence, using all the mechanisms available for its resolution. From the creation of the Maria da Penha Law, the condition that every woman has to enjoy fundamental rights and the possibility of living without violence, maintaining physical and mental health, as well as moral, intellectual and social development, was reaffirmed and ensured, allowing full conditions for the effective exercise of the rights to life, health and safety.⁽¹⁷⁾

As a result, domestic violence is reflected in society as a public health problem, both because of its high occurrence and because of the considerable expenditure on the health system, with actions aimed at improving the living conditions of women victims of these events. Its attention is focused on the prevention and care of health problems and the expansion of care for the community, acting through collective action, with the participation of different sectors. This intersectoral association is made possible through the change in professional management in the face of these cases, so that it occurs in an easier and conflict-free way.⁽¹¹⁾

Primary Health Care in the assistance to domestic violence: reframing practices

In the knowledge of collective health, co-responsibility and multiprofessionalism in the health service is essential to face violence in a biopsychosocial perspective. Thus, PHC is classified as a gateway for cases of domestic violence against women in the health context.⁽¹⁰⁾

Nursing in this area is emphasized, due to the strategic position in which it operates

In addition, it is inferred the importance of strengthening the autonomy of these women in facing violence. In this sense, autonomy would result in the possibility of empowering the victims of this traumatic situation.

in this area. It is perceived in nursing practice that violence is approached through care insertion in circumstances related to the patient, family context, profession, way of working and all other aspects related to the problem, and it is the responsibility of the patient to receive and notify this victim in a vulnerability situation, but also to take care of the signs and

symptoms present due to the practice of violence.^(13,18)

Once established, this welcoming occurs through communication between professional and victim, making it possible to identify and meet the health needs of that person, through active listening, feeling of empathy and creating an open space for dialogue and clarification. In addition to these, the nurse performs activities to articulate care with other segments, building bonds with the victim, coordinating prevention work and performing necessary procedures in cases of physical or sexual aggression.⁽¹⁰⁾

In addition, it is inferred the importance of strengthening the autonomy of these women in facing violence. In this sense, autonomy would result in the possibility of empowering the victims of this traumatic situation. For this to be effective, professional knowledge about the modalities of referral in each situation is required, in addition to meeting the physical demands that occur in PHC.^(6,9)

However, in some situations, a feeling of unpreparedness to act in cases of domestic violence is reported, which can result in weakened conduct. In this sense, there is a need for training and improvements that focus on specific aspects, such as knowledge of the organization, the equipment available and the way in which the offered services operate. The purpose of these actions is for women to be attended by professionals qualified to provide services, who provide support and welcome these women.⁽¹⁵⁾

CONCLUSION

In this study, we were able to reflect on the structuring concepts focused on the phenomenon of violence, specifically domestic violence practiced against women. From this reflection, theoretically grounded, it was possible to indicate practices to be reframed in order to enhance them, whether in the assistance field, or in coping strategies and sectorial articulation.

The importance of these tools, from the creation of the Maria da Penha Law to

the present day, is reflected in the advancement of the range of possible actions to be carried out. The search for permanent

education of professionals involved in health care in cases of domestic violence against women is presented as a necessary

path, as well as the association with movements that aim to fight for equal rights in gender relations. ■

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