



## ORIGINAL ARTICLE

### DOMESTIC VIOLENCE AGAINST WOMEN IN COMMUNITY HEALTH AGENTS PERSPECTIVE

#### VIOLÊNCIA DOMÉSTICA CONTRA A MULHER NA PERSPECTIVA DE AGENTES COMUNITÁRIOS DE SAÚDE

#### VIOLENCIA DOMÉSTICA CONTRA LA MUJER EN LA PERSPECTIVA DE AGENTES COMUNITARIOS DE SALUD

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#### ABSTRACT

**Objectives:** to understand the concept of Domestic Violence Against Women in the perception of Community Health Agents; identify difficulties and/or facilities of the Community Health Agents to recognize situations of Domestic Violence Against Women and act on those cases. **Method:** social research, qualitative approach, carried out in a Family Health Unit Palmas / TO, Brazil, with 12 community health workers. Data was collected from the field observation and semi-structured individual interviews and analyzed using content analysis. **Results:** three categories emerged featuring << Violence >>, << Recognizing violence >> and << Acting on cases of violence >>. The concept was less than expected; the silence of women and fear of professionals were the main difficulties mentioned in recognizing and acting. **Conclusion:** the need for guidelines for the conceptualization, identification of cases and forms of intervention was evidenced, allowing professionals to operate more safely. **Descriptors:** Domestic Violence; Community Health Workers; Public Health.

#### RESUMO

**Objetivos:** compreender o conceito de Violência Doméstica Contra a Mulher na percepção de Agentes Comunitários de Saúde; identificar as dificuldades e/ou facilidades dos Agentes Comunitários de Saúde em reconhecer situações de Violência Doméstica Contra a Mulher e em atuar diante desses casos. **Método:** pesquisa social, de abordagem qualitativa, realizada em uma Unidade de Saúde da Família de Palmas/TO, Brasil, com 12 agentes comunitários de saúde. Os dados foram coletados a partir da observação de campo e entrevista individual semiestruturada e analisados por meio da Análise de Conteúdo. **Resultados:** emergiram três categorias << Caracterizando a violência >>, << Re-conhecendo a violência >> e << Atuação nos casos de violência >>. O conceito ficou aquém do esperado; o silêncio da mulher e o medo do profissional foram as maiores dificuldades apontadas no reconhecimento e atuação. **Conclusão:** evidenciou-se a necessidade de orientações relativas à conceituação, identificação dos casos e formas de intervenção, permitindo que os profissionais atuem com mais segurança. **Descritores:** Violência Doméstica; Agentes Comunitários de Saúde; Saúde Pública.

#### RESUMEN

**Objetivos:** comprender el concepto de violencia doméstica contra las mujeres en la percepción de agentes comunitarios de salud; identificar las dificultades y/o las facilidades de los agentes comunitarios de salud en reconocer situaciones de violencia doméstica contra las mujeres y actuar en esos casos. **Método:** investigación social de abordaje cualitativo, realizada en una unidad de salud de la familia de Palmas/a Brasil, con 12 agentes comunitarios de salud. Los datos fueron recogidos de la observación del campo y la entrevista semiestructurada y analizados a través del análisis de contenido. **Resultados:** surgieron tres categorías << Caracterizando la violencia >>, << Reconociendo violencia >> y << Actuación en casos de violencia >>. El concepto cayó por debajo de lo esperado; el silencio de las mujeres y el miedo del profesional fueron las dificultades más apuntadas en el reconocimiento y actuación. **Conclusión:** se evidenció la necesidad de guías en la conceptualización, identificación de casos y las formas de intervención, permitiendo que los profesionales actúen de manera más segura. **Descriptor:** Violencia Doméstica; Trabajadores de Salud Comunitarios; Salud Pública.

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## INTRODUCTION

According to the World Health Organization (WHO), violence can be defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a possibility of resulting in injury, death, psychological harm, developmental disability or deprivation"<sup>1: 5</sup>

Violence has become a public health problem of large complexity, in many scenarios, reaching individuals of different groups, age groups and socioeconomic classes, causing damage not only to the victims but also their families and society, demonstrating the overall phenomenon.<sup>2</sup>

Violence directed at women is considered one of the most frequent human rights violations, affecting the dignity of victims and taking place largely within the home.<sup>3,4</sup> Domestic violence can be defined as any conduct or omission, based on gender, results in physical, psychological, sexual, patrimonial or moral damage, since the home is the permanent living space for individuals who have or not family ties.<sup>5</sup>

In Brazil, progress and achievements in coping with the Domestic Violence Against Women (DVAW), highlighting the adoption and implementation of Law No. 11.340, of August 7, 2006, popularly known as Maria da Penha Law, which creates mechanisms for preventing and suppressing violence perpetrated in homes.<sup>6</sup> Another advance was the enactment of Law No. 10,778 of 24 November 2003, which was an object of mandatory, reporting by health professionals, violence against women attended in public and private health services.<sup>7</sup>

Women's health is conceived as one of the strategic areas of Primary Care (PC) in Brazil, this is considered the preferred gateway to the Unified Health System (UHS) and strengthened by the Family Health Program (FHP), which was created in 1994 and inspired by the successful experience of the Program of Community Health Agents (PCHA), in operation since 1991; later in its consolidation stage, the FHP has become known as the Family Health Strategy (FHS).<sup>8</sup>

One of the resources needed for the implementation of the shares of PC is the multidisciplinary team of the FHS, consisting of doctors, nurses, dentists, dental assistants or technical office in dental hygiene, auxiliary or technical nursing and Community Health Agent (CHA).<sup>9</sup> The latter is considered the link between the health teams of the FHS and the community, as it facilitates the access of

the population to health actions and services, such as disease prevention and health promotion activities through individual and collective educational activities in households and the community.<sup>10</sup>

Because of the FHS being inserted in the same geographical region of the population served, this can facilitate the process of identifying cases of violence and because they live in the locality where they operate, CHAs are the professionals of the FHS that are closer to the community, then have basic user information, which allows direct contact with situations of violence against women.<sup>11</sup> However, there is not always CHWs have theoretical and practical knowledge on the subject in order to provide subsidies for the detection of cases of violence and referral of victims and their families, the bodies and/or competent entities.<sup>12</sup> Research examined the conduct of agents to violence against women, found that the majority of professionals surveyed considered violence to be a difficult to approach topic, feeling unprepared, without protection and security to work, which contributes to the increase in cases and invisibility of the problem.<sup>13</sup>

Being a member of the community and to integrate the FHS team makes strategic CHAs in identifying DVAW situations. However, difficulties in recognizing violence and act on these cases can cause this professional to be a spectator to violence, as it could be social actor working with the health team. In this perspective, the following question arises: what is the perception of CHAs about DVAW? Are these professionals trained to recognize and act in the face of DVAW situations?

Given the above this study, is justified by guiding future educational and care practices to facilitate the identification of DVAW and direct the conduct of CHAs in front of these cases, resulting in increased visibility of the problem. Thus, the objective is:

- Understand the concept of domestic violence against women in the perception of community health workers;
- Identify the difficulties and/or facilities of community health workers to recognize domestic violence against women and to act on those cases.

## METHOD

Social research, qualitative approach,<sup>14</sup> held in a Family Health Unit (FHU) in the city of Palmas/TO, Brazil. According to the Institute of Applied Economic Research (IAER), the State of Tocantins presented the number of 138 femicides between the years 2009 and

2011, an average of 46 deaths per year, with a femicide rate of 6.75 per 100 thousand women, above the national average, of 5.8 cases, occupying the 11th position in the ranking among the Brazilian states.<sup>15</sup>

The FHU study setting, is inserted in one of the poorest neighborhoods of the capital, where they lack paving and sewage system, with high levels of violence, which is why it gave the choice for that FHU. The subjects of this study were the 12 CHAs working in said FHU, which had over 18 years and activities for more than 6 months in service.

Initially, with the authorization of entry in the search field, issued by the Palmas Municipal Health Service, the research project was presented to professionals working at FHU, highlighting the importance of the study, which was readily accepted.

Then there was the observation of the field of study through weekly visits, aimed to witness the routine of the FHU, as well as meet and talk with the CHAs. This approach enabled the creation of linkages and relationships of trust with the research subjects, facilitating the process of data collection.

After participating in the FHU routine and establish link with CHAs, it began collecting data through semi-structured individual interviews, which allows to obtain in-depth data involving open and flexible questions that allow more details.<sup>16</sup> Answers interviews were recorded and later transcribed in digital equipment.

The collected data was analyzed using content analysis described by Bardin (2009), which is characterized by a set of communications analysis techniques through systematic procedures and description of the objectives of message content, being organized in three phases: pre-analysis; material exploration; and treatment of results; inference and interpretation.<sup>17</sup>

In order to illustrate the categories that emerged after the analysis of speech and anonymity of respondents used the term "Community Health Agent", represented by "CHAs", followed by the Arabic numeral that corresponds to the chronological order of the interviews.

At all stages of this study, the ethical aspects established by Resolution No. 466 were respected, of December 12, 2012, which regulates research involving human beings.<sup>18</sup> The research project was approved by the Ethics Committee for Research Involving Human Beings of the Federal University of Tocantins (UFT), under No. 249/2013.

## RESULTS

From the analysis of the speech, three categories were revealed: "Characterizing violence", "Recognizing violence" and "Acting in cases of violence."

### ◆ Characterizing violence

In general, regarding the concept of DVAW, the lines were restricted to physical and psychological classification of DVAW without association to the domestic sphere. The fragments below exemplify this statement:

[...] it is an assault, right, physical and psychological, right [...]. (CHA 3)

[...] it is all kinds of aggression, starting with psychological [...] to the physical assaults [...]. (CHA 6)

[...] What hurts and destroys the psychological and physical of the women [...]. (CHA 10)

*The reports also show that the DVAW is perpetrated only by their husbands:*

*May be it is [...] getting hit by the husband [...]. (CHA 4)*

*[...] It's when the husband is very violent [...]. (CHA 8)*

*[...] The perpetrator [...] it hurts, right, partner [...]. (CHA 9)*

### ◆ Recognizing violence

All CHAs said identifying situations of violence by signs resulting from physical and psychological abuse, as evidenced by the statements below:

*[...] You know when she's scared [...] scared [...]. (CHA 1)*

*[...] The way to express [...] and marks on the body. (CHA 10)*

*[...] Sometimes it changes behavior [...] bruising is one thing that you can not hide [...]. (CHA 11)*

Regarding the difficulties, CHAs answered that the silence of women was the biggest stumbling block so that they could recognize the violence:

*[...] The woman ends up holding on [...]. (CHA 2)*

*[...] It's when we do not see marks on the body and the person is very closed, not open to us, it is a difficult [...]. (CHA 8)*

*[...] It can hide in fear of the perpetrator [...]. (CHA 9)*

The woman's confidence to report the violence suffered to the CHA, achieved through the links created in the home visits, was mentioned by the subjects as the greatest of ease in recognition of DVAW:

*[...] Through, well, we're going there every month, right, taking that will [...]*

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*integration [...] intimacy it and it will open [...]. (CHA 3)*

*[...] You create a circle of friends, so, when you get there, it opens [...]. (CHA 6)*

*[...] You are known in the area, the woman knows you, then it makes it much easier this [...] this perception of violence. (CHA 10)*

#### ◆ Acting on cases of violence

In general, the statements revealed lack of standardization in service and disarticulation of support to women victims of violence, services, in addition to ignorance about proper conduct, which can be pointed as one of the difficulties of CHAs in relation to the front action to DVAW. The answers were different.

Some CHAs mentioned which guidelines would make the victim:

*[...] I have to [...] and it is up to me to guide it [...]. (CHA 1)*

*[...] Seek to talk to her, to her right to take a position, to report the offender to leave the house, look for the family [...]. (CHA 9)*

*[...] Guiding it to go in the prosecution, somewhere, in the women's police station right [...]. (CHA 12)*

*Others denounce the case:*

*[...] We make a complaint right, anonymous [...]. (CHA 3)*

*[...] We can help by denouncing anonymously to the competent bodies, right [...]. (CHA 7)*

Some CHAs said they omit the violence:

*[...] I think that I really wanted to [...] take the body out [...]. (CHA 5)*

*[...] Besides the woman did not want many people to get involved and it can be like this [...] feel threatened by the partner [...]. (CHA 2)*

Only one subject mentioned that they communicate the case to the health team:

*I communicated first [...] to my coordinator, who is my nurse who coordinates me to see what we could do right. (CHA 4)*

Fear was mentioned by CHAs as the most difficult to act in situations of DVAW, as shown by the statements below:

*[...]It May be something to happen to me. So it is hard enough, I'm afraid. (CHA 4)*

*What it speaks to you, then she said to her husband. It's difficult. (ACS 9)*

*[...] It's the fear of offending as I have also quoted [...]. (ACS 10)*

It is observed that trust in the CHA study was also the ease most cited by the subjects in relation to the performance of these professionals face the situations

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of DVAW, which can be confirmed in fragments:

*The question of ease, we have to know the resident and have contact with her every day, right, in visits [...]. (CHA 3)*

*By our work agent [...], talking to the resident, so she relies on going through such situations [...]. (CHA 9)*

*[...] Which facilitates is the same intimacy with the family, with women right [...]. (CHA 10)*

## DISCUSSION

### ◆ Characterizing violence

According to Maria da Penha Law, domestic violence can be defined as any conduct or omission, based on gender, it results in damage to physical, psychological, sexual, moral or equity, whereas the domestic unit is the permanent living space of individuals who do not have family ties.<sup>5</sup>

From the above definition, it is evident that CHAs have a DVAW conceptualization falling short, limited to the physical and psychological forms, not to mention sex, morality and equity. The fact that CHAs have cited only the physical and psychological forms of domestic violence can be justified for these are the most common types of abuses against women.<sup>19</sup>

In physical violence, the abuser violates the bodily integrity of women; humiliations, contempt and intimidation constitute psychological violence; sexual violence, women are exposed to forced sexual practices or not consenting; moral violence is characterized by name-calling, insults, threats and insults against the victim; violence of a patrimonial nature, in turn, results in material damage, resources and/or documents.<sup>20</sup>

On domestic violence, the abuser may be a family member, an employee or those of sporadic conviviality, however, it is noteworthy that the companion is the most frequent offender, when it comes to violence directed at women, which corroborates the speech of CHAs.<sup>21</sup>

### ◆ Recognizing violence

It is observed that the CHAs identify DVAW by marks caused by psychological and physical violence, which can be explained by the concept of having associated DVAW with only these typifications, revealing a limited recognition. Physical injuries and behavioral changes denouncing psychological aggression represent indicators of violence against women; however, other manifestations may also suggest violent acts cannot be analyzed in isolation, such as complaints of vaginal or

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rectal bleeding, painful urination, vaginal discharge, use of inappropriate clothing for the weather, eating disorders, suicidal thoughts, chronic pain, lack of courage to the home care with the children and with herself.<sup>22</sup>

The woman's silence is a major difficulty in recognizing violence, since the victim usually does not tell about the violence suffered, fearing both reprisal from the aggressor, and the prejudice of health professionals, which the judge as co-responsible for the attacks, charging attitudes that, are often not able to be taken.<sup>22</sup>

Several factors contribute to the woman remaining silent to violence, among them insecurity, fragility on the situation, financial dependence, fear of denouncing the violence and suffering punishment for the offender and often prejudices, family, cultural issues or gender make the woman not denounce the attacks by shame or society for not recognizing the situation experienced as violence and also by disbelief in the fulfillment of the Maria da Penha Law of protection of women.<sup>23</sup>

The links created between CHAs and women in situations of violence enable the dialogues are established spontaneously and horizontally, because of CHAs constantly visit women and step into the violence scenario, that is, the domestic space.<sup>20</sup>

#### ◆ Acting on cases of violence

One of the CHAs functions is to identify risk situations, then, this professional needs to be aware of events that may indicate DVAW, communicating his suspicions to the health team, so that strategies can be defined to handle the situation.<sup>24</sup>

The absence of specific protocols and ignorance of the existence of a structured network of assistance to women victims of violence can contribute to the professionals of the FHS feel unable to approach the issue in its care practice.<sup>25</sup> It is noteworthy that the assistance to women in domestic violence should be provided in a coordinated way, providing a network of integrated services in the areas of public security, social welfare, health, education, work and housing.<sup>26</sup>

It is observed that some CHAs omit the case of DVAW, without taking any action. Such an attitude can be justified by the fact of feeling fear and lack of support to deal with the situation, revealing that the issue of domestic violence is not addressed with consistency in performance of CHAs.<sup>27</sup>

Professionals needs, considering the complexity of the issue and the lack of

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preparation to deal with the violence, capabilities addressing issues concerning the identification of strategies of domestic violence, discussions of laws, flows, reporting and links with the rest of protection to women services.<sup>28</sup>

Fear of CHAs is related, in most cases, to the aggressor. This finding reveals that professionals feel unprotected and unsafe to act against the DVAW.<sup>27</sup> Moreover, because of CHAs are inserted in the community, some users have knowledge of where these professionals live, causing the fear of the attackers interfering negatively in performance of CHAs front violence.<sup>29</sup>

The Maria da Penha Law promoted changes in the scenario of women exposed to domestic violence in relation to prevention, care and punishment to the offender, however, there are still difficulties with respect to their applicability for precariousness of physical resources and related human to police or other institutions of the service network, giving rise to the fear and insecurity of women and professionals to reveal situations of violence and act before cases.<sup>30</sup>

## CONCLUSION

This study showed that CHAs have an understanding short of expectations about the concept, recognition and performance in relation to DVAW. The concept that CHAs assigned to DVAW was limited to the physical and psychological forms, unassociated to the domestic space, recognizing only the husbands as those responsible for violence. It was found that the physical and psychological aggression are the only manifestations of DVAW identified by CHAs, revealing the silence of women as the most difficult to recognize violence and trust in the CHAs as the most cited ease.

The ignorance about proper conduct in acting against the DVAW is a major concern observed in this study, since a suitable direction for the assistance to women victims of violence was not found. Fear of CHAs, primarily related to the aggressor, was appointed as the greatest difficulty in acting, since these professionals feel insecure and unprotected; and most reported the facility was also the confidence of women in CHAs.

These results reveal the need for continuing education projects formulation for health professionals who compose the FHS team, especially CHAs, through the implementation of guidelines for the conceptualization, identification of cases, forms of intervention and discussion of the

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legal instruments available to protect women. In addition, it was found that the establishment of an effective communication channel and integrated between health team professionals is needed.

It is worth noting the importance of addressing the issue of violence in educational institutions during the training process in order to prepare students to provide appropriate assistance to victims of DVAW and their families, strengthening the actions of the students as future members of a health team.

The violence approach strategies are essential in the care delivered, allowing professionals to operate more safely. This study also helps in the development of public policies for women, victims of violence.

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